Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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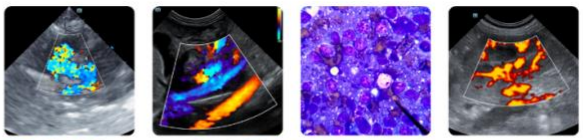


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Pepper Morgan

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12

WEIGHT

4.58 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghiorzi

INVOICE

22253

DATE

12-12-25

PRESENTING CLINICAL SIGNS

Pepper presented on 11/08/2025 due to hematuria, diarrhea, lethargy and ataxia. She has history of "triaditis".

BW in house at that time showed anemia (HCT 19.4%, HGB 6.1 and MCHC 31.5), mild azotemia (BUN 32, creatinine 1.7) and mild elevation on ALT 344 and AST 101. She was treated symptomatically with doxycycline, Clavamox, liver supplements. Recheck BW will be listed below. She has history of intermittent diarrhea. Patient is clinically doing much better.

Abnormal lab-work values:
12/05/25:
-ALT 1024
-BUN 25
-CREA 1.4
SDMA 7.2
HCT 39%
-MCHC 28
Urine specific gravity 1.029
Total T4 1.4
Current Medications: Gabapentin for sedation and Proviable.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is prominent-in-size (4.45 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is prominent-in-size (4.58 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

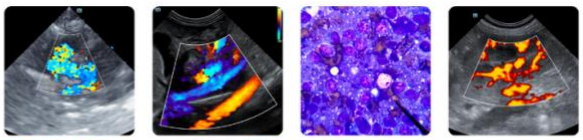
The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent-in-size with a curled contour and undulating peripheral margins. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent-in-size, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.39 cm hyperechoic nodule is observed adjacent to the gallbladder. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with



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no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.26 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 0.30 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. In addition, there is thickening of the submucosal layer in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. 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

A 0.63 x 0.38 cm lymph node is observed in the cranial abdomen. A few prominent hypoechoic mesenteric lymph nodes are visualized (one measuring 1.63 x 0.76 cm). Surrounding mesentery is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely)) are considerations.
- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, emerging small cell lymphoma cannot be excluded.
- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia (i.e., lymphoma).

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging neoplasia (i.e., round cell tumor).

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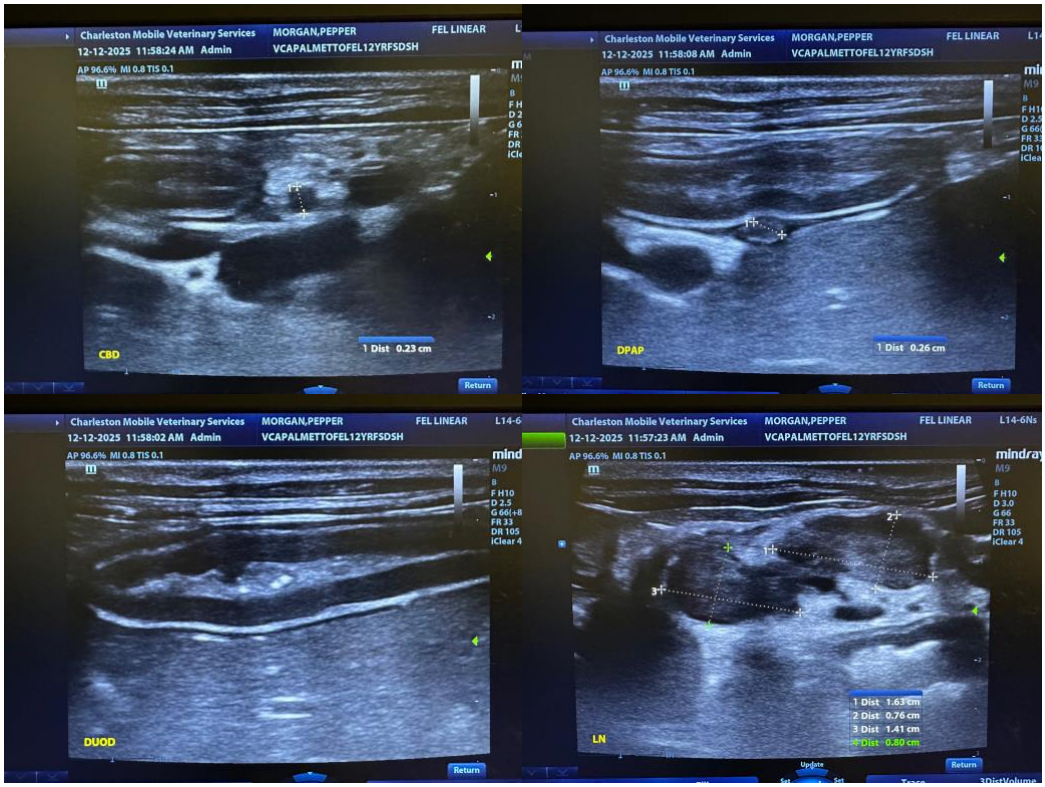
- The hyperechoic hepatic nodule likely represents a benign myelolipoma or lipogranuloma, with a lower possibility of more insidious hepatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's elevated liver values, consider fine-needle aspiration or biopsies of the liver. 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.

- Additional diagnostics could include the following:

1. Feline leukemia, FIV, and FIP testing if not already performed
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Fecal evaluation for ova and Giardia
4. 3–4-week limited antigen or hydrolyzed protein diet trial
5. Fine-needle aspirates of the spleen and prominent mesenteric lymph nodes, assuming normal clotting status. Twenty-five gauge-needles should be used.
6. Ultimately, endoscopic or surgical GI biopsies may also be warranted.



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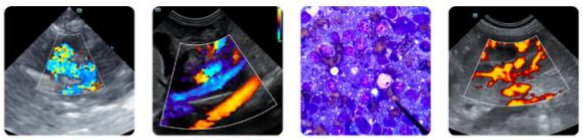

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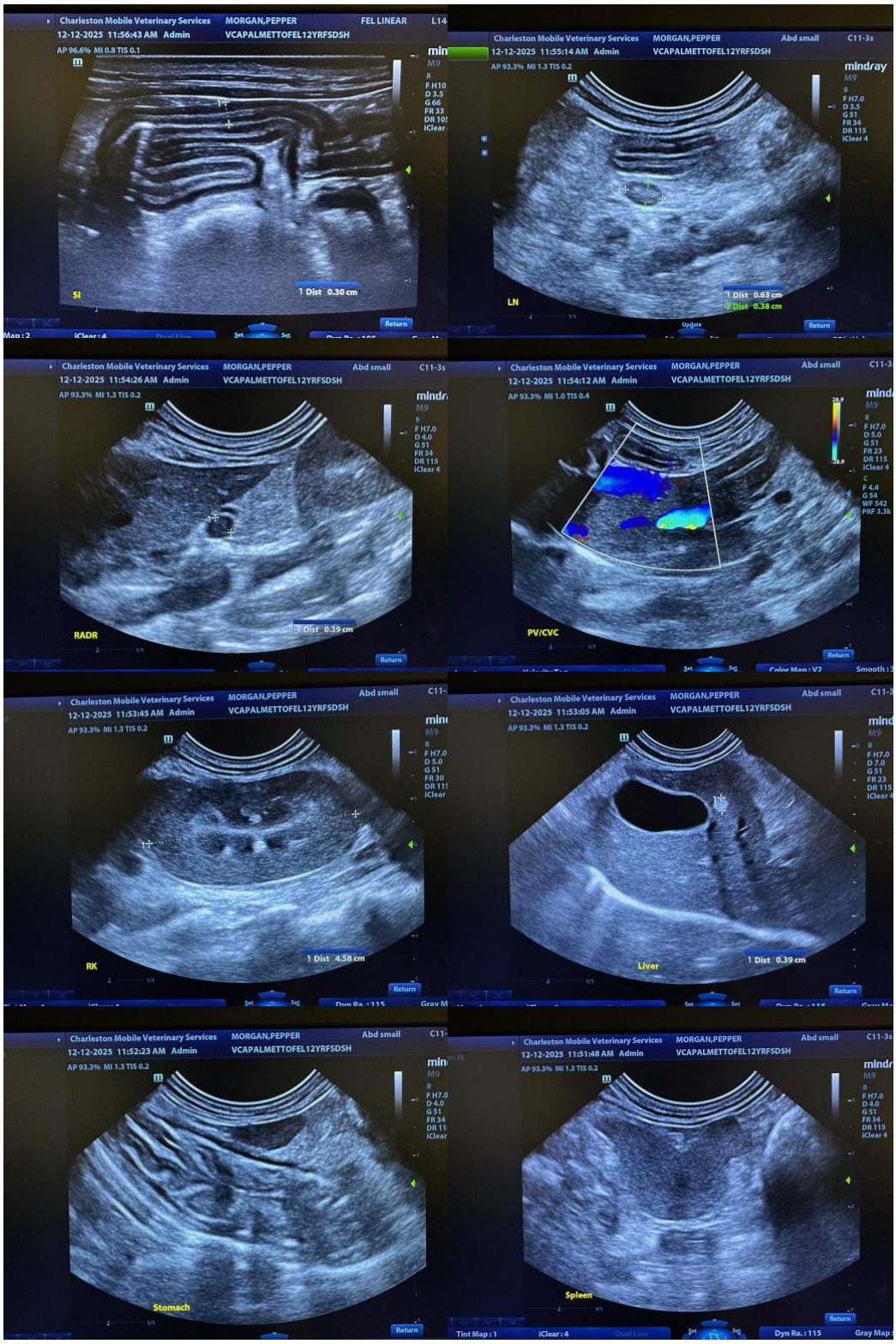

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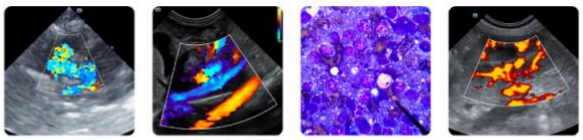

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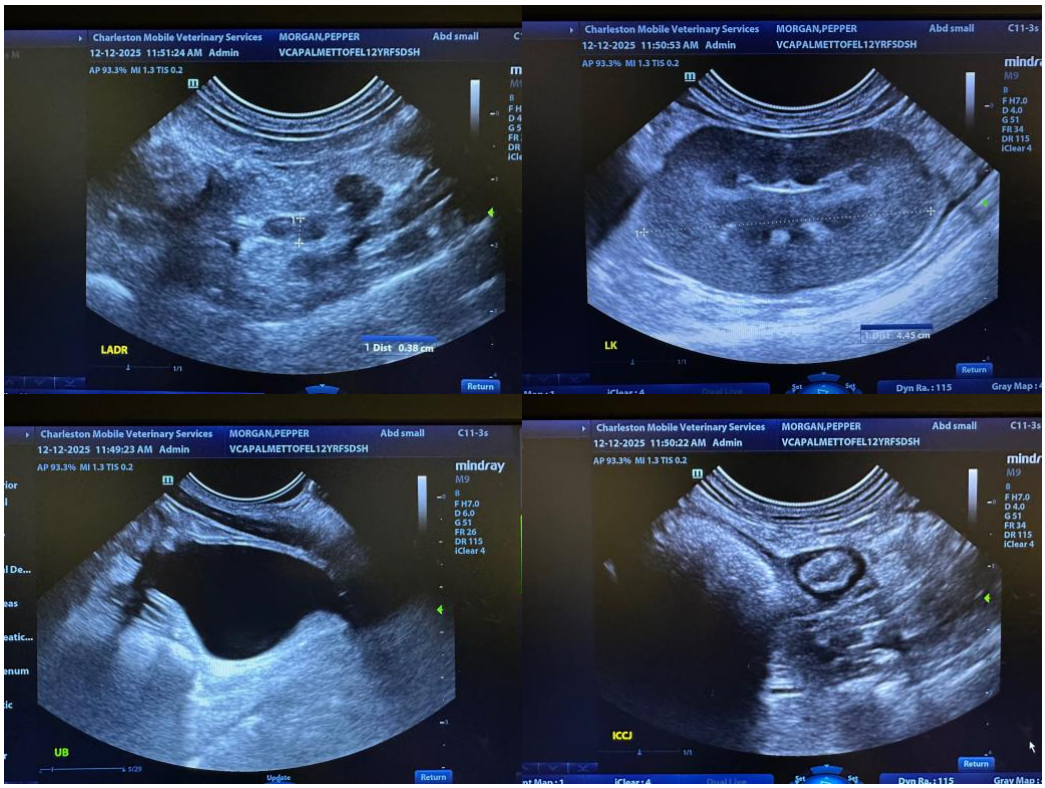

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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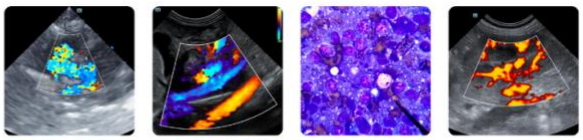

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