



PATIENT

Lucy Davino

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Female Spayed

AGE

16y, 6m

WEIGHT

6.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

10879

DATE

5/7/26

PRESENTING CLINICAL SIGNS

*Weight loss

*PU/PD for 2 years, increased over the past few months

*Prior ultrasound (2023) showed biliary mineralization and debris, mild intestinal changes concerning for chronic enteropathy, age-related kidney changes, pancreatic changes, and possible bladder nodule

*Used to take ursodiol but discontinued years ago

Abnormal PE/Chem/CBC/UA Results: Creatinine 2.1, BUN 38, ALT 139, calcium 11.1 on bloodwork in March Crystals/protein/bacteria in mailed urine sample, no WBC/RBC, USG 1.018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomodullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape, measuring 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

The spleen exhibited 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. The spleen measured 0.71 cm width at the level of the mid-spleen.

Liver/ Gallbladder

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 normal walls without evidence of inflammation or edema. Primarily anechoic bile was present in the gallbladder with accumulated, nonobstructive gallbladder neck and cystic duct mineral to potential emerging calculus. Mild nonobstructive proximal common bile duct dilation was present.



PATIENT

Lucy Davino

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Female Spayed

AGE

16y, 6m

WEIGHT

6.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

10879

DATE

5/7/26

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was noted. The ventral gastric body wall width measured 0.25 cm. The ventral pylorus wall width measured 0.32 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of foreign material. Mild segmental nonobstructive duodenojejunal ileus was noted. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.33 cm width.

Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

The pancreas was mildly prominent in size with mild capsule asymmetry and mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable gastrointestinal tract with mild retained pyloric fluid and minor nonobstructive intestinal ileus
- Suspect mild chronic / chronic active pancreatitis
- Mild hepatopathy with nonobstructive gallbladder and cystic duct mineral
- Chronic renal changes with minor pyelectasia
- Sonographically normal urinary bladder
- Overtly normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current sonographic evidence of gastrointestinal mural pathology, although microscopic or chronic intestinal disease may present as sonographically normal. Mild chronic triaditis is a primary consideration in this patient in conjunction with clinical history, mild hepatopathy, and biliary mineral.

Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology, primarily to assess for evidence of inflammation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Aside from chronic renal disease, a definitive cause of the PU/PD was not obvious. Further renal staging to include urine C/S and protein: creatinine ratio on a sterile urine sample may be considered. Concurrent CKD therapy with monitoring is indicated.



PATIENT

Lucy Davino

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Female Spayed

AGE

16y, 6m

WEIGHT

6.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

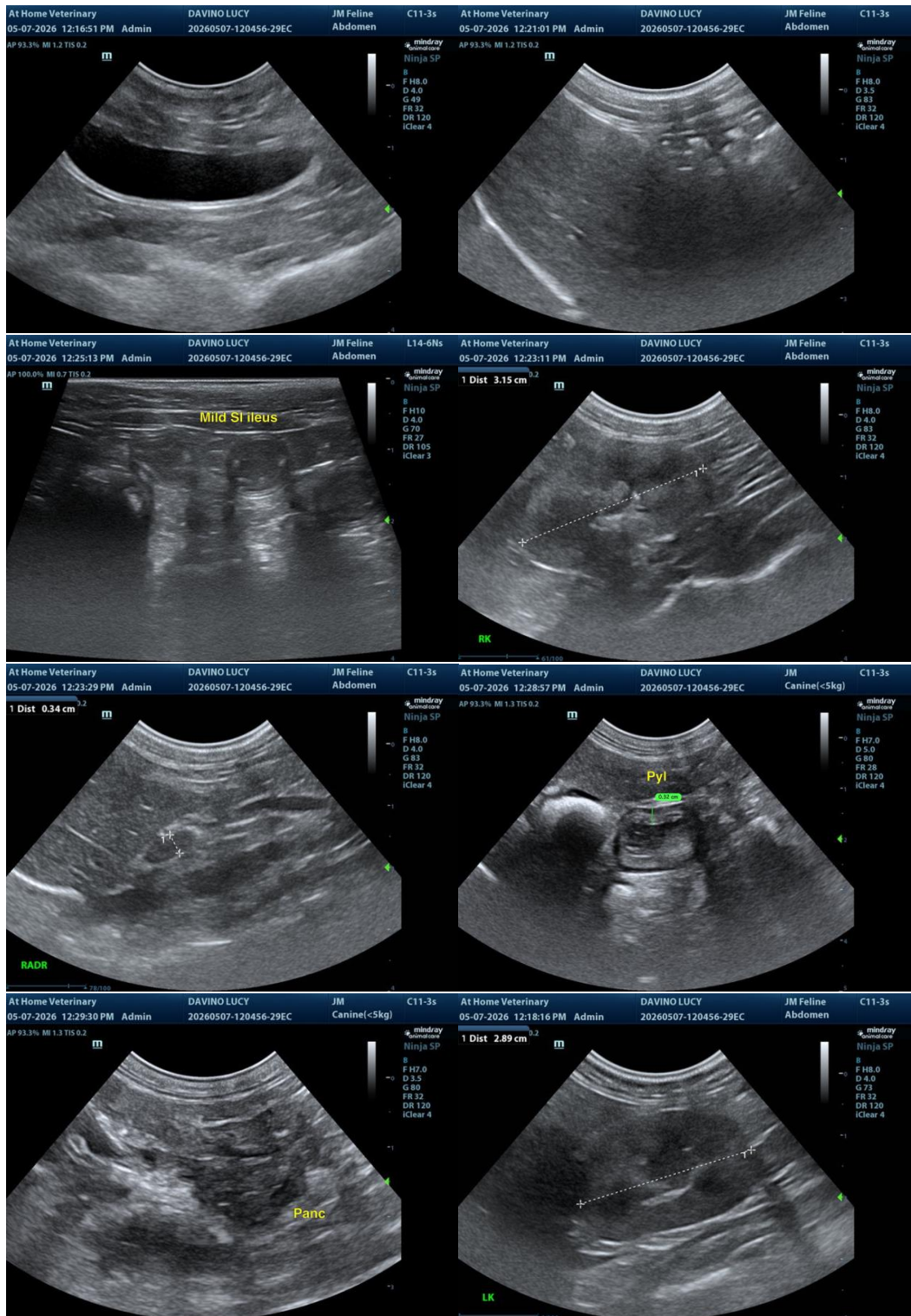
Melinda Persson

INVOICE

10879

DATE

5/7/26





PATIENT

Lucy Davino

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Female Spayed

AGE

16y, 6m

WEIGHT

6.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

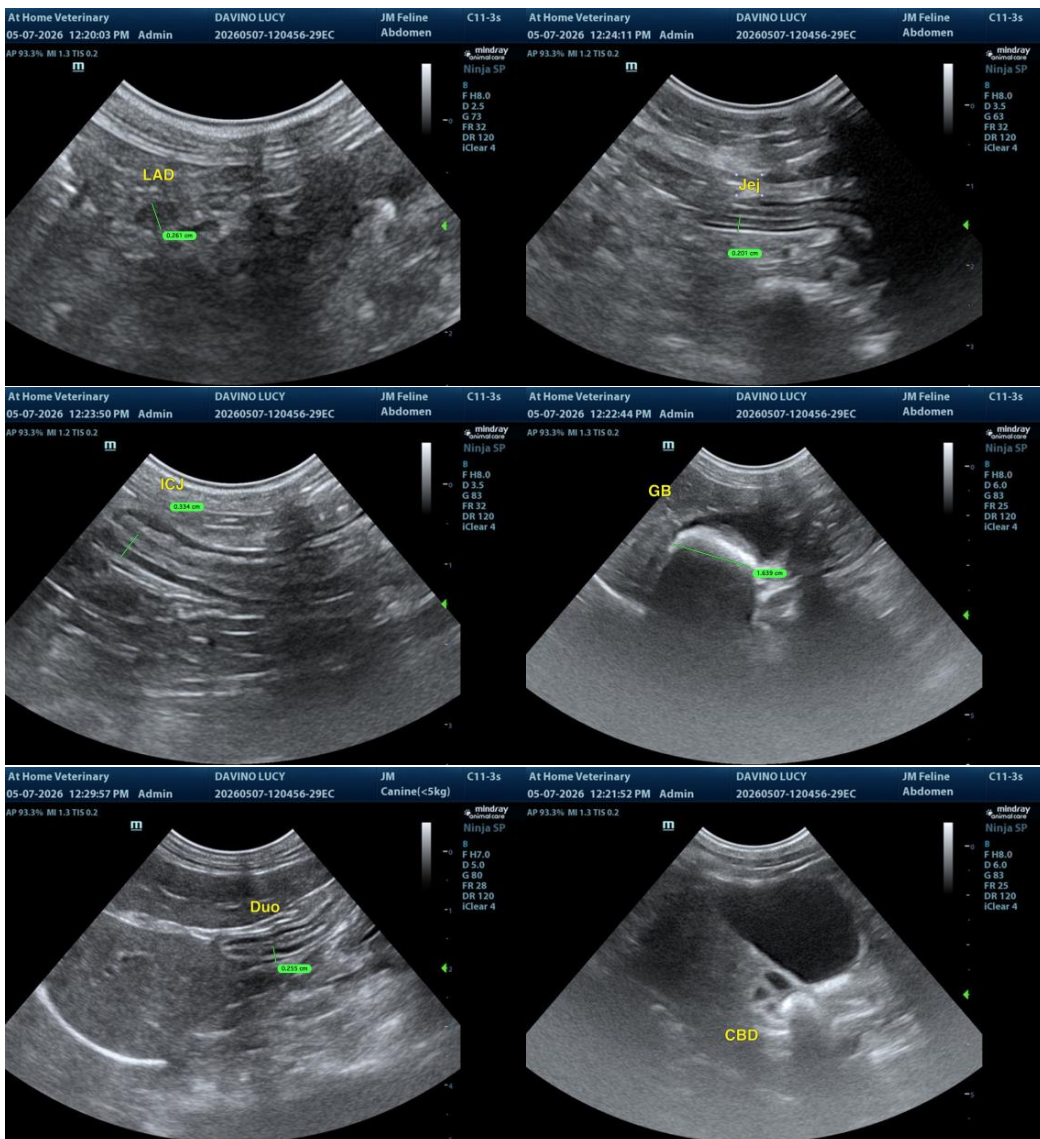
Melinda Persson

INVOICE

10879

DATE

5/7/26



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