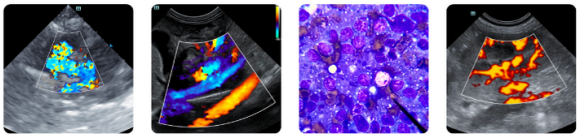


PATIENT

Ping Webb

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years 11 months

WEIGHT

8.12 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

Dr. Palmer

INVOICE

10998

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

P presented for weight loss, not eating for 7 days, lethargy HCT 13, Tbili elevated P is icteric.

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 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.

The kidneys are normal in size and structure. The cortices are hyperechoic with a loss of corticomedullary definition. The cortex to medulla ratio appears appropriate with no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.07 cm, and the right kidney measures 4.01 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 adrenal measures 0.40 cm, and the right adrenal measures 0.49 cm.

Spleen

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 0.51 cm at the hilus.

Liver

The liver is subjectively enlarged with rounded margins, and a diffusely hyperechoic parenchyma that is hyperechoic to the surrounding falciform fat. The gallbladder is bilobed but has appropriately thin walls and contains normal anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

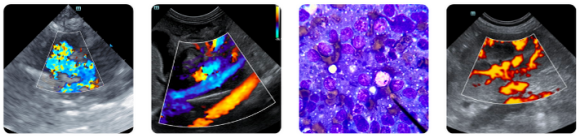
Gastrointestinal

The stomach and small intestinal walls are normal in wall thickness with maintenance of normal wall layering. There is a mild degree of echogenic contents ingesta with no shadowing foreign material or evidence for gastrointestinal mechanical obstruction. The ICJ appears patent and the colon contains normal shadowing feces.

Pancreas

The visible pancreas is 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



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Theres possible prominent hepatic lymph node with normal length to width ratio, and isoechoic parenchyma. The mesentery is diffusely hyperechoic, indicative of suspected peritonitis with a scant volume of anechoic free fluid.

ULTRASONOGRAPHIC FINDINGS

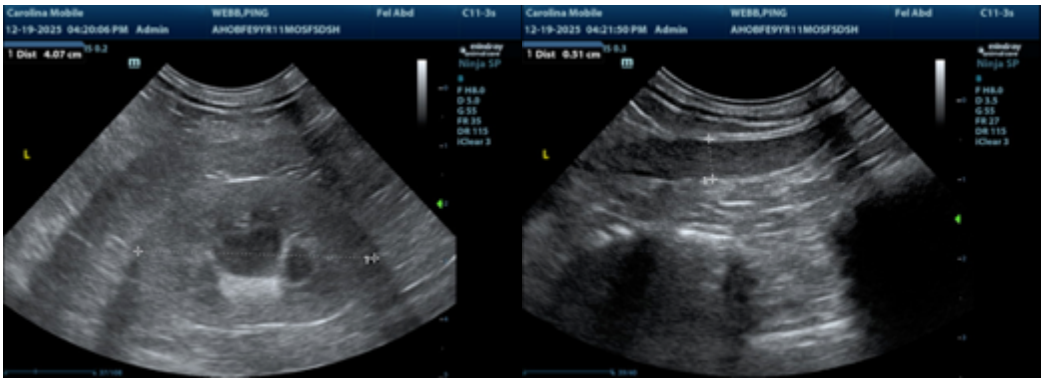
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.
- The liver is subjectively enlarged and uniformly hyperechoic to falciform fat without disruption of normal architecture. This finding is most consistent with hepatic lipidosis, however infiltrative disease such as round cell neoplasia cannot be completely excluded.
- The slightly prominent hepatic 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.

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.

Supportive care for suspected hepatic lipidosis or infiltrative hepatic disease causing an acute hepatopathy and hepatic disfunction is indicated at this time. Early enteral feeding is crucial to supportive therapy for hepatic lipidosis, nasogastric tube, or esophagostomy tube may be required for long term nutritional support.



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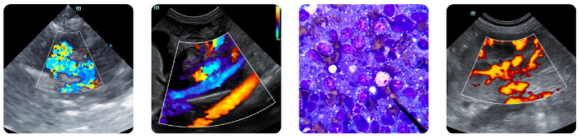

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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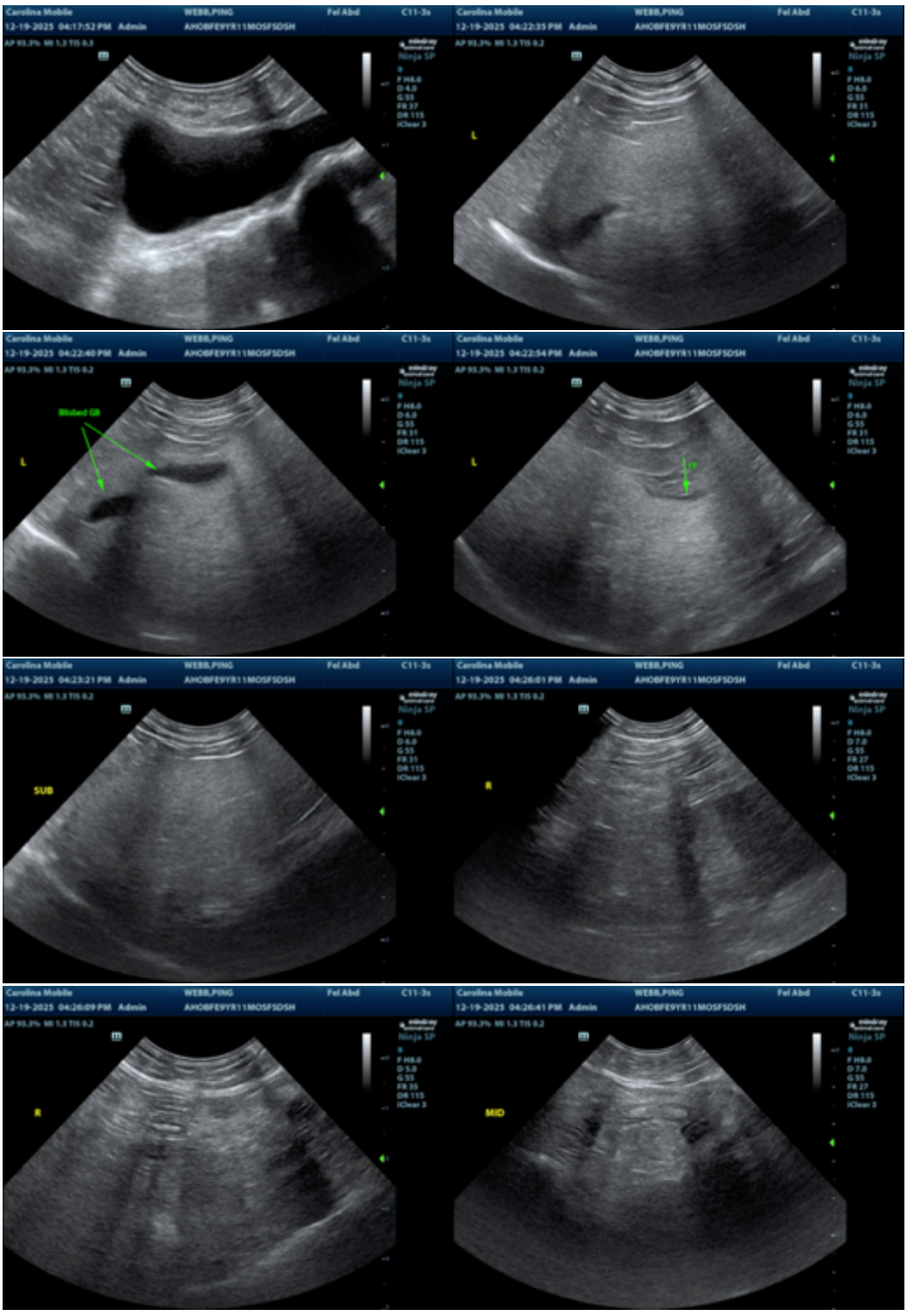

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not

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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)

info@SonoPath.com