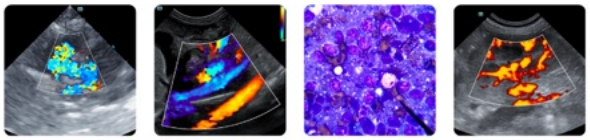


PATIENT

Lord Byron Oz Bernard

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered male

AGE

6 years

WEIGHT

11.3 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Quinn Robinson, LVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Michael Skarie, DVM

INVOICE

75567

DATE

5/14/26

PRESENTING CLINICAL SIGNS

History: -Feline Scottish Fold with known asthma/lower airway disease.
-Presented for acute lethargy, inappetence, and dry heaving
-Has lost 1 lb in past month
-AUS requested to evaluate for GI/hepatic/pancreatic disease or neoplasia as concurrent issue separate from asthma
Abnormal PE/Chem/CBC/UA Results: ALT 182 AST 128

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is turbid with abundant suspended echoes/debris. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.98×2.61 cm, and the thickness of the cortex is 0.42 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 4.29×2.80 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.25 cm. The right adrenal gland measures 0.27 cm.

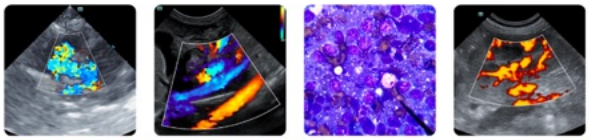
Spleen

Splenic thickness is 0.89 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, containing a small amount of luminal fluid. Gastric mural thickness measures approximately 1.93 mm with preserved wall layering.

The duodenum measures 1.26 mm. The jejunum measures 1.78 mm (mucosa 0.82 mm, submucosa 0.57 mm, muscularis propria 0.30 mm). The ileum measures 1.45 mm (mucosa 0.59 mm, submucosa 0.55 mm, muscularis propria 0.21 mm). Wall layering is preserved throughout the evaluated intestinal tract.

The ileocecocolic junction measures approximately 1.93 mm, with muscularis propria measuring approximately 0.33 mm.

No ultrasonographic evidence of gastrointestinal inflammation, mechanical ileus, foreign material, obstructive disease, or focal intestinal mass lesion is identified.

The colon measures approximately 0.59 mm in thickness and contains formed fecal material within the descending segment.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Small volume of gastric fluid
- Urinary sediment/debris within the urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of inflammatory bowel disease, alimentary lymphoma, pancreatitis, gastrointestinal obstruction, hepatobiliary obstruction, or abdominal neoplasia is identified on the current examination.

The small volume of gastric fluid is nonspecific and may be physiologic or related to mild nausea/recent vomiting.

Despite the absence of ultrasonographic pancreatic abnormalities, mild or early feline pancreatitis cannot be completely excluded sonographically, as feline pancreatitis may occasionally be subtle or sonographically occult.

Similarly, functional gastrointestinal disease, mild gastritis, early inflammatory enteropathy, or non-

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structural gastrointestinal dysmotility cannot be entirely excluded despite the relatively unremarkable abdominal ultrasound examination.

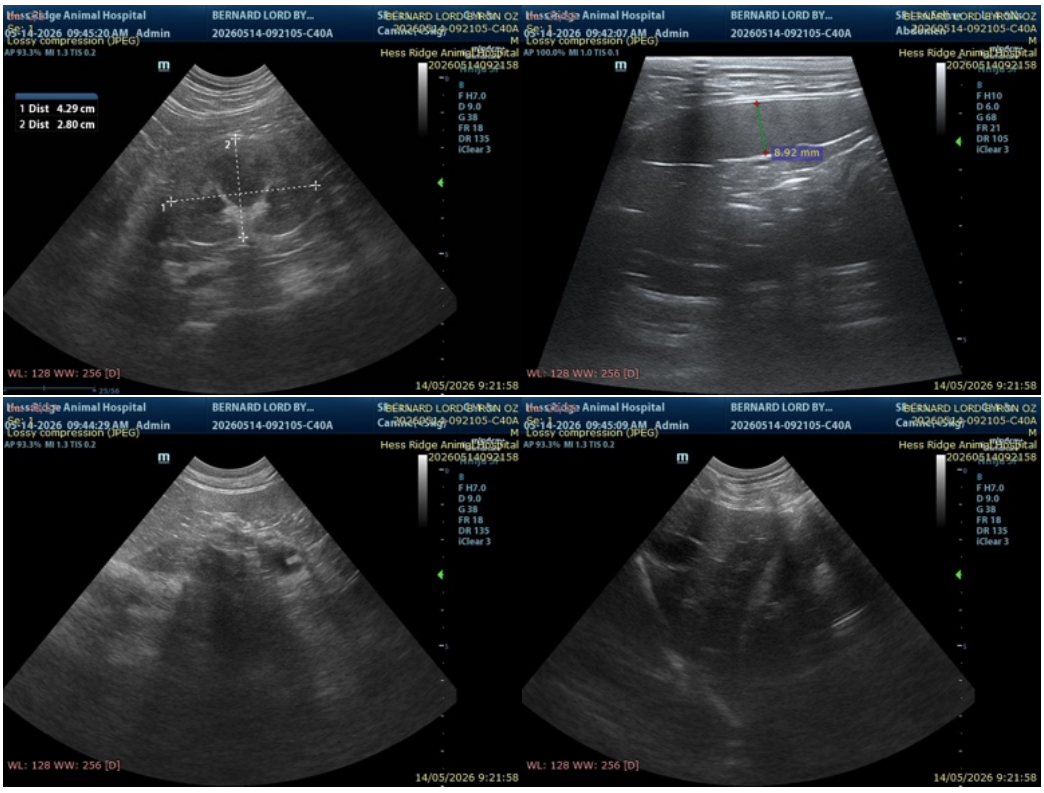
The mild ALT and AST elevations are nonspecific and may represent reactive hepatocellular leakage, mild inflammatory change, hyporexia-related hepatocellular stress, medication-related change, or early hepatopathy not yet associated with overt ultrasonographic abnormalities.

Abundant suspended urinary echoes/debris are present within the urinary bladder lumen. In cats, this finding is commonly associated with concentrated urine, crystalluria, inflammatory sediment, proteinaceous debris, or hematuria, although no ultrasonographic evidence of cystolithiasis or overt cystitis is identified on the current examination.

Recommendations

- Correlation with feline pancreatic lipase immunoreactivity (fPLI) may be considered if clinical suspicion for pancreatitis persists.
- Repeat liver enzyme monitoring is recommended.
- Correlation with clinical progression and response to symptomatic/supportive therapy is recommended.
- Complete urinalysis sediment examination is recommended regarding the marked suspended urinary debris.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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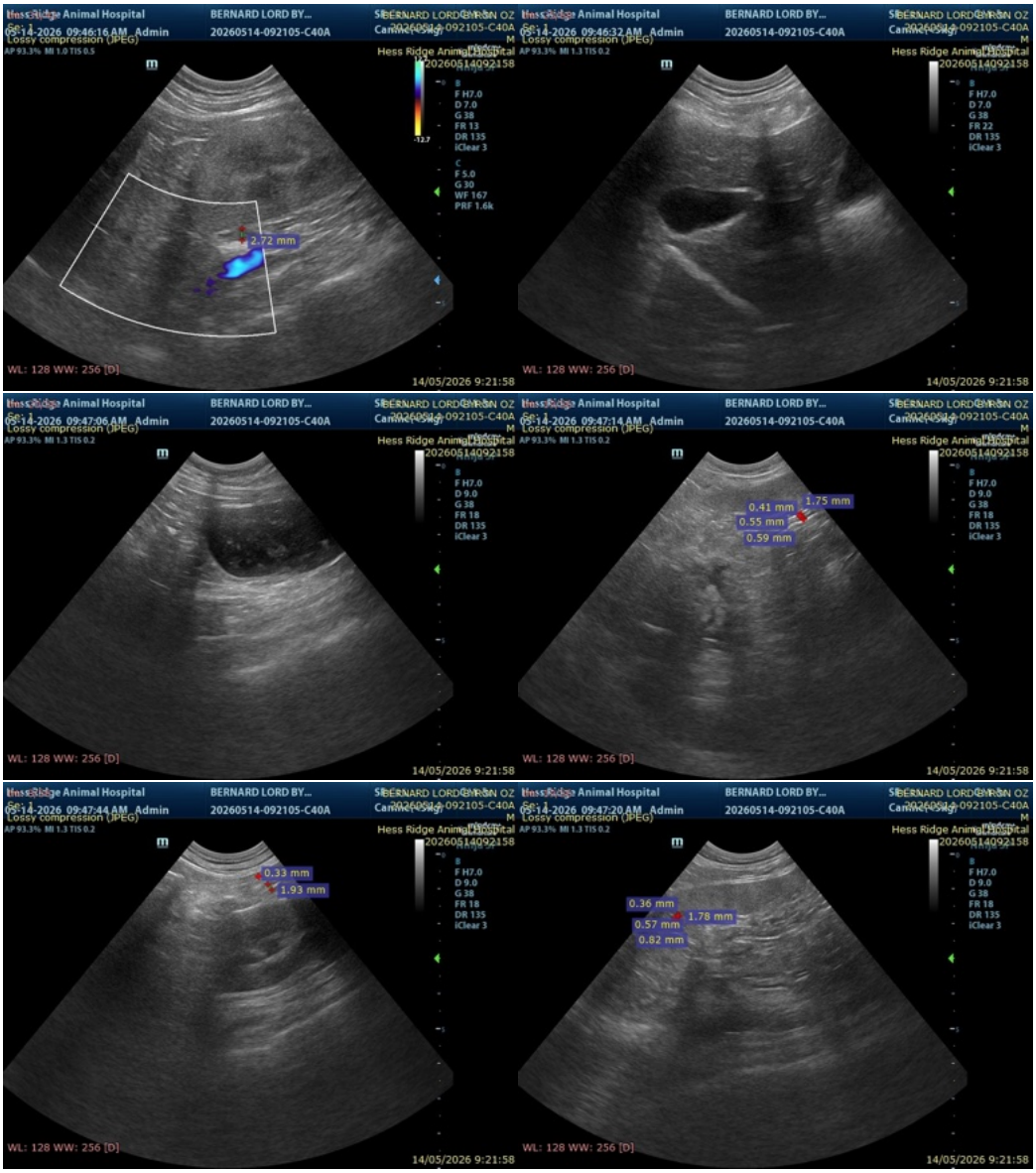

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com