



PATIENT

Morgana Lowther

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

13 years

WEIGHT

8.6 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Agnes Rupley

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Dr. Agnes Rupley

INVOICE

10883

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

See attachment.

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, with appropriate cortex to medulla ratio. The cortices are hyperechoic with a decrease in corticomedullary definition. There are renal cortical cystic changes noted bilaterally with no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.1 cm, and the right kidney measures 3.91 cm.

Adrenal Glands

Both adrenal glands are not discretely visualized.

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 0.8 cm at the hilus.

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 is bilobed but otherwise it is normal.

Gastrointestinal

The stomach contains a mild amount of echogenic ingesta but otherwise the gastrointestinal tract is normal and 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.

Pancreas

The pancreas is hypoechoic with a mottled, irregular parenchyma and mixed hyper- and hypoechoic nodular changes.

Free Abdomen



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There is no significant lymphadenopathy, but a scant volume of free peritoneal effusion, especially in the cranial abdomen, is noted.

ULTRASONOGRAPHIC FINDINGS

- 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 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.

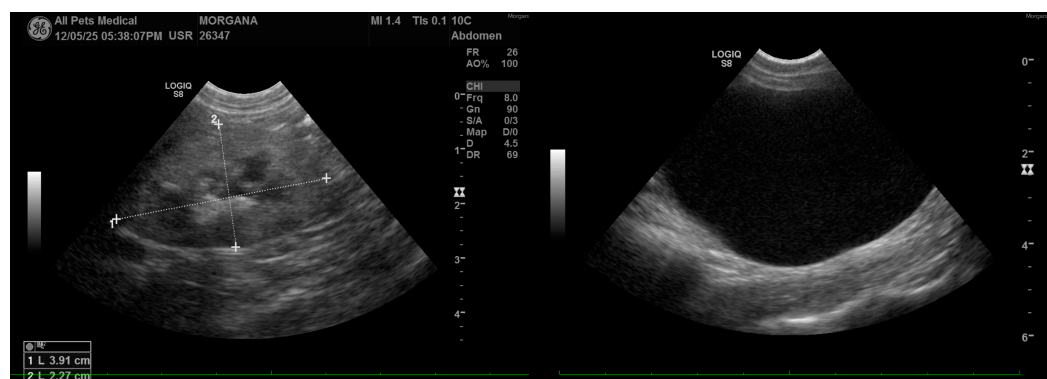
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A complete blood cell count and serum biochemistry with electrolytes are indicated for further evaluation of the patients metabolic status.

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.

Consider abdominocentesis with fluid analysis if the volume of the free fluid is sufficient for safe sampling.





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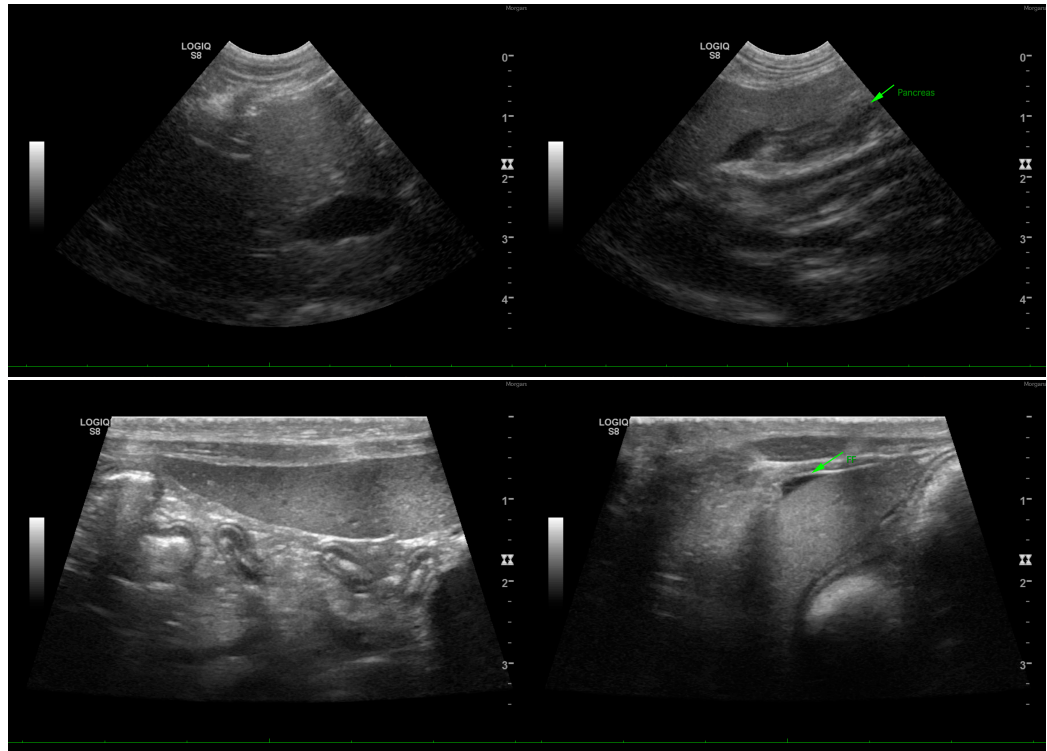
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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