



## PATIENT PRESENTING CLINICAL SIGNS

**Pippa Bankhardt**  
**HISTORY:** P presented for mild weight loss, hematochezia, possible hematuria. Urine culture negative. Positive changes with food switch to hydrolyzed diet, O notes improvement of stool quality and no more overt hematochezia.

## SPECIES

**Feline**  
**Abnormal PE/Chem/CBC/UA Results:** No crystals seen on UA, normal UA, Urine culture negative. Normal senior profile, including TT4.

## BREED

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## DSH

### Urinary System

The urinary bladder contains a mild amount of suspended echogenic debris, with anechoic urine. 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.

## SEX

Female Spayed

## AGE

9

The kidneys are normal in size (left 2.85 cm / right 3.13 cm). The cortices are hyperechoic with a decreased in corticomedullary definition. There are hyperechoic renal cortical lesions within the left kidney that likely represent chronic infarcts. There is another isolated hypoechoic region within the left renal cortex that is also likely secondary remodeling due to age-related chronic renal disease. There is normal cortex to medulla ratio with no significant pyelectasis or renal pelvic dilation. The renal capsules are mildly irregular. Bilaterally, the right renal cortex is free of any over evidence for infarct.

## WEIGHT

8.4 lbs

## INTERPRETED BY

### Adrenal Glands

The adrenal glands are not definitively visualized.

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

### 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 0.67 cm at the hilus.

## IMAGING PERFORMED BY

Saum Hadi

### 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.

## HOSPITAL NAME

Nimbus PH

## REFERRING VET

Saum Hadi

### Gastrointestinal

The gastrointestinal tract is multifocally mildly distended with anechoic-to-mildly-echogenic fluid. There is no shadowing foreign material or evidence for a gastrointestinal mechanical obstruction. The gastrointestinal walls measure within normal limits, with maintenance of normal wall layering. The colon contains normal shadowing feces.

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## DATE

12-7-25

### Pancreas

The pancreas is mildly hypoechoic, with a regular contour. There are multiple anechoic cystic structures associated with the pancreatic body of both the right and left pancreatic limbs. There is no overt hypoechoic regional mesentery or omental fat.



**PATIENT** *Free abdomen*

Pippa Bankhardt

There are mildly prominent mesenteric and jejunal lymph nodes. There is no significant free peritoneal effusion.

**SPECIES** **ULTRASONOGRAPHIC FINDINGS**

Feline

- 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.

**BREED**

DSH

- 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.

**SEX**

Female Spayed

- The changes to the pancreas are likely representative of chronic inflammatory disease (such as chronic pancreatitis). However, neoplastic disease cannot be completely excluded.

**AGE**

9

- The slightly prominent mesenteric and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

**WEIGHT**

8.4 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

- 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 an fPLI to further evaluate the pancreas for active pancreatitis, although this is not highly suspected based on this study.

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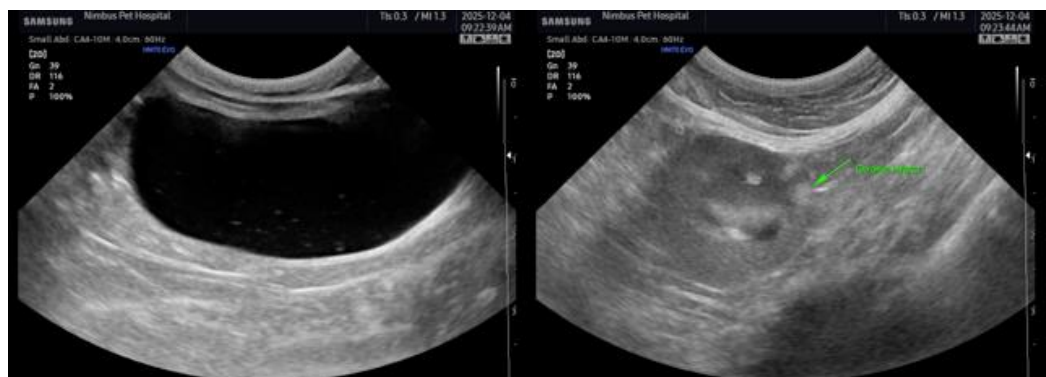
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**PATIENT**

Pippa Bankhardt

**SPECIES**

Feline

**BREED**

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**SEX**

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**AGE**

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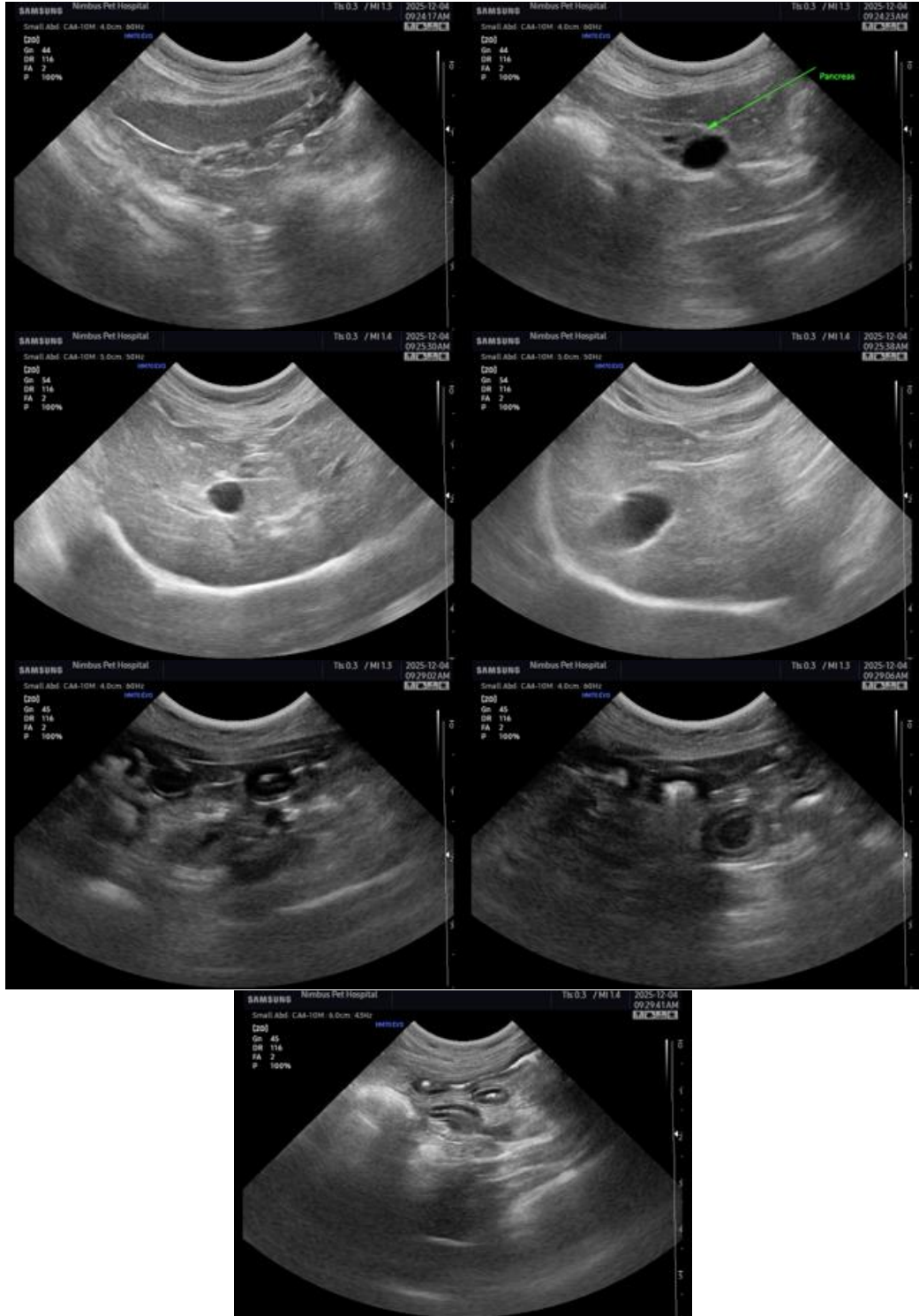
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## PATIENT

Pippa Bankhardt

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.

## SPECIES

Feline

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.

## BREED

DSH

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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## AGE

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