



PATIENT PRESENTING CLINICAL SIGNS

Fudge Gratale Repeat to assess possible changes to nodule in liver and intestines. Gained weight- owner reports lethargic. Meds: Mirataz Q3 days, Famotidine, Maropitant, Amlodipine, Epakatin if needed, Miralax, K/D diet.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: SDMA 28, Creat 4.0, BUN 54, USG 1.014, HCT 41.2.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

AGE

16 years

The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullary definition. The left kidney has a moderately sized renal cortical cyst. Bilaterally there is appropriate cortex to medulla ratio. There is no significant pyelectasis or pelvic dilation. The capsules are mildly irregular bilaterally. Left kidney measures 3.65 cm, and the right kidney measures 3.42 cm.

WEIGHT

8.01 lbs

Adrenal Glands

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left adrenal measures 0.38 cm, and the right adrenal measures 0.43 cm.

Spleen

IMAGING PERFORMED BY

Rebecca Hamilton

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.67 cm at the hilus.

HOSPITAL NAME

The Gentle Vet

Liver

REFERRING VET

Dr. Dulude

The liver is subjectively normal liver size and structure. There's an ill-defined hypoechoic mass effect in the mid liver near the gallbladder that appears to be static from the previous exam measuring approximately 2.5 cm x 1.1 cm on this study. The remainder of the parenchyma is appropriately coarse with normal vasculature and no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

INVOICE

11153

Gastrointestinal

DATE

1/16/2026

The stomach is non-distended with normal wall thickness and maintenance of normal wall layering. There's no shadowing gastrointestinal foreign material or evidence for mechanical obstruction identified. There are focal regions of the small intestinal wall that while having overall normal wall



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thickness do present a slightly prominent or thickened muscularis layer which mildly distorts the normal 1:3 muscularis to mucosal ratio. The submucosa is slightly hyperechoic, and irregular and the colon contains normal shadowing feces.

SPECIES

Feline

Pancreas

The pancreas is mildly hypoechoic and slightly mottled with a heterogenous parenchyma. There are subtle mixed hyper and hypoechoic nodular changes but no evidence of hyperechoic regional mesenteric or omental fat.

BREED

DSH

Free Abdomen

There's mildly prominent mesenteric and jejunal lymph nodes with a normal length to width ratio, and isoechoic parenchymal detail. There is no significant free peritoneal effusion noted.

SEX

NM

ULTRASONOGRAPHIC FINDINGS

AGE

16 years

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.

WEIGHT

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- The hypoechoic ill-defined mass effect within the liver appears to be static, or not significantly changed from previous evaluation. Previous differentials of hyperplasia, lymphoid nodular carcinoma or adenoma are still considered possibilities.

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- The mild pancreatic changes are likely pancreatic remodeling however, occult pancreatitis can't be completely excluded.

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Rebecca Hamilton

- The intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

REFERRING VET

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A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

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Fine needle aspirates of the hepatic mass with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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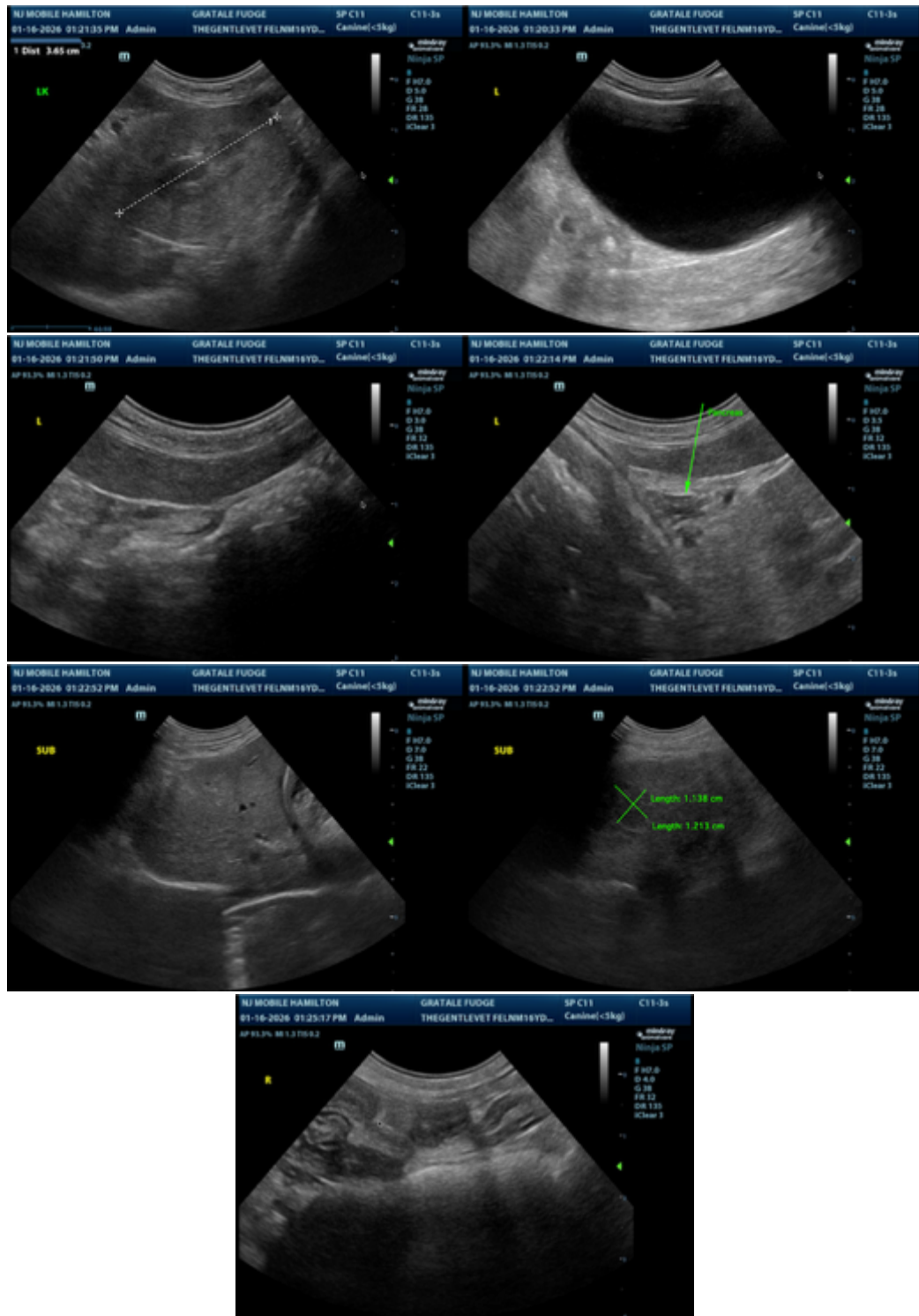
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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