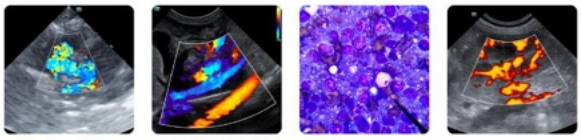


DATE

1/20/26

PATIENT

Penny Fiore

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

2/15/2026

WEIGHT

7 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Homeward Bound Vet

REFERRING VET

Dr. Vance

INVOICE

13409

PRESENTING CLINICAL SIGNS

Patient History: Had a large gallbladder with a lot of debris

Current Medications: Ursodiol
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.34 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate to severe loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.33 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width) with normal peripheral contours. A few hyperechoic foci are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 cm width) with normal peripheral contours. A few hyperechoic foci are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.63 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.37 cm hyperechoic nodule is observed at the craniomedial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and distended (up to 1.29 cm). The

walls are subjectively thickened. Some debris is observed within the lumen. The duodenal papilla is normal in size (0.28 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.33 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obvious obstructive disease is noted.

Pancreas

The base and limb of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is mildly dilated (up to 0.28 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.64 x 0.29 cm. Surrounding mesentery is slightly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder and cystic/common bile duct dilation may be secondary to cholangitis, distal common bile duct obstruction (i.e., stricture, tumor, other), other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease with some potential for emerging lymphoma.

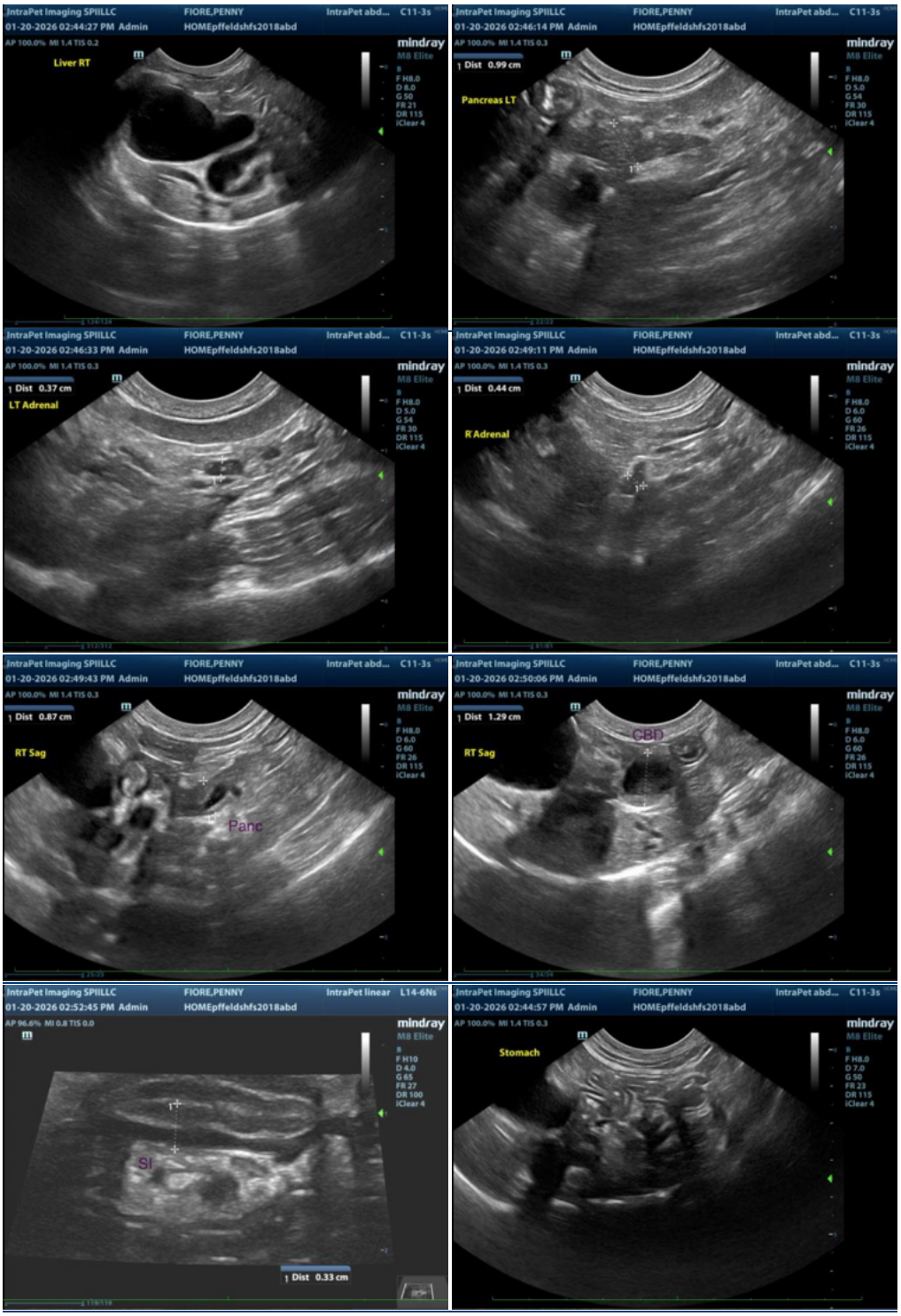
Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral nonspecific, age-related renal changes with subtle dystrophic mineralization.
- The hyperechoic foci within the adrenal glands likely represent benign, age-related changes.
- The hyperechoic splenic nodule is most consistent with a benign meylolipoma with a lower possibility of more insidious splenic pathology.

*Overall, changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. To indirectly determine if a common bile duct obstruction is present, serial monitoring of the patient's liver values, particularly the total bilirubin, is recommended.
2. Further recommendations should be based on the patient's clinical signs.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RT Sag
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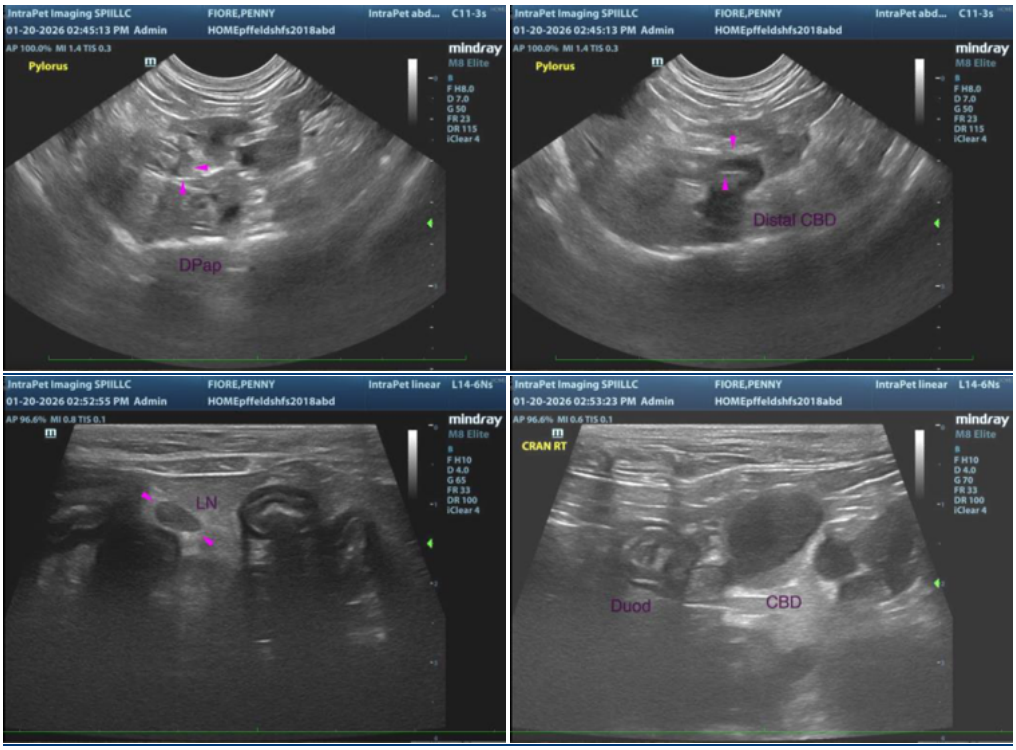

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine) info@SonoPath.com