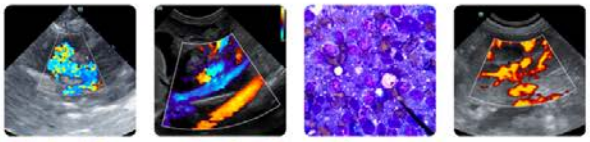


PATIENT

Raven Mcnam

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.2 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

74864

DATE

5/2/26

PRESENTING CLINICAL SIGNS

Decreased appetite over the last week. Was hospitalized at rDVM 4/30 and 5/1 on IVF, cerenia, metro, ursodiol, miratаz, Denamarin. Transferred here 5/1 pm for continued care/diagnostics. PE: underweight, dehydrated, Generalized severe icterus - MM, sclera, pinna, skin

Abnormal PE/Chem/CBC/UA Results: rDVM diagnostics: 5/1 - CBC - RBC 6.15 L (6.54-12.2), HCT 25.6 L (30.3-52.3), HGB 8.7 L (9.8-16.2), WBC 18.43 H (2.87-17.02), NEU 14.82 H (2.3-10.29), Mono 1.36 H (0.05-0.67), PLT 638 H (151-600), PCT 1.03 H (0.17-0.86) Chem 15 - Glucose 171 H (71-159), BUN 12 L (6-36), Glob 5.7 H (2.8-5.1), ALT 769 H (12-130), ALP 251 H (14-111), GGT 29 H (0-4), Tbili 24.6 H (0-0.9), Chol 368 H (65-225), Na 146 L (150-165), CL 106 L (112-129) UA - Cocci suspected, cry 6-20/hpf, USG 1.040, pH 7.0, Bili cry >50/hpf, protein 30mg/dL, UBG 12mg/dL, BIL 6mg/dL, BLD 250 Ery/ul T4 - 2.0 N (0.8-4.7) Intake diagnostics: EPOC - pO2 53.4 (H), cSO2 89.4 (H), TCO2 25.8 (H), pH 7.469 (H), BE 3.3 (H), Na 144 (L), K 3.1 (L), CL 107 (L), Ca 1.14 (L), BUN 13 (L), Glucose 170 (H), HCT 24 (L) PCV/TP - 28/9.2

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. The bladder contains a mild amount of suspended echogenic debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size with hyperechoic cortices and decreased corticomedullary distinction. Mild renal cortical cystic changes noted. Normal cortex to medulla ratio. Mild pyelectasia noted. Mildly irregular renal capsules bilaterally. Left kidney measures 3.5 cm. Right kidney measures 3.7 cm.

Adrenal Glands

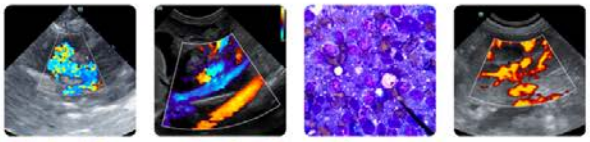
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.44 cm. Right measures 0.38 cm.

Spleen

The spleen measures 0.69 cm. 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 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 a slightly thickened wall with mild cystic changes. The cystic duct is dilated. The gallbladder contains anechoic bile with a mild amount of suspended echogenic debris. There is significant extrahepatic biliary dilation, with the common and pancreatic bile ducts being moderately to markedly distended. There is no overt biliary mass lesion or distinct evidence of mechanical obstruction. However, this can't be completely excluded. Additionally, a functional extrahepatic biliary obstruction due to pancreatitis must also be considered.



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Gastrointestinal

The stomach and intestines are 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 ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted.

Pancreas

The pancreas is hypoechoic with severely irregular margins and regional hyperechoic mesentery and omental fat. There is a mild amount of free peritoneal effusion in the region.

Free Abdomen

Mesenteric lymph nodes are slightly prominent with normal length to width ratio and isoechoic parenchyma.

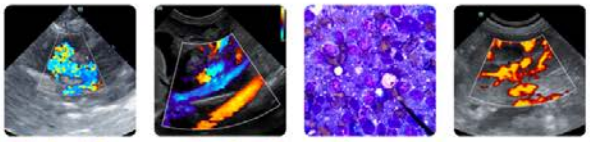
ULTRASONOGRAPHIC FINDINGS

- 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 dilated extrahepatic biliary tree is consistent with the hyperbilirubinemia and is likely secondary to an occult mechanical obstruction or a functional obstruction due to severe pancreatitis.
- 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 slightly prominent mesenteric lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An fPLI is indicated to further evaluate the pancreas for potential pancreatitis. Supportive care for suspected pancreatitis is indicated at this time. If bilirubin continues to progressively increase, an exploratory laparotomy with potential biliary stent may be required regardless of the underlying cause. Additionally, an abdominal CT with angiography may be beneficial to further evaluate the biliary tree for potential obstructive lesion.

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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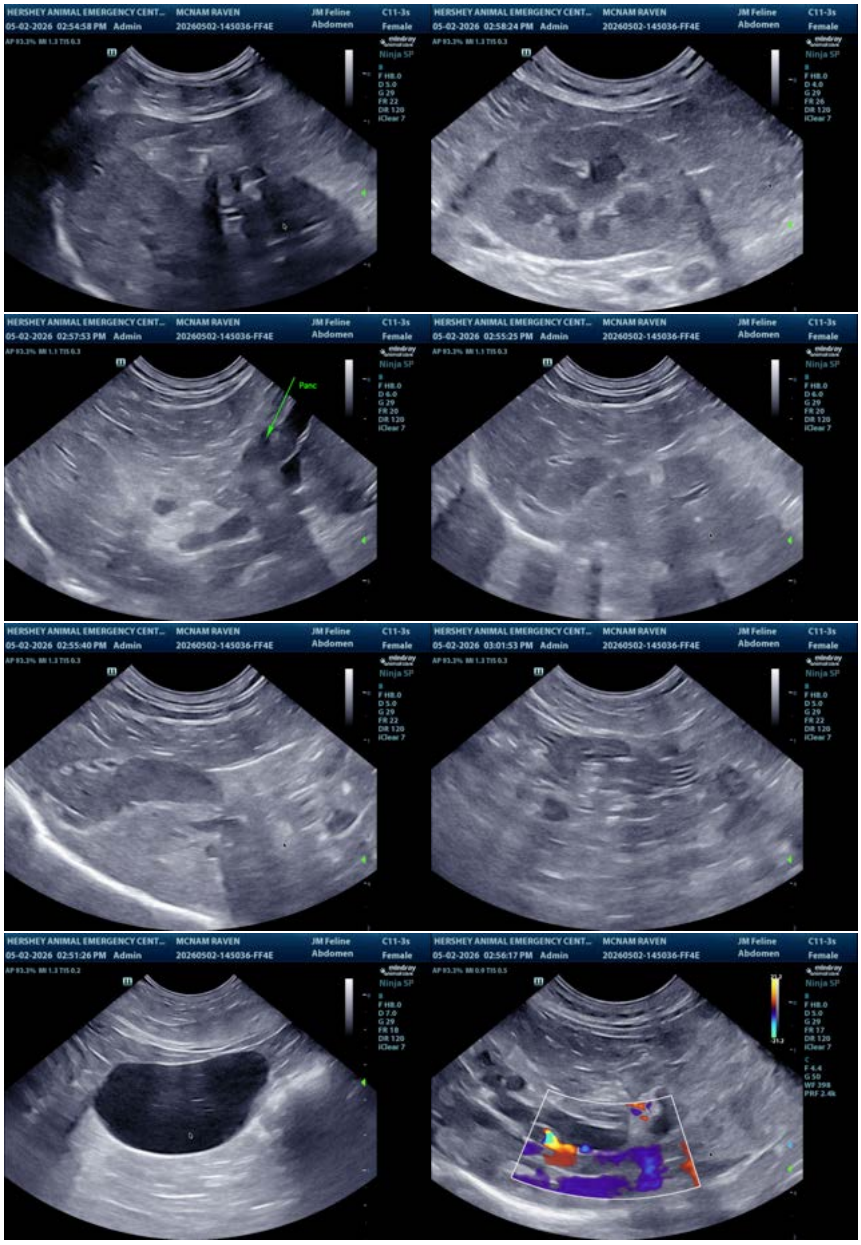

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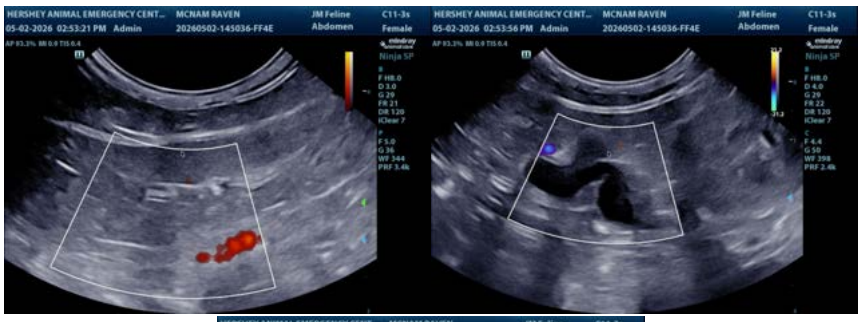

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com