



PATIENT

Maute Hauser

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

12 yr, 4 mo

WEIGHT

7.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Troy Hexter

INVOICE

11023

DATE

6/17/26

PRESENTING CLINICAL SIGNS

weight loss, hyporexia, increased liver enzymes, palpable thyroid nodule, BCS 4/0
-on methimazole 1.25mg SID

Abnormal PE/Chem/CBC/UA Results: WBC 2400, PMN 1728, lymph 288 ALT 232, Alk P 263, SDMA 13.5 T4 0.7 UA sp gr 1.024, pH 6.0

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 was 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Mild medullary mineral was noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width and the right adrenal gland measured 0.35 cm width.

Spleen

The spleen was borderline enlarged with symmetrical contour and mild nonhomogeneous decreased splenic parenchyma. The spleen measured 1.0 cm width at the level of the mid-spleen.

Liver/ Gallbladder

The liver was subjectively normal in size with mild asymmetrical capsule contour and nonhomogeneous mixed echogenic to nodular hepatic parenchyma. Indistinct portal vascular borders were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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.

The small intestine presented intact, generalized to variable thickened wall with altered wall layer ratio. Propensity for thickened muscularis layer was noted. The lumen of the small intestine was empty to the level of the colon. The small Intestinal wall width measured up to 0.35 cm.



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Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

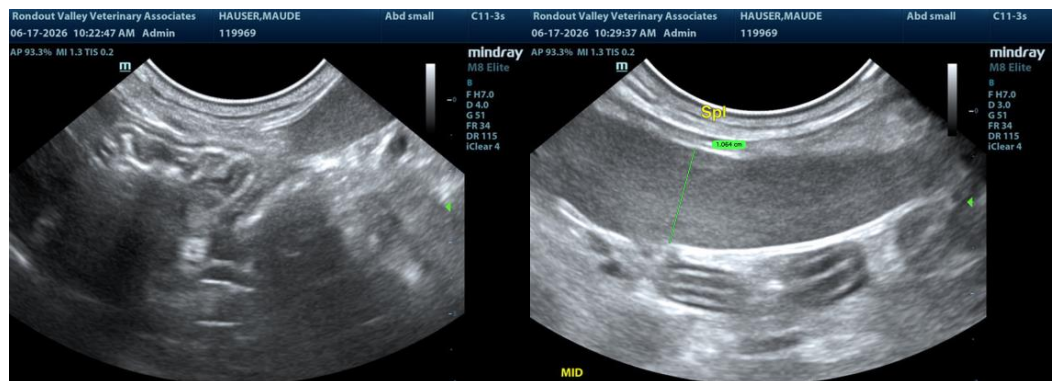
No obvious significant or swollen mesenteric lymphadenopathy was visualized. Pockets of minor effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous nodular liver
- Mild gallbladder debris
- Borderline splenomegaly
- Intact thickened small intestinal wall
- Heterogeneous pancreas
- Chronic renal changes
- Minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations, given sonographic presentation, may include multicentric hepato-intestinal and pancreatic inflammatory disease, i.e., Triaditis, or neoplasia. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepato-splenic FNA cytology and a GI panel to include PLI/TLI/Cobalamin/Folate. Gold Standard biopsies may be required for a definitive diagnosis. Gastrointestinal support and empirical therapy for Triaditis with close clinical and as-needed sonographic monitoring would be more conservative. A guarded prognosis is suspected.





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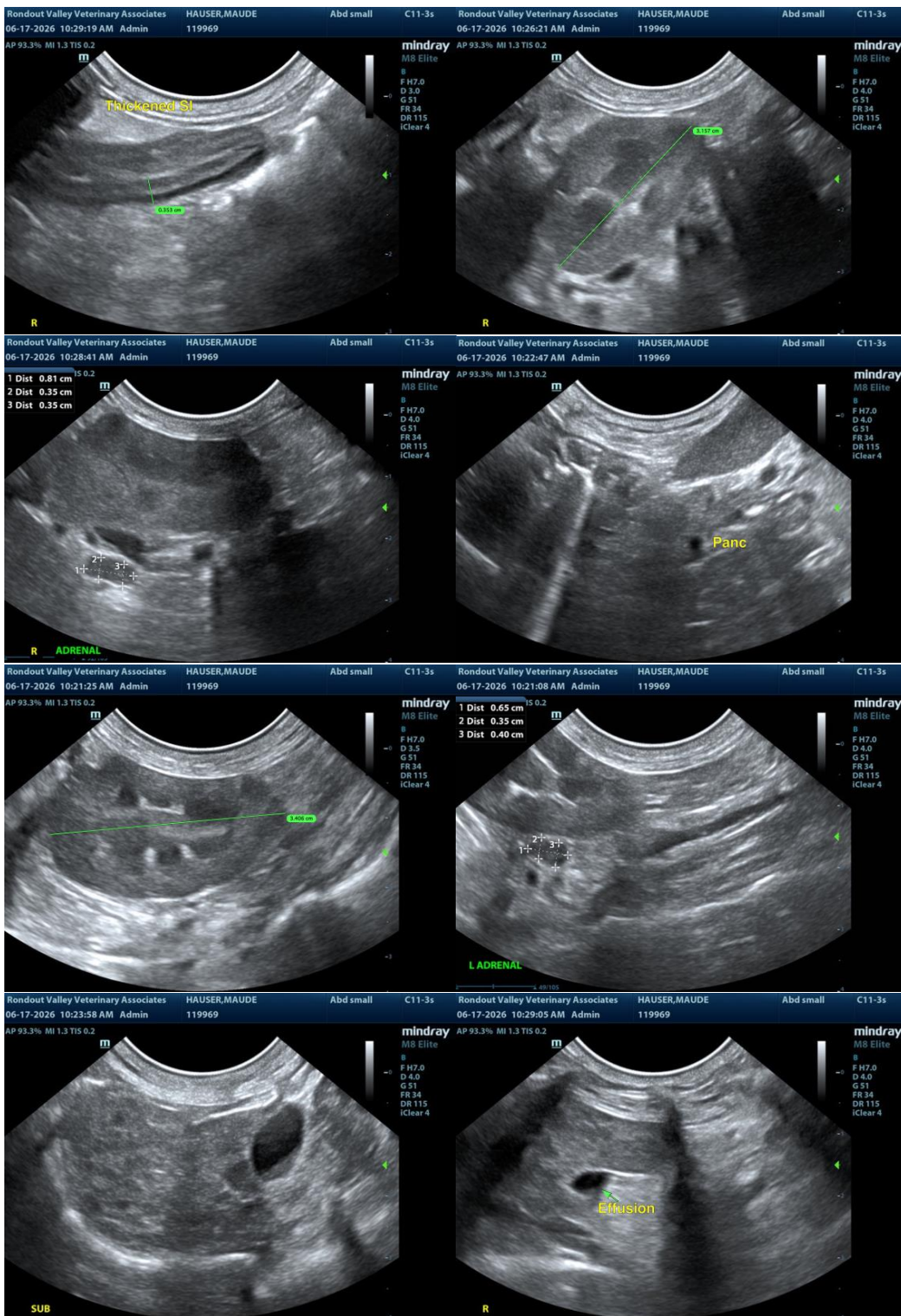
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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