



PATIENT

Kiara Dupree

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11

WEIGHT

3.8

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Melissa Helstein

HOSPITAL NAME

VEG Burlington

REFERRING VET

Dr. Jessica Sprando

INVOICE

37396

DATE

6/7/26

PRESENTING CLINICAL SIGNS

History: 5/22/26: didn't find much going on at this point. still e/d, hiding more, had gained some weight - got her vaccines, stomatitis - had teeth all pulled at BEV a few years ago. ears looked okay at vet visit - said to continue with medication she just got at home. was hiding more at home since the vet visit, still e/d, came out in the living room, eating a few treats but not drinking water now, litterbox hadn't used the litterbox last night - last time she saw something in the litterbox was a day or 2 ago (looked normal at this time), lethargic, no other pets at home. Medications: Animax - use in her ears BID 4 drops in both - unable to get medication into her at all. Medical History: generally anxious, usually hides after a vet appointment before she will come out, FHV. Diet: Royal Canin indoor cat food. Preventative: none. Does not go outside. chronic coughing - episodes periodically of coughing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The 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. The cortices are hyperechoic with a decreased corticomedullary distinction. There is normal cortex to medulla ratio, no pyelectasis or pelvic dilation, and the renal capsules are irregular bilaterally. The left kidney measures 3.6 cm. The right kidney measures 3.3 cm.

Adrenal Glands

The left adrenal gland is visualized and has a 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. The left adrenal gland measures 0.34 cm. The right adrenal gland is not 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 0.9 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 contains a mild amount of suspended echogenic debris and dependent sediment. The cystic and common bile ducts are normal. There is no intra- or extrahepatic biliary dilation.

Gastrointestinal



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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 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 base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

There is an increased amount of intra-abdominal fat within the peritoneal cavity

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.
- There is an increased amount of intra-abdominal fat within the peritoneal cavity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

An FPLI is recommended to further evaluate the pancreas for potential occult inflammation as an underlying cause of the nonspecific clinical signs.



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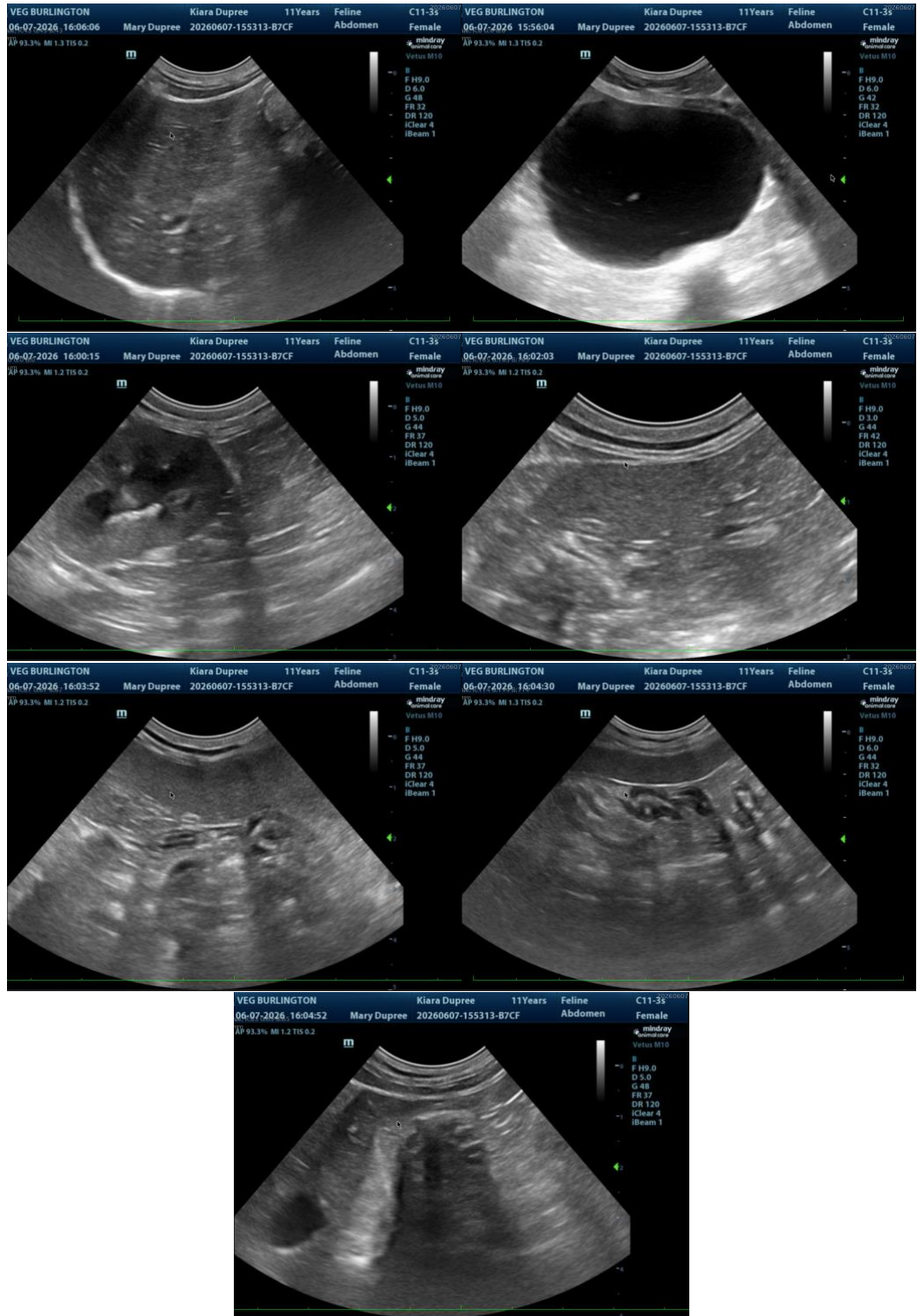
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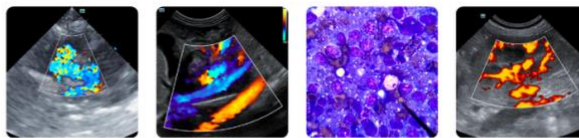
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The information and recommendations provided are based on the images presented by the referring



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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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