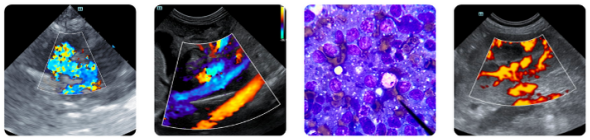


PATIENT

Biggie Smalls Mera

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years 11 months

WEIGHT

4.75

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Celia Galanti

INVOICE

10888

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

P presented yesterday for acute vomiting that began in the morning (repeated, mostly saliva), diarrhea (small drops with straining), chronic weight loss since June, and owner-reported polydipsia/polyuria. Eating reportedly normal but unable to keep medications down for a few days. History per owner/dermatology: feline atopic skin syndrome, herpes, IBD (on Pro Plan Veterinary Diets EN Gastroenteric). New liver elevations on bloodwork.

Abnormal PE/Chem/CBC/UA Results: AST 823, ALT 858, BUN 38, glucose 252, neutrophils 11305, T4 2.1, 3+ glucosuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine and mild suspended echogenic debris. The trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. 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 loss of corticomedullary definition. There are cortical cystic changes with irregular capsular contour bilaterally. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation noted. Left kidney measures 3.0 cm, and the right kidney measures 3.02 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 0.41 cm, and the right adrenal measures 0.35 cm.

Spleen

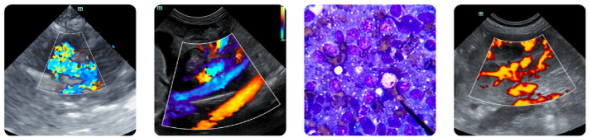
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.7 cm at the hilus.

Liver

The caudal aspect of the liver has multiple hypoechoic to anechoic cystic structures. The liver is diffusely mottled or heterogenous and subjectively mildly enlarged with ill-defined hyper- and hypoechoic mixed echogenic nodular changes.

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



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The stomach contains echogenic ingesta. There is no concern for pyloric outflow obstruction identified. The small intestine is minimally distended with echogenic contents. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering. There's no shadowing foreign material or evidence for mechanical small intestinal obstruction. The colon contains normal shadowing feces.

Pancreas

The pancreas is enlarged and hypoechoic with mixed hyper- and hypoechoic nodular changes throughout.

Free Abdomen

There are multiple prominent mesenteric lymph nodes with normal length to width ratios but hypoechoic parenchyma. There's no overt 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.
- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- The heterogenous hepatic parenchyma with anechoic cystic structures may represent chronic inflammatory disease such as cholangiohepatitis or other hepatopathy. Infiltrative neoplastic disease can't be definitively excluded.
- 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

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.

An fPLI is recommended to further evaluate the pancreas for active inflammation or pancreatitis as an underlying cause for the clinical signs.

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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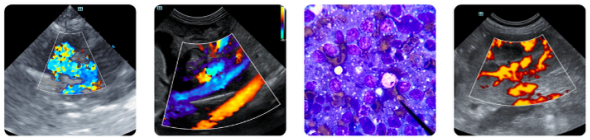

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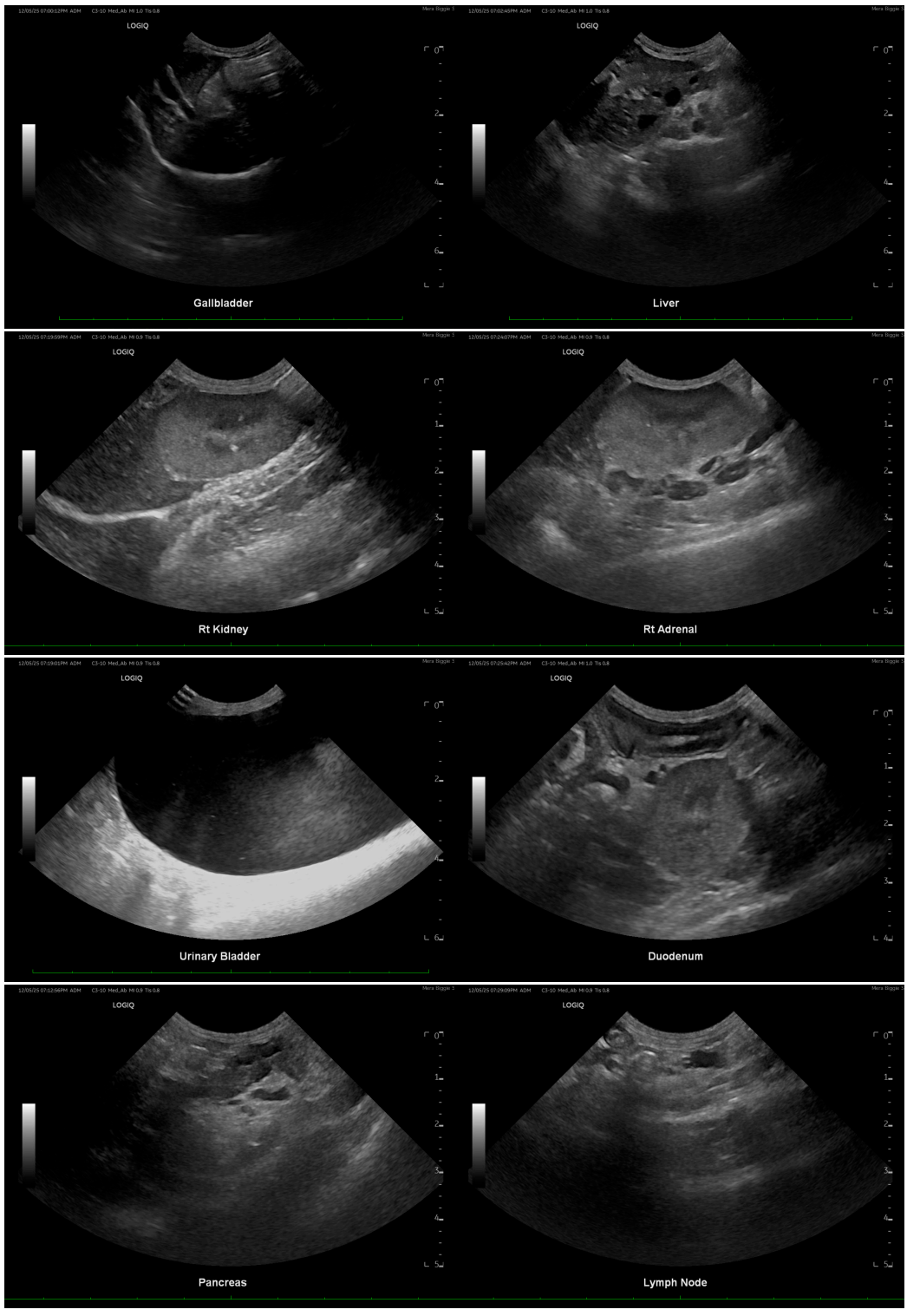
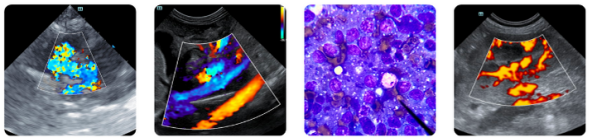


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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