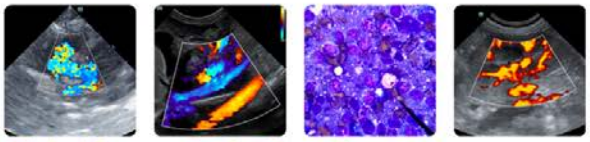

PATIENT

Maia Oberman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.8 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

71853

DATE

11/16/25

PRESENTING CLINICAL SIGNS

5 day history of hyporexia, treated with appetite stimulant with minimal intake noted (eating treats occasionally) Seen at primary care veterinarian 2 days ago with unremarkable bloodwork, treated with cerenia and depo - 1 year history of hyperthyroidism, managed with methimazole - No vomiting or diarrhea reported PE: CV: grade I-II/VI heart murmur Abd: palpable soft tubular structure - likely stool in colon

Abnormal PE/Chem/CBC/UA Results: rDVM: Chem15: Glu 209 H CBC: WNL T4: WNL HAEC intake: PCV/TS: 37/7.8 Ketones: 0 Pancreatic lipase: WNL 1.7 EPOC: lactate high 5.64, gluc 148 UA & Sedivue: planned, not yet collected

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. There is a minimal amount of dependent echogenic mobile urinary sediment present in the bladder. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.65 cm. Right kidney measures 3.64 cm.

Adrenal Glands

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 measures 0.30 cm. Right measures 0.23 cm.

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 subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with 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.

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Gastrointestinal

The stomach is mildly distended with echogenic luminal contents consistent with ingesta. The pylorus and pyloroduodenal junction are patent. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. There is multifocal luminal distention of the small intestine with echogenic contents consistent with normal ingesta. There is no shadowing foreign material within the gastrointestinal tract and there is no other concern or indication for a mechanical gastrointestinal obstruction. The colon contains normal shadowing feces. The Ileocecocolic junction is patent.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There are several prominent jejunal and mesenteric lymph nodes with normal length to width ratio and isoechoic parenchyma. There is no significant free fluid noted.

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 normal appearance of the gastrointestinal tract does not exclude early infiltrative disease such as inflammatory bowel disease or other chronic enteropathy. Additionally, infiltrative neoplastic disease such as round cell neoplasia can't be definitively excluded.
- The slightly prominent mesenteric and jejunal 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 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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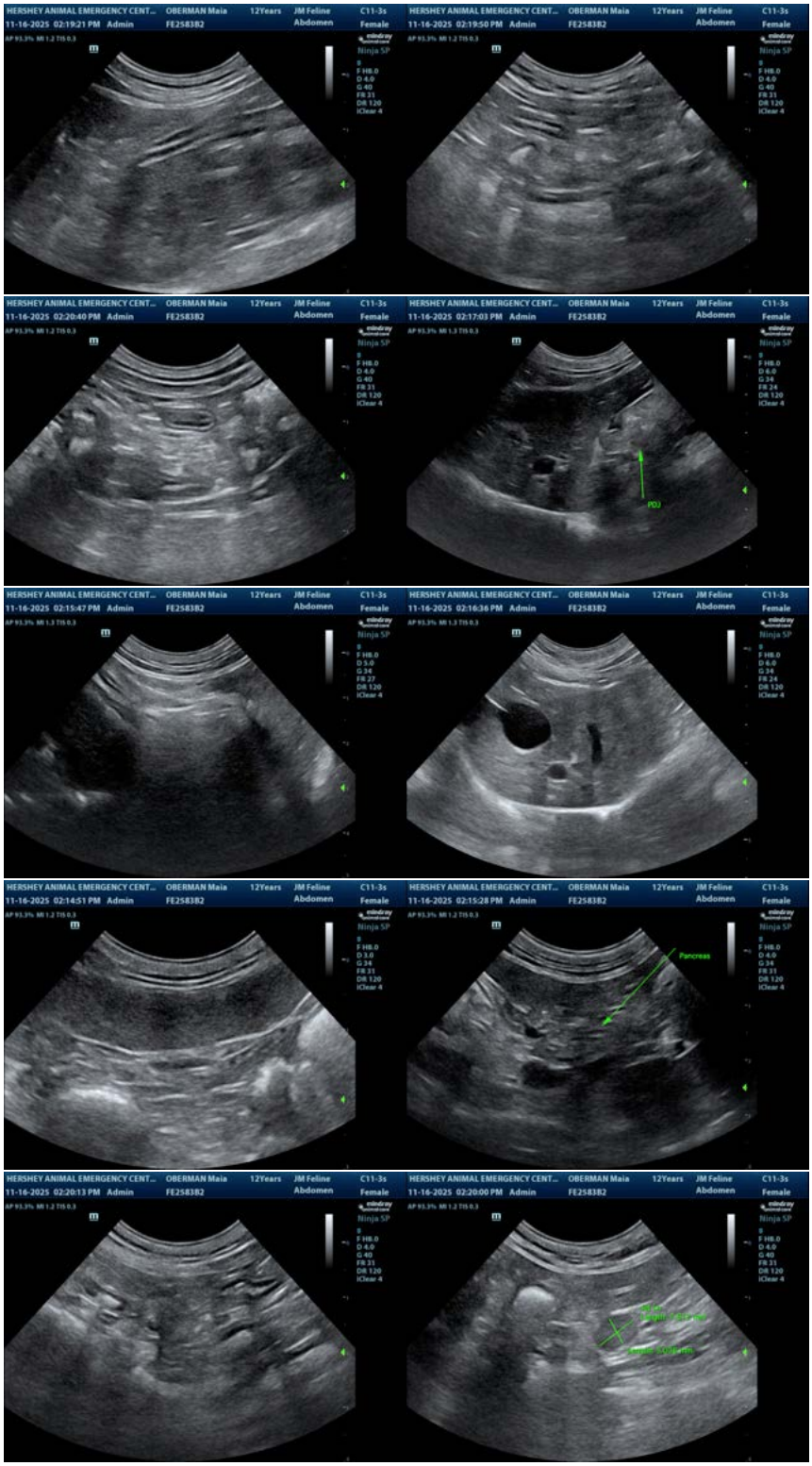

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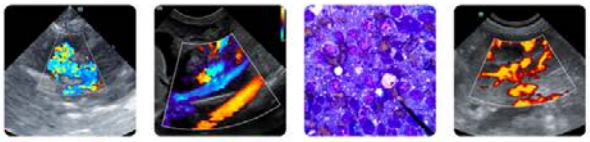

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com