



PATIENT

Nala Becker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.4 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Jennifer Shonts

INVOICE

71828

DATE

11/15/25

PRESENTING CLINICAL SIGNS

*P has had IBD for about 1 year, P is on 0.4ml pred SID normally O increased to BID a few days ago. This last week P has been icteric and today it got worse. O Brought in 2 kittens form outside 3 weeks ago but they have been separate. P Has been eating a small amount of their kitten food. P is acting normal otherwise. has been on Hill's biome diet. *concern for Icterus r/o Hepatopathy (hepatitis, metal storage disease, hepatic lipidosis, gall bladder stones vs other), Hemolytic anemia (mycoplasma, imha, metal storage vs other)

Abnormal PE/Chem/CBC/UA Results: PE: QAR, BCS 5/9, icteric sclera, Soft on abdominal palpation, No organomegaly noted or masses palpated *CBC: WBC 17.69 H, Neu 15.34 H, Lym 0.65 L, Mono 1.5 H, Hct 20.6 L, Hgb 6.8 L, RBC 4.29 L, Ret 177.6 H *CHEM: Creat 0.6 L, TP 9.6 H, Glob 6.5 H (Alb:Glob 0.47), Gluc 181 H, Chol >450 H, ALT 871 H, ALP 631 H, GGT 90 H, Tbili 29.0 H *EPOC: Na 147 L, K 3.3 L, Lact 4.63 H, Gluc 182 H, Hct 23 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The bladder is moderately distended with anechoic urine and a mild to moderate amount of suspended echogenic debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasia or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.02 cm. Right kidney measures 3.88 cm.

Adrenal Glands

The adrenal glands are not discretely visualized, but the left splenorenal and right hepatorenal quadrants are unremarkable and free of overt mass effects or evidence of vascular invasion.

Spleen

The spleen measures 0.90 cm at the hilus. It 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.

Liver

The liver is diffusely mottled and subjectively mildly enlarged with slightly rounded margins. There are several ill-defined cystic structures within the hepatic parenchyma. There is an additional rounded cystic structure at the caudal aspect of the liver associated with the biliary tree. The gallbladder is otherwise thin walled and contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic duct appears normal. The extrahepatic biliary tree is minimally visualized, and the common bile duct and duodenal papilla are not identified.



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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The pancreas is not readily discernable, but there is a mild to moderate amount of hyperechoic mesentery or omental fat in the cranial abdomen as well as associated with the ileocecolic junction. There are several prominent ileocecolic lymph nodes and mesenteric lymph nodes with normal length to width ratios and isoechoic parenchyma.

Free Abdomen

There is a scant volume of free peritoneal effusion identified.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The cystic changes within the hepatic parenchyma and associated with the extrahepatic biliary tree are most consistent with biliary cystadenomas. However, infiltrative neoplastic disease cannot be definitively excluded. Given the degree of hyperbilirubinemia as well as elevations in liver enzymes, an acute biliary obstruction cannot be definitively excluded at this time. Also consider pancreatitis as an additional cause of a functional extrahepatic biliary dilation and an explanation of the underlying clinical signs.
- The slightly prominent OCJ and mesenteric lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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.

A fPLI is recommended to further evaluate the pancreas for active pancreatitis or inflammation. Consider additional imaging of the biliary tree either via ultrasonography or CT scan to further evaluate for potential extrahepatic or intrahepatic biliary obstruction.



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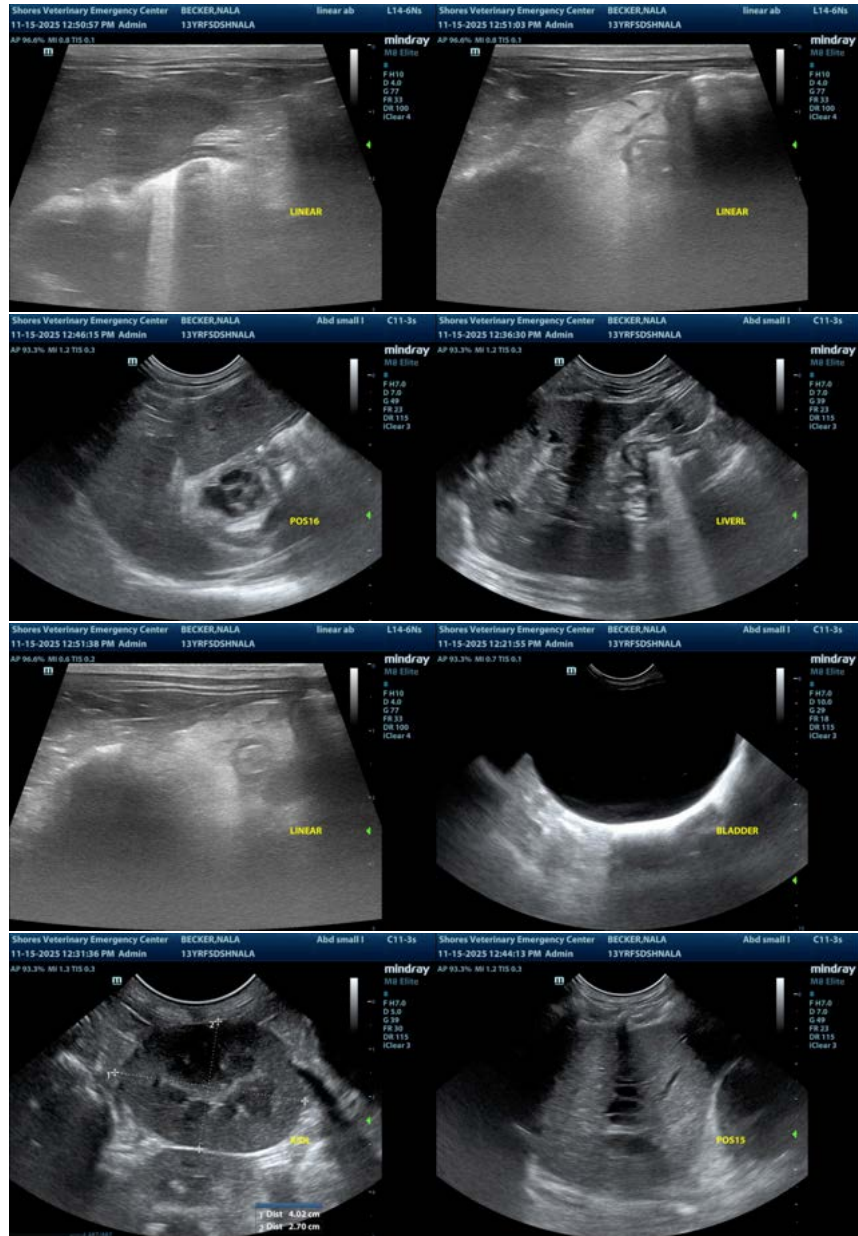
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

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