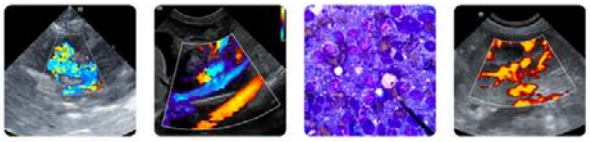


PATIENT

Patches Mayall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19

WEIGHT

2.5 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

72552

DATE

12/14/25

PRESENTING CLINICAL SIGNS

History for abd US: Presented for hematuria, PU/PD, and weight loss. Very limited vet history. Blood work today shows hyperthyroid and CKD. UA shows UTI. Possible mass effect in bladder noted during cystocentesis. - Exam: QAR, fractious, very thin BCS. grade 2/6 parasternal systolic murmur. Subjectively thickened bowel loops on palpation. Severe dental disease.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 28.8% (L), Neut 12.8k (H). - Chem17: BUN 55 (H), ALT 159 (H). - SDMA: 27 (H) - TT4: 6.1 (H) - EPOC: K 3.2 (L), Cl 134 (H), BUN 50 (H), Hct 26% - UA (cysto): cloudy, orange urine. USG 1.018, pH 6.5, Pro 500, Glu 50, Bld 250. Sediment: WBC >50/HPF, RBC >50/HPF, rods present, Non-squamous epithelial cells >10/HPF. - urine culture: pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is inadequately distended to completely evaluate bladder wall thickness and layering. However, the bladder wall appears to be subjectively mildly thickened with overall maintenance of appropriate layering. In the trigonal region there is a hyperechoic structure that may represent a mass effect, but without additional distention of the urinary bladder it is not possible to distinguish this from hyperechoic sediment.

The kidneys are normal in size. The cortices are hyperechoic with a decrease in corticomedullary definition. There is mild dystrophic mineralization present with no significant pyelectasia or pelvic dilation. The renal capsules are mildly irregular with evidence of chronic infarcts. The left kidney measures 3.1 cm. The right kidney measures 3.16 cm.

Adrenal Glands

The adrenal glands are not definitively visualized.

Spleen

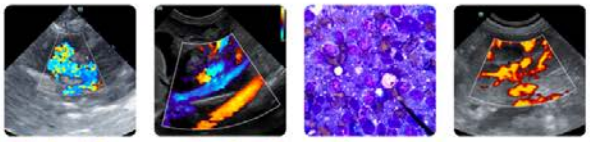
The spleen measures 0.50 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal in size with a slightly hyperechoic parenchyma and several ill-defined hypoechoic nodular changes throughout the parenchyma. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile.

Gastrointestinal

The stomach is minimally distended with echogenic contents. The small intestinal tract is non-distended with overall normal wall thickness, but a prominent muscularis layer, which distorts the normal 1:3 muscularis to mucosal ratio. The gastric mucosa is slightly irregular, and the small intestinal submucosal layer is hyperechoic with slight irregularity as well. The colon contains normal shadowing feces. The Ileocecocolic junction is patent. There is no evidence of gastrointestinal mechanical obstruction identified.



PATIENT

Patches Mayall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19

WEIGHT

2.5 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

72552

DATE

12/14/25

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 hyperechoic mesentery lymph nodes that maintain a normal length to width ratio and isoechoic parenchyma. There is no significant free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- 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. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.

- The hyperechoic liver with ill-defined hypoechoic nodules may represent infiltrative neoplastic disease such as round cell neoplasia. However, other non-specific inflammatory conditions such as hepatitis or cholangiohepatitis should also be considered.

- 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.

- The slightly prominent 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.

Consider fluid resuscitation and repeat imaging of the urinary bladder to further evaluate for potential urinary bladder mass.

Fine needle aspirates of the liver 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.

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.

Pending urine culture results, consider empiric antibiotic therapy for suspected urinary tract infection.

PATIENT

Patches Mayall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19

WEIGHT

2.5 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

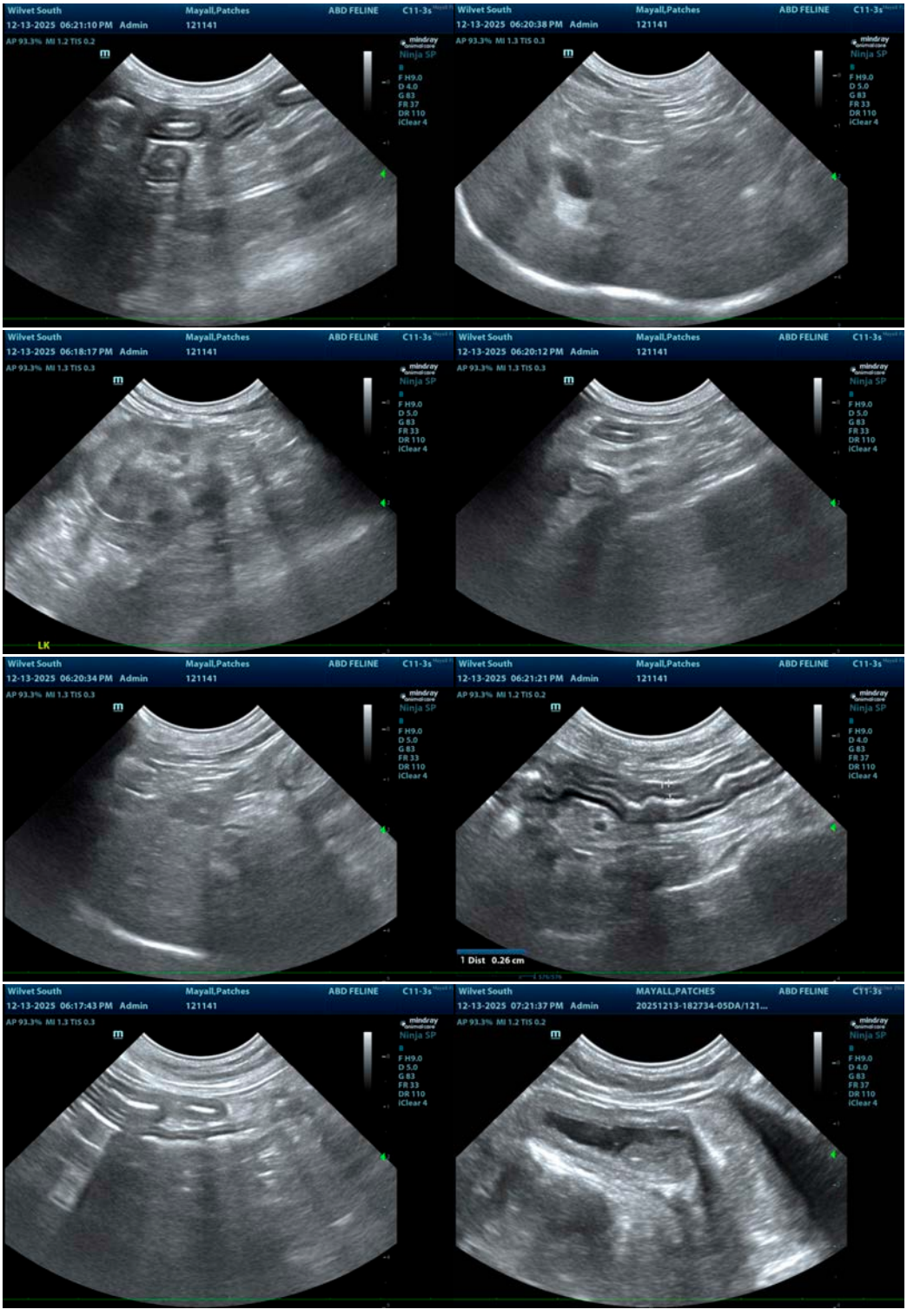
Dr. Bennett

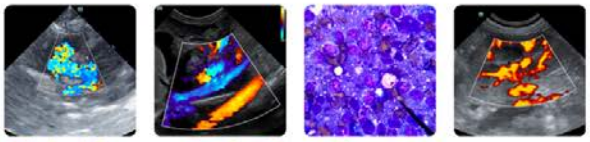
INVOICE

72552

DATE

12/14/25





PATIENT

Patches Mayall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19

WEIGHT

2.5 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

72552

DATE

12/14/25

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, DACVIM (cardiology)

info@SonoPath.com