Animal Sounds NW
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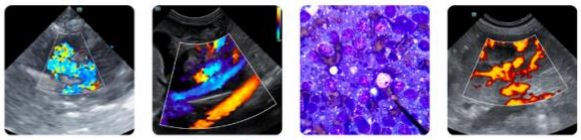


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Silky Knight

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

10

WEIGHT

15.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr Yamada

INVOICE

22278

DATE

11-19-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Main concern from O is for picky appetite and non-intentional weight loss. Elevated liver values found on exam 10/01/25 but only partial blood panel completed due to P temperament. Labs completed 11/12/25 with gabapentin PO prior to visit. Dr. at 10/1 visit started P on Denamarin; O says P has had chronic diarrhea since starting this medication. Some vomiting hairballs and "coughing" followed by production of hairball. Vitals and Exam abnormalities: - BCS: 7/9 (overweight) - Temperature: 101.0°F - RR: 30 brpm, Lung fields clear, no crackles or wheezes - HR: 210 bpm, very subtle focal grade I/VI heart murmur noted, femoral pulses strong and synchronous - Gastrointestinal System: Abdomen soft and comfortable, large fat pad making deep palpation difficult, no palpable abnormalities - Urogenital System: Unremarkable; P is very flatulent with foul smell following abdominal palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (4.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

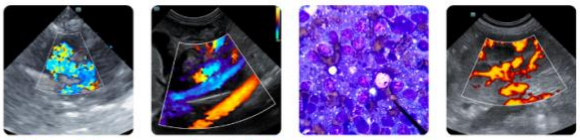
Liver

The liver is normal to prominent-in-size, with smooth peripheral contours. The parenchyma is hyperechoic 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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



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thickened (up to 0.31 cm). Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Areas of mesentery in the cranial- to mid-abdomen are hyperechoic. There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long-term clinical history is recommended.
- Ill-defined peritonitis in the cranial- to mid-abdomen, the cause of which is unclear. It may be secondary to bowel or pancreatic inflammation, other. It is likely a sterile process.

Secondary Findings

- Bilateral, nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated liver values, consider pre- and postprandial serum bile acids, along with hepatic tissue sampling (i.e., aspirates or biopsies) if clotting status is appropriate. Aerobic and anaerobic bile cultures would also be beneficial.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 3-4. weeks and 1 week beyond normalization of the liver values.
- Nutritional support (i.e., via a temporary feeding tube) should also be initiated to help prevent/treat hepatic lipidosis.
- Feline leukemia and FIV testing should also be considered.
- Regarding the bowel changes, consider the following:

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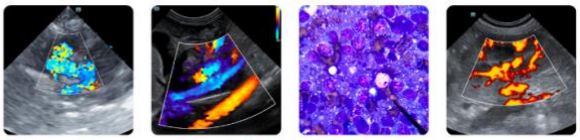

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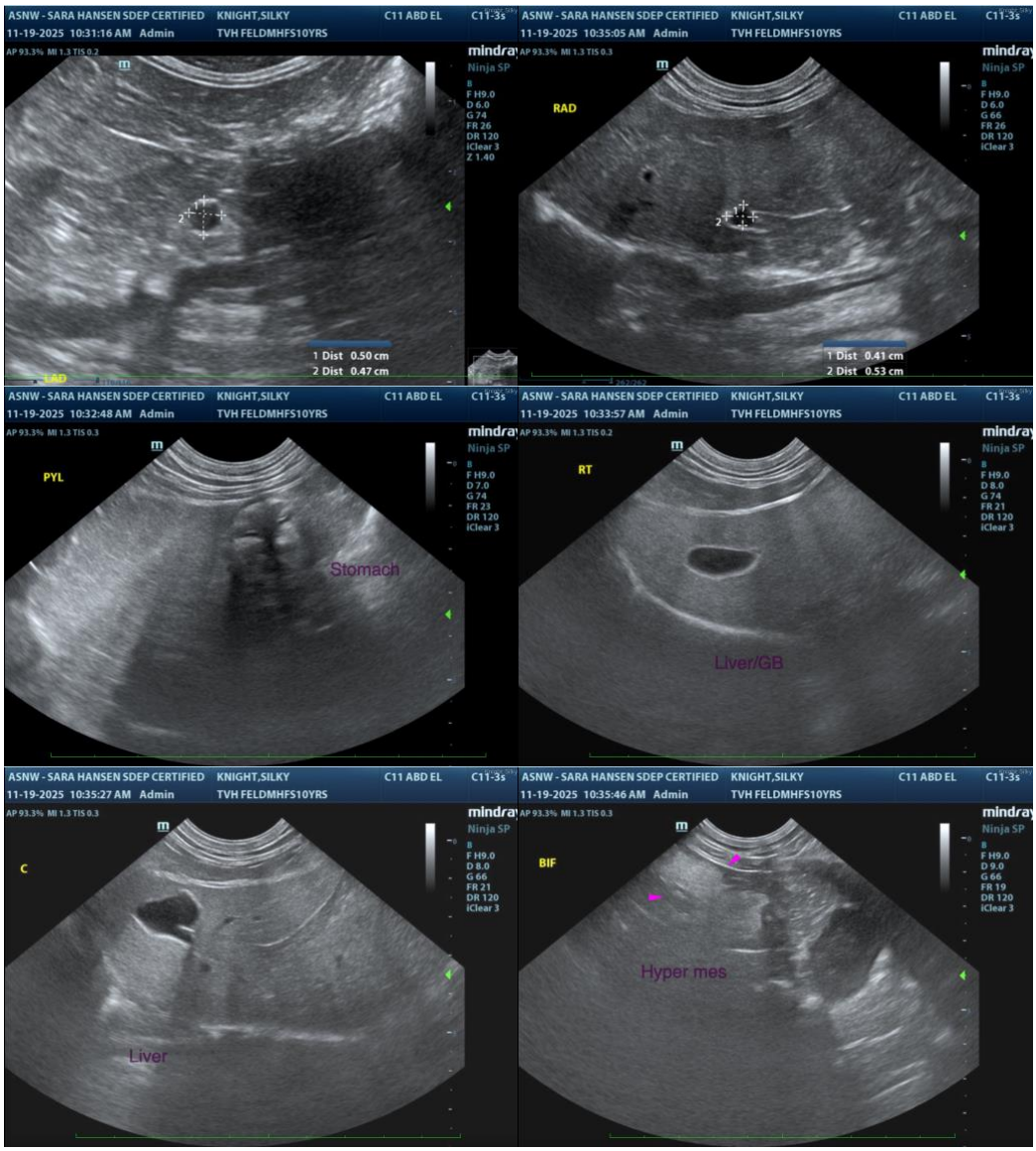
1. Fecal evaluation for ova and Giardia
2. Prophylactic deworming with fenbendazole
3. GI panel including serum cobalamin and folate, TLI and PLI
4. +/- GI biopsies (i.e., endoscopic or surgical)



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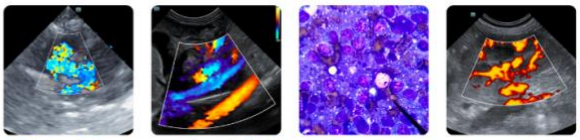

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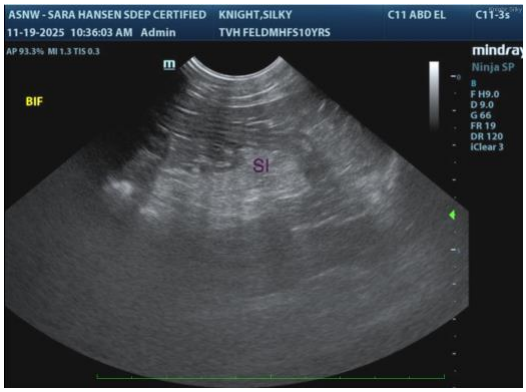

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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