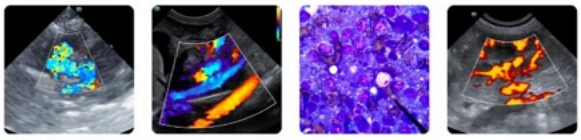


DATE

4/13/26

PATIENT

Bella Denison

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11/1/2013

WEIGHT

8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Beltway AH

REFERRING VET

Dr. Smith

INVOICE

13644

PRESENTING CLINICAL SIGNS

Patient History: Chronic Diarrhea.

Current Medications: Dexamethasone inj. 250mg Metronidazole 1/4 bid, Baytril 22.7 1/2 sid, PancreaTabs 1/2-1 tab with each meal
None of the above helped to improve the diarrhea.
Labwork Results: Labwork not attached, reported as: ALT (403), CPK (896). Feces Culture (All negative)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Ingesta within the GI tract may be obscuring some abdominal pathology.

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic to mineralized debris/sand +/- tiny calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra, are normal.

The left kidney is normal in size (4.23 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 normal in size (4.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.13 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 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 isoechoic relative to the spleen and mildly heterogeneous in appearance. No focal lesions are observed. There is a subtle increase in portal markings. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is thickened (up to 0.20 cm) and hyperechoic. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are

visible/tortuous but not overtly dilated. The walls are subjectively mildly thickened. The duodenal papilla is normal in size (0.35 cm in width).

Gastrointestinal

The gastric lumen is severely distended with ingesta and a small amount of shadowing material. 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 diffusely distended with gas and chyme. 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

A portion of the pancreas is observed by the gastric distention. In the visualized portion, the left and right limbs appear normal to prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic effusion.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.74 x 0.45 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

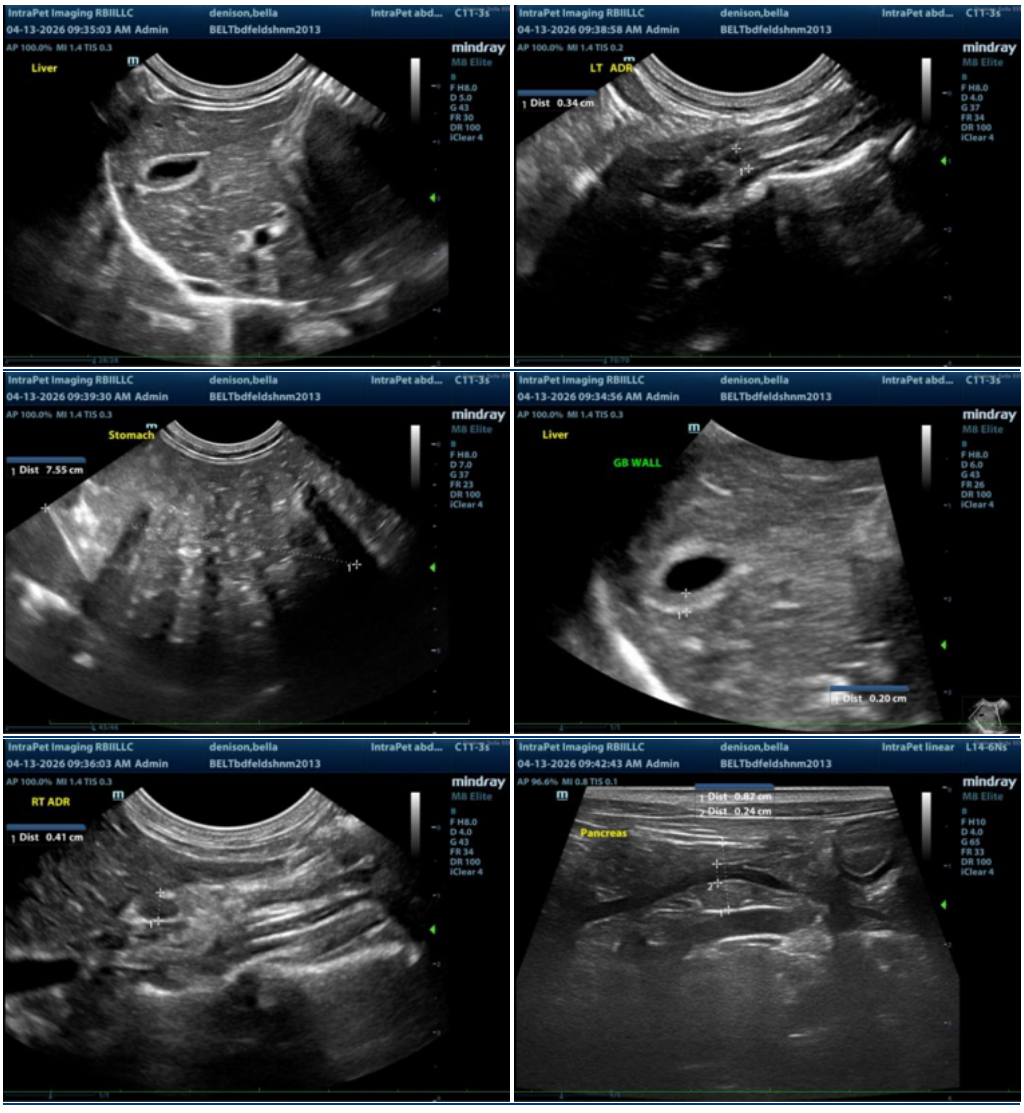
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The gallbladder and cystic/common bile duct wall changes could be consistent with cholecystitis/cholangitis and/or benign age-related hyperplasia. The gall bladder wall thickening may also be artifactual due to lack of full repletion, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

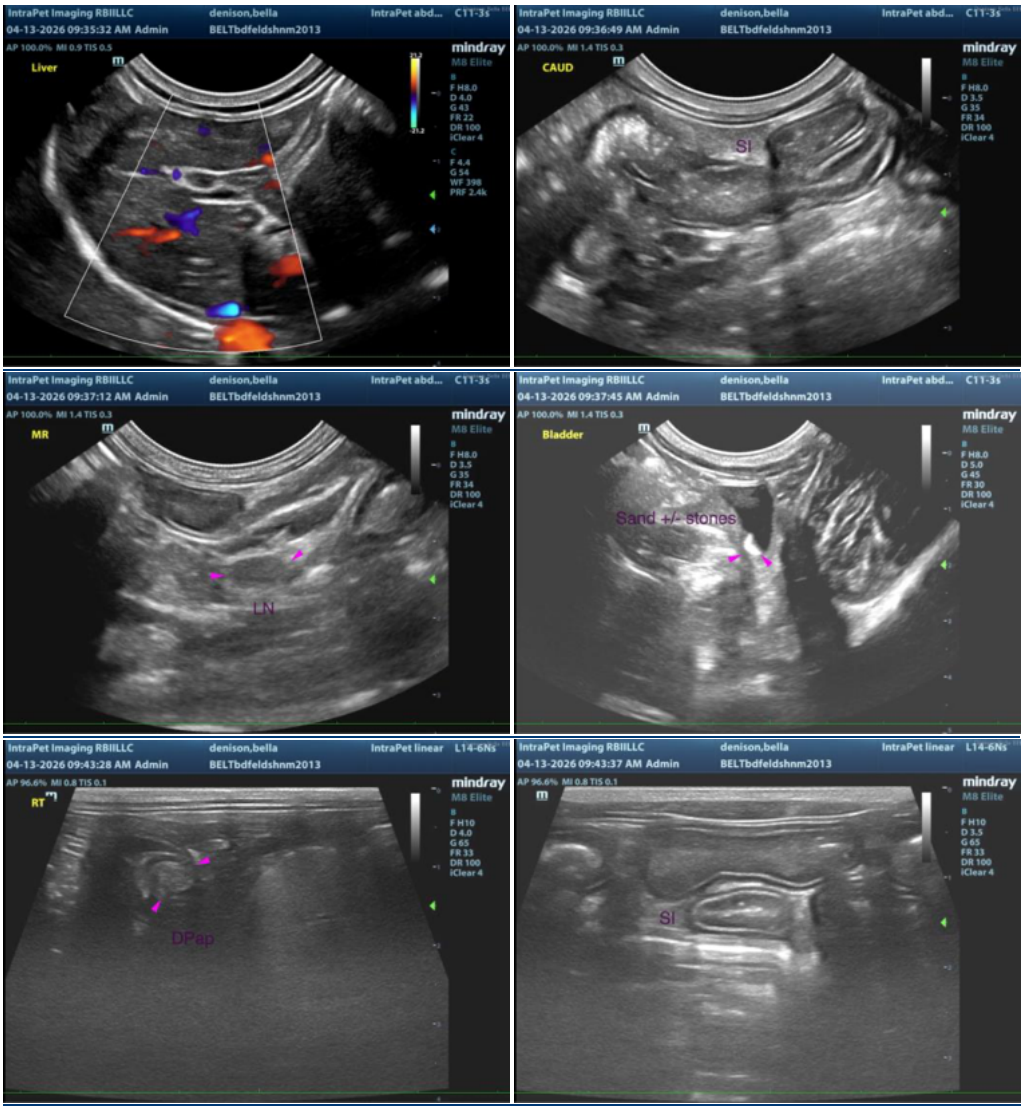
Secondary Findings:

- Bilateral nonspecific, age-related renal changes with trace right pyelectasia
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying. The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears non-obstructive at the time of this study.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Minor urinary bladder sand +/- tiny calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended along with prophylactic deworming with fenbendazole.
2. Consider a GI panel including serum cobalamin, folate, TLI and PLI.
3. A 3-4 week limited antigen or hydrolyzed protein diet should also be considered to assess for food allergies.
4. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. In the meantime, a probiotic +/- fiber supplement may prove beneficial.
5. Regarding the elevated ALT, consider pre and post-prandial serum bile acids. Ultimately, hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures may be necessary to get a definitive diagnosis.





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