



PATIENT	PRESENTING CLINICAL SIGNS
Atticus Afzal	Hx: AUS to further investigate hypercalcemia and determine if 2* to lymphoma vs. idiopathic before starting prednisolone.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 4/24/2026: G2 dental dz w/ suspect resorptive lesions, otherwise apparently healthy sr. cat on exam. CBC - stable HCT 46%/RBC 8.6, mild monocytosis (660). Renal chem - mild hyperglobulinemia (5.4 <-- 4.4/WNL in 10/2025), mild azotemia (BUN 27/Creat 1.6/SDMA 11.8 <-- 25/1.6/12.3 in 10/2025 <-- 23/1.8/16.9 in 10/2024), marked hypercalcemia (13.0/baseline). UA - USG 1.053, pH 7.5, 1+ proteinuria. 4/30/2026: iCa - elevated (1.46 [RI 1.16-1.34]), tCa - elevated (12.9 [RI 8.2-10.8]).
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	<i>Urinary System</i>
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Focal minor dependent lumen mineral and mild nondependent ventral apical accumulated sediment was present. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	The area of the residual prostate appeared normal and free of pathology.
AGE	No evidence of pathology in the area of the aortic trifurcation.
12Y, 2M	Normal renal size with asymmetrical margination was present in both kidneys. A 1:3 cortex / medulla ratio was maintained. The renal cortex presented mildly homogeneous hyperechoic with mildly enhanced corticomedullary border demarcation. No pyelectasia or calculi was present in either kidney. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.
WEIGHT	<i>Adrenal Glands</i>
14.9lbs	The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland measured 0.39 cm width at the caudal pole.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited borderline prominent size measuring 1.0 cm width at the level of the mid spleen with a finely textured and homogenous parenchyma, which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
IMAGING PERFORMED BY	<i>Liver/ Gallbladder</i>
Julie Kang	The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	
Sabino Veterinary Care	
REFERRING VET	
Julie Kang	
INVOICE	
74908	
DATE	<i>Gastrointestinal</i>
5-7-26	



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
Atticus Afzal	
SPECIES	The small intestine presented overall intact small intestinal wall exhibiting segmental mildly thickened wall with mild altered wall layer ratio owing to propensity for mildly thickened muscularis layer. The mildly thickened small intestinal wall measured 0.32 cm. By comparison, normal appearing small intestinal wall measured 0.22 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Feline	
BREED	Normal visible colon wall layers were present with formed feces in lumen.
DSH	<i>Pancreas</i>
SEX	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
MN	<i>Free Abdomen</i>
AGE	No visualized significant or swollen mesenteric lymphadenopathy.
12Y, 2M	No evidence of effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
14.9lbs	<ul style="list-style-type: none">• Minor urinary bladder lumen mineral and accumulated sediment.• Mild chronic renal changes.• Sonographically normal mildly prominent spleen.• Segmental intact mildly thickened small intestinal wall.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status, using 25-gauge needle, and if patient non-sedated, screening splenic FNA cytology is warranted to assess for occult to emerging round cell neoplasia.
IMAGING PERFORMED BY	Given no reported gastrointestinal signs or weight loss, the segmental mildly thickened small intestinal wall is nonspecific with considerations including emerging to mild inflammatory disease with potential for emerging low grade intestinal round cell neoplasia, i.e. lymphoma.
Julie Kang	No evidence of swollen or neoplastic / metastatic abdominal lymphadenopathy.
HOSPITAL NAME	Further assessment may include screening GI panel to include PLI/TLI/Cobalamin/Folate. Serial monitoring of the small intestine indicated for evidence of progressive mural changes.
Sabino Veterinary Care	
REFERRING VET	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
Julie Kang	Three-view chest radiographs suggested if not done.
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PATIENT

Atticus Afzal

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12Y, 2M

WEIGHT

14.9lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Julie Kang

HOSPITAL NAME

Sabino Veterinary
Care

REFERRING VET

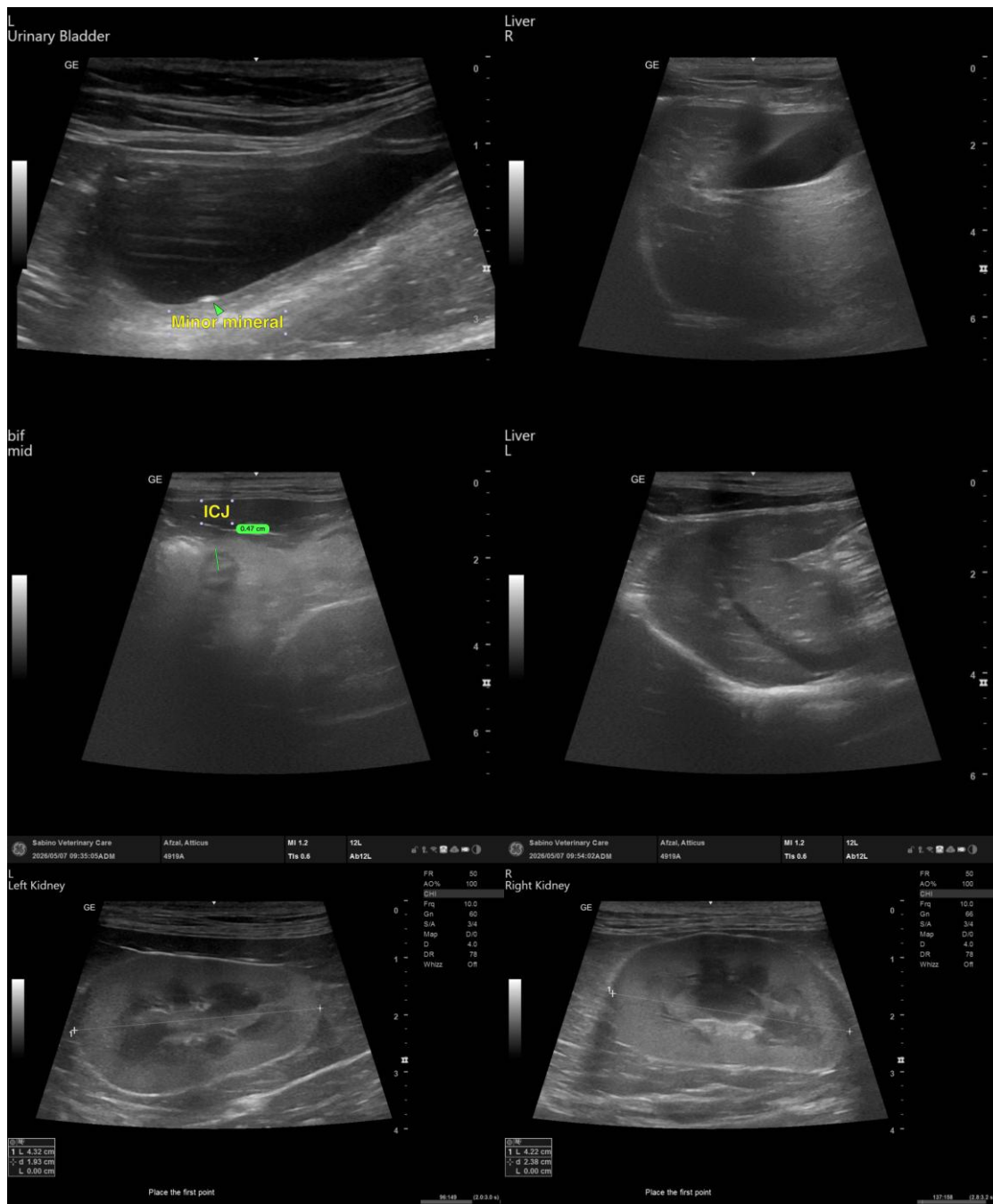
Julie Kang

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PATIENT

Atticus Afzal

SPECIES

Feline

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DSH

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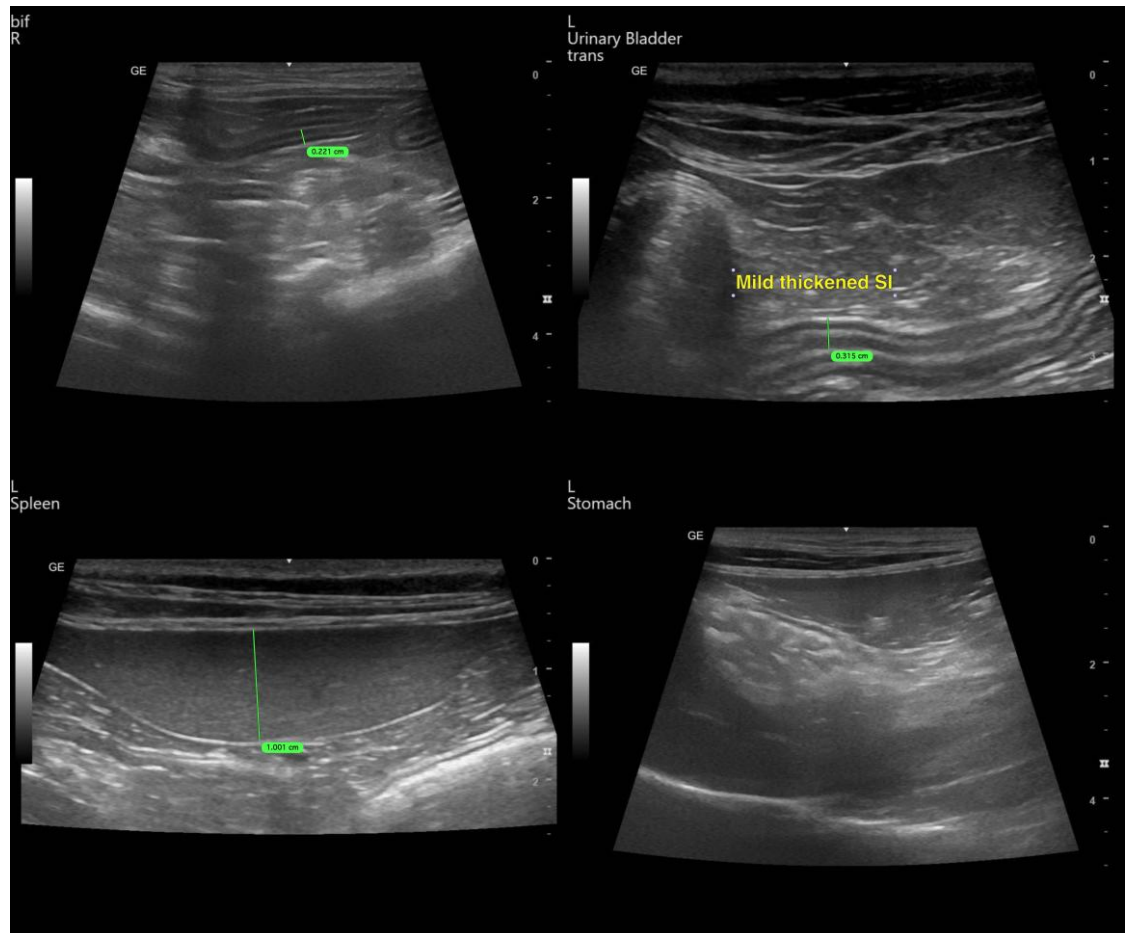
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com