



PATIENT

Posey Vurek

SPECIES

Feline

BREED

Longhair

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.48 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Wilberger

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wilberger

INVOICE

73472

DATE

3/8/26

PRESENTING CLINICAL SIGNS

Presented for vomiting dinner, inappetence, mild lethargy and inappropriate urinations. O has not been home for the last 3 weeks, but pet sitter did not notice abnormal behaviors. P diagnosed with UTI today and elevated ALT, ALP, lactate and leukocytosis. Ultrasound performed due to concern for elevated liver and lactate values.

Abnormal PE/Chem/CBC/UA Results: Chem 10: ALT 158, ALP 147, BUN 12, all other EPOC: HCT 33, BUN 13, Lact 7.81, BEb -6.9, all other CBC: HCT 37.1, WBC 17.83, eos 5.28, basophils 0.4 Urinalysis: Cysto dark yellow, cloudy, blood 250, pH 7, urine protein 100, >50, WBC, >50 RBC, cocci present-confirmed on manual inspection. USG 1.008, ph 5, no crystals seen. Radiographs: no radiopaque stones present, gas dilated colon, radiopaque mineral opacity in small intestines but no dilation in intestines. Narrowed disk spaces, lumbosacral spondylosis, spondylosis noted through thoracic vertebrae.

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 is a moderate amount of suspended and dependent echogenic debris and sediment. 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. Normal cortex to medulla ratio. No significant pyelectasis or pelvic dilation. Irregular renal capsules noted bilaterally. Left kidney measures 3.99 cm. Right kidney measures 3.92 cm.

Adrenal Glands

The adrenal glands are not readily visualized.

Spleen

The spleen measures 0.97 cm at the hilus. It 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.

Liver

The liver is subjectively normal in size and contour with a diffusely mildly heterogeneous or mottled parenchyma and subtle ill-defined hyper- and hypoechoic nodular changes. Vasculature is within normal limits with no evidence of congestion. The gallbladder wall is mildly thickened with a minimal amount of suspended echogenic debris. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach is non-distended with normal wall thickness and layering. There are multifocal segments of small intestine with a slightly prominent muscularis layer that mildly distorts the normal 1:3 muscularis to mucosa ratio. There is no significant small intestinal dilation or evidence of gastrointestinal mechanical obstruction. Intestines are free of stasis and peristaltic activity, with no significant dilation noted. The colon appears normal.



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Pancreas

The pancreas is prominent and moderately irregular with a hypoechoic parenchyma and mixed hyper- and hypoechoic nodular changes. There is a mild amount of regional hyperechoic mesentery or omental fat.

Free Abdomen

No lymphadenopathy or free fluid identified.

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.
- 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 heterogeneous and mottled appearance of the liver is a non-specific finding and may represent normal benign age related change. However, chronic hepatitis or cholangiohepatitis cannot be definitively excluded.
- The prominent muscularis layer of focal regions of small intestine likely represents chronic infiltrative disease such as inflammatory bowel disease or other chronic enteropathy. Infiltrative neoplastic processes such as round cell neoplasia 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.
- The combination of changes to the liver, GI and pancreas suggest a chronic or potentially acute on chronic exacerbation of Triaditis syndrome.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

An fPLI is indicated to further evaluate the pancreas for evidence of active inflammation or pancreatitis.

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Pending additional diagnostic results, empiric antibiotic therapy for presumptive urinary tract infection as well as supportive and symptomatic care for presumptive pancreatitis or Triaditis is recommended as clinically indicated.



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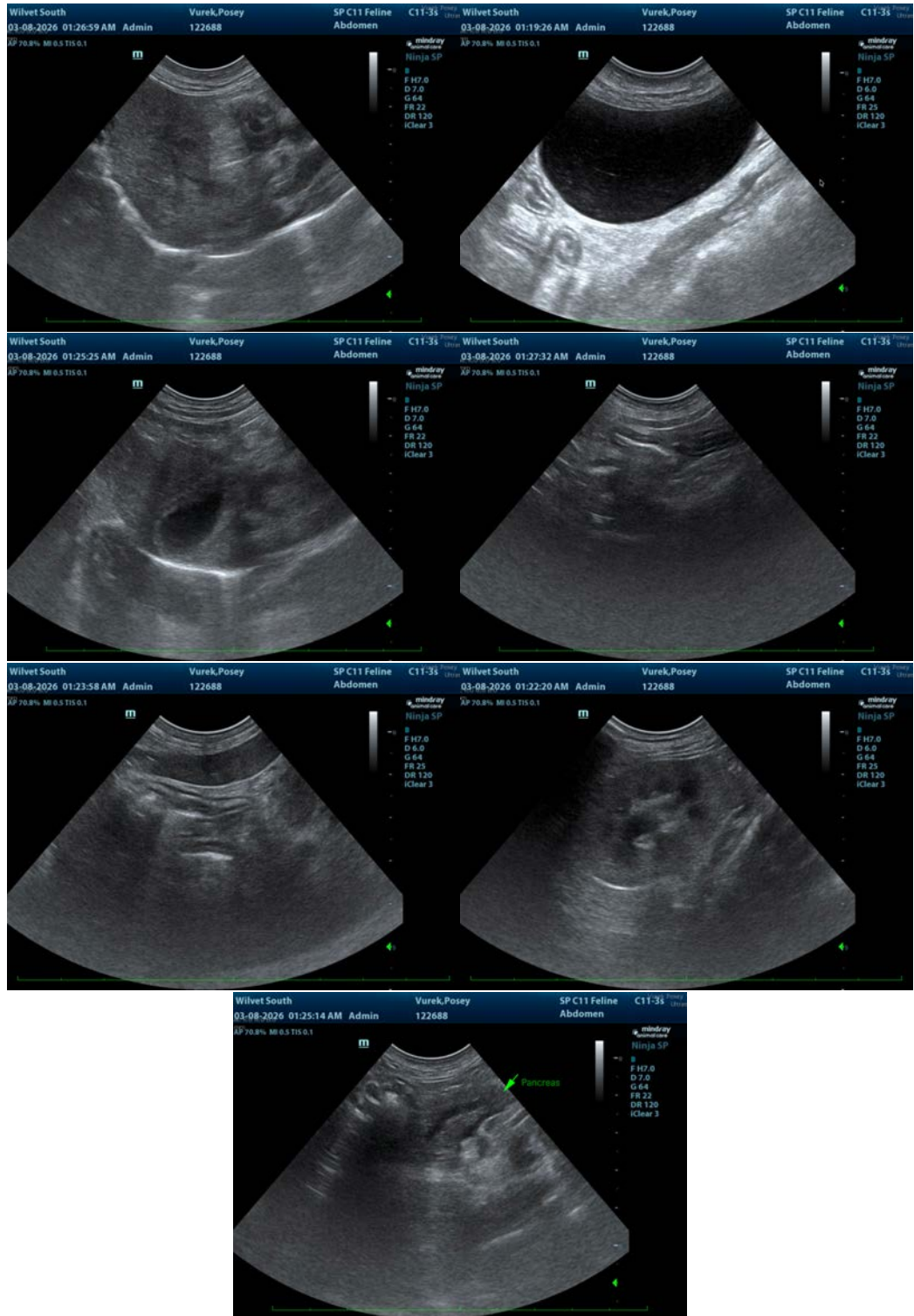
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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