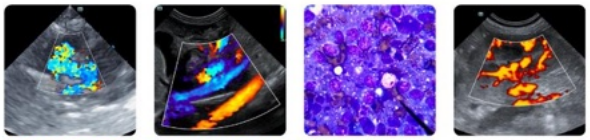

PATIENT

Kiara Bulgado

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13307

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: anorexia vomiting Current meds Felimazole 2.5mg 1 SID Abnormal PE/Chem/CBC/UA
Results: GGT 8 T4 6.7

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 small to moderate 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 small in size (2.42 cm in length) with a normal shape. The cortex is hyperechoic relative to the spleen and subjectively thin. There is a moderate loss of corticomedullary distinction. A few small mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal profusion appears reduced.

The right kidney is mildly enlarged (4.52 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.82 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 subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is subtly hyperechoic.

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Lymph nodes
A 0.47 cm mesenteric lymph node is visualized.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

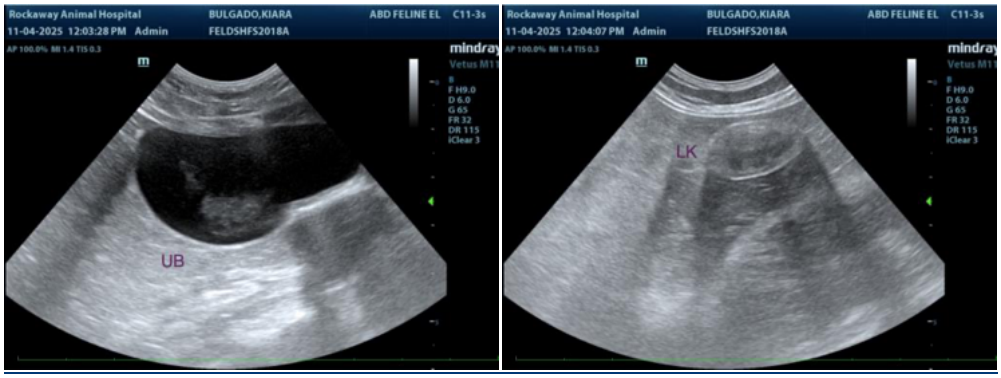
· The pancreatic changes could be consistent with mild acute or chronic active pancreatitis with parenchymal remodeling.
· Left renal atrophy with right renomegaly (likely secondary to compensatory hypertrophy). There are chronic changes seen in both kidneys.

Secondary Findings:

· The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.
*The patient's current clinical signs could be secondary to mild pancreatitis. Other considerations include food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a GI panel including serum cobalamin, folate, TLI and PLI along with a fecal evaluation for ova and Giardia.
2. Three-view thoracic radiographs are also recommended to assess for occult esophageal disease. While awaiting test results, symptomatic care is recommended.
3. Depending on the results of the above diagnostics, further workup (i.e., endoscopic or surgical GI biopsies) may be indicated.
4. Given the elevated T4, a dose adjustment in the Felimazole may be warranted.
5. Given the renal changes, a urinalysis +/- culture and sensitivity should also be considered.



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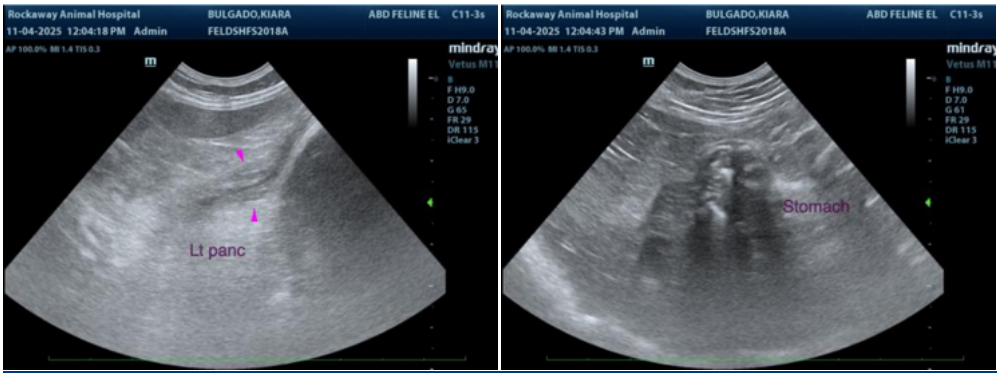

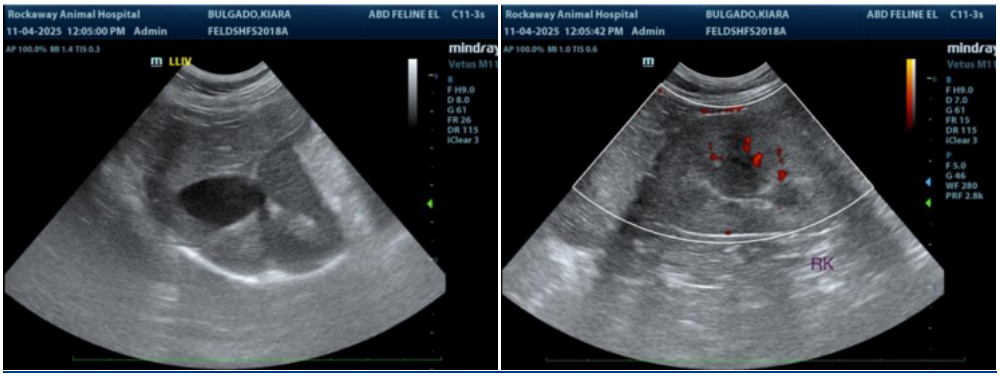

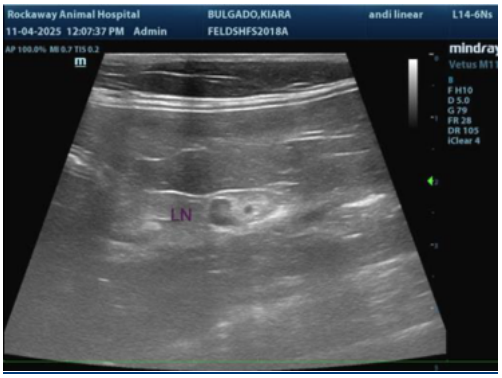

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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