



PATIENT

Selma Gelfand

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15

WEIGHT

4.6 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Patton

INVOICE

72561

DATE

12/14/25

PRESENTING CLINICAL SIGNS

Presented for anorexia and lethargy

Abnormal PE/Chem/CBC/UA Results: CBC and Chem panel non - diagnostic UA some cocci seen but no other abnormalities .

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 mild 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. There is a prominent hyperechoic corticomedullary band or rim noted. The cortex to medulla ratio is appropriate. No significant pyelectasis or pelvic dilation present. Left kidney measures 3.45 cm. Right kidney measures 3.37 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 0.37 cm. Right measures 0.37 cm.

Spleen

The spleen measures 0.74 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.

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.



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Pancreas

The pancreas is hypoechoic with irregular margins and is also slightly prominent with mixed hyper- and hypoechoic nodular changes throughout the parenchyma. There is a mild degree of hyperechoic regional mesentery or omental fat.

Free Abdomen

There is a scant volume of free peritoneal effusion noted.

No significant lymphadenopathy 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.
- There is a hyperechoic renal corticomedullary band present, with a uniform corticomedullary ratio. This is most consistent with a medullary rim sign. There are mild degenerative renal changes noted, with a uniform capsular contour. This is an idiopathic finding, yet at times can be related to FIP or lymphoma in cats.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Supportive care for suspected pancreatitis is recommended. Additionally, an fPLI is indicated for further evaluation of the pancreas for active pancreatitis or inflammation.





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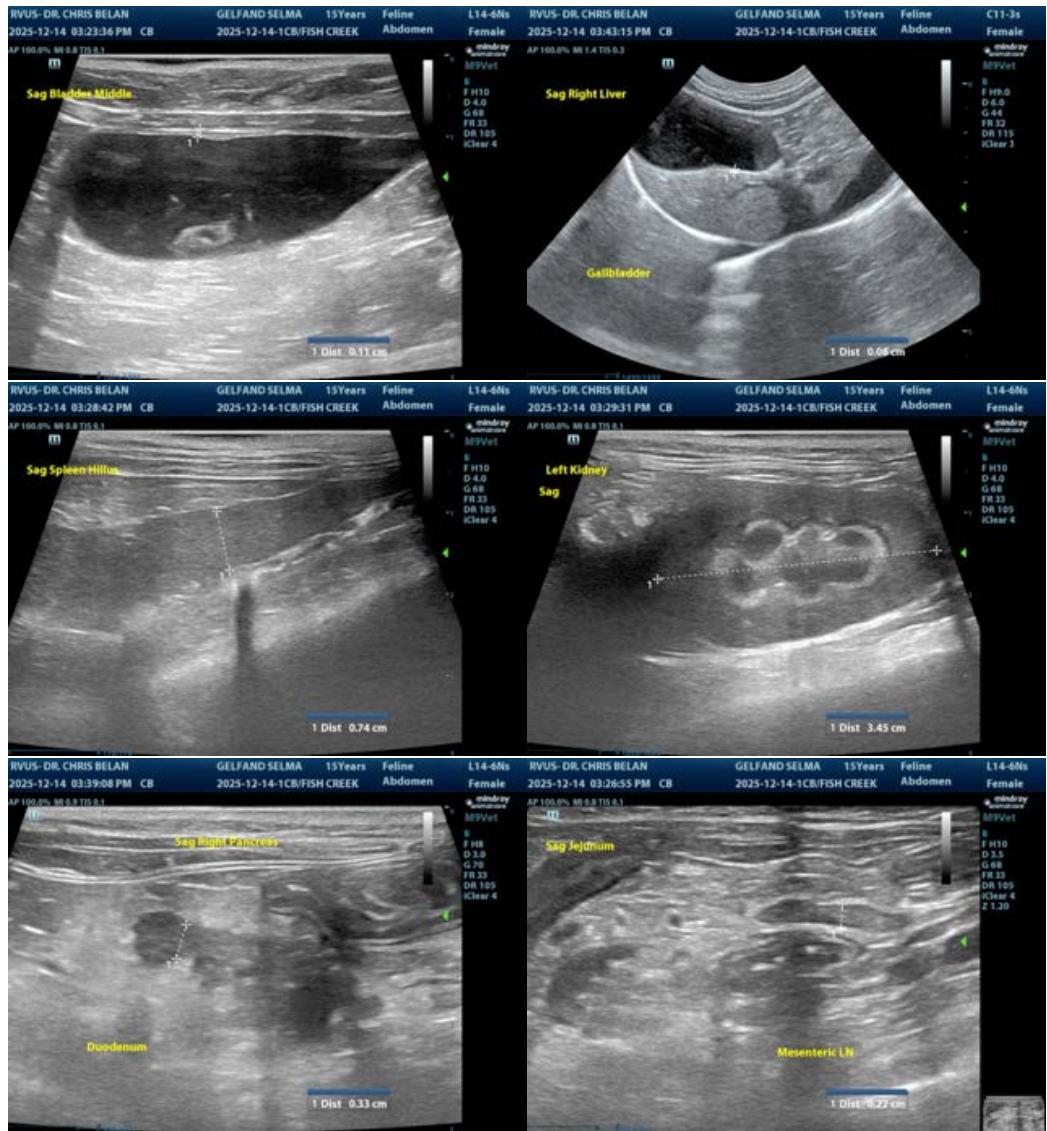
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DACVIM (cardiology)

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