



## PATIENT

Mr. White Cat  
Goodson

## SPECIES

Feline

## BREED

DSH

## SEX

M/C

## AGE

9 years

## WEIGHT

19.1 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Brandi Barry

## HOSPITAL NAME

Bluegrass Animal  
Hospital

## REFERRING VET

Dr. Brandi Barry

## INVOICE

10898

## DATE

12/9/2025

## PRESENTING CLINICAL SIGNS

FIV positive and history of hepatic lipidosis 4-5 years ago. Owner reports a 2 day history of not eating or drinking. Patient vomited multiple times at home yesterday. Patient was evaluated at our hospital yesterday and lab work was performed. Patient vomited 4-5 times during exam. Too fractious to allow imaging yesterday. Treated with Cerenia injection, Mirataz, and SQ fluids. Owner took patient to urgent care facility last night due to pytalism and him refusing all food. Urgent care treated with ondansetron and recommended abdominal ultrasound as next step.

Abnormal PE/Chem/CBC/UA Results: Grade 1/6 heart murmur and obese, but otherwise unremarkable exam. CBC/Chem17/Lytes: EOS 0.04 (L), BUN 10 (L), all else WNL CXR taken at urgent care: moderate soft tissue swelling and subcutaneous emphysema noted dorsal to the thoracolumbar spine & suspect 1cm pulmonary nodule AXR at urgent care: NSF.

## 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. The cortices are hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with no pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 5.22 cm, and the right kidney measures 5.39 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 0.2 cm, and the right adrenal measures 0.2 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 0.84 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 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.



## PATIENT

Mr. White Cat  
Goodson

## SPECIES

Feline

## BREED

DSH

## SEX

M/C

## AGE

9 years

## WEIGHT

19.1 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Brandi Barry

## HOSPITAL NAME

Bluegrass Animal  
Hospital

## REFERRING VET

Dr. Brandi Barry

## INVOICE

10898

## DATE

12/9/2025

## Gastrointestinal

The stomach is mildly dilated with echogenic fluid within the fundus and pylorus. The pyloroduodenal junction is not visualized but there's no overt indication of a pyloric outflow obstruction noted. The small intestine is non-distended with normal wall thickness and maintenance of normal wall layering. The colon contains normal shadowing feces, and the ileocecal colic junction is patent.

## Pancreas

The pancreas is incompletely visualized; however, the pancreatic duct appears distended. There's no overt evidence of an obstruction to the common bile duct. However, the duodenal papillae is not visualized.

## Free Abdomen

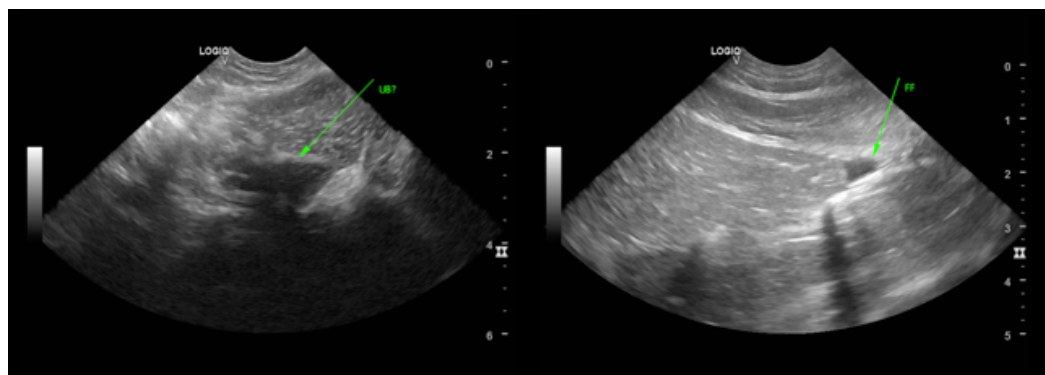
The regional mesentery or omental fat is mildly hyperechoic which may be indicative of a mild steatitis. There's scant anechoic free peritoneal effusion noted with no significant intraabdominal lymphadenopathy.

## 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 visualized pancreas is mildly hypoechoic with irregular margins. The pancreatic duct appears dilated and there's regional hyperechoic mesentery or omental fat. This may be consistent with an active inflammatory process such as active pancreatitis, or acute pancreatitis, which would also explain the clinical signs and functional extrahepatic biliary dilation. However, a mechanical obstruction of the common bile duct can't be definitively excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An fPLI is indicated to further evaluate the pancreas for potential active pancreatitis. Additionally, consider an abdominal CT scan with angiography to further evaluate the biliary tree and pancreatic duct. Alternatively, monitoring of clinical signs with potential serial abdominal imaging could be considered if bilirubin remains normal on biochemistry profile.





## PATIENT

Mr. White Cat  
Goodson

## SPECIES

Feline

## BREED

DSH

## SEX

M/C

## AGE

9 years

## WEIGHT

19.1 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Brandi Barry

## HOSPITAL NAME

Bluegrass Animal  
Hospital

## REFERRING VET

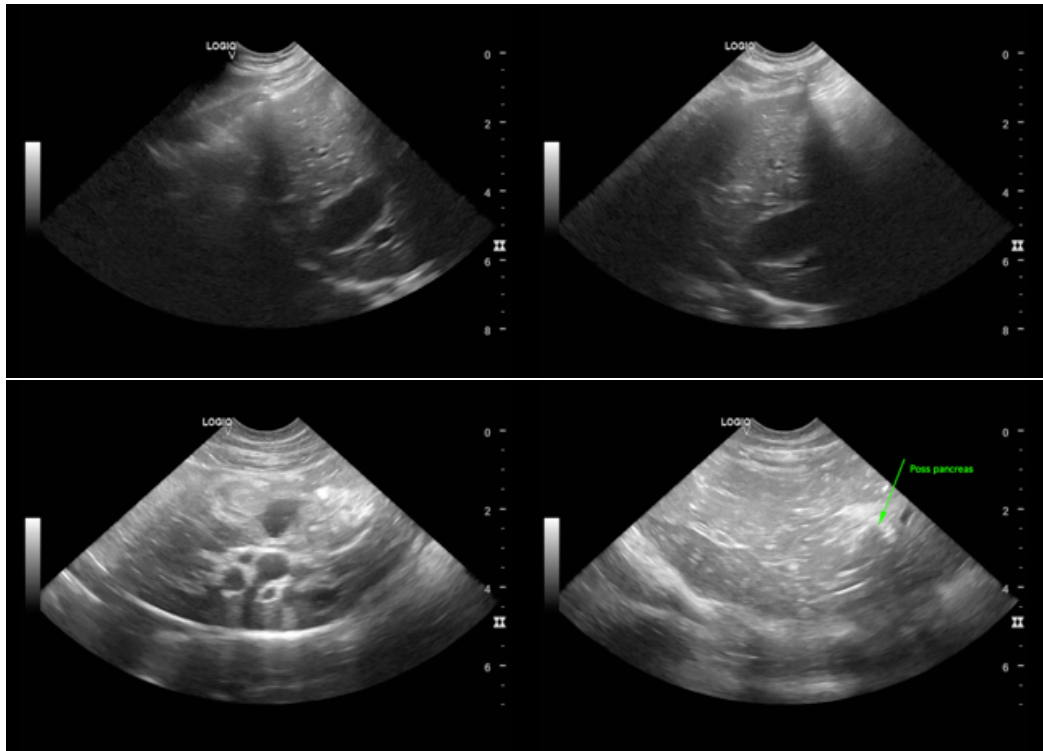
Dr. Brandi Barry

## INVOICE

10898

## DATE

12/9/2025



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)

[info@SonoPath.com](mailto:info@SonoPath.com)