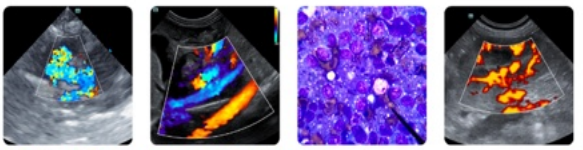




SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**

Ginger Divinski

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

70017

**DATE**

1/12/26

## PRESENTING CLINICAL SIGNS

History: Inappetence & picky eating since mid Nov 2025. Owners are force feeding(Hill's A/D). On & off Mirtazapine--helps & Ginger will eat kitten kibble on her own when on Mirtazapine but is eating very little. Weight loss--10.3lbs Nov 24/25, today Jan 12--8.8lbs. Health exam--normal, little over ideal body weight. Jan 12--vomited several times after food and/or water. Not wanting to eat much now. Saturday ate & kept down, good day. Current Medications Mirtazapine 1mg SID, Cerenia inj given after U/S

## 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 and structure

. The cortices are hyperechoic with decreased corticomedullary definition. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are mildly irregular. The left kidney measured 5.26 cm. The right kidney measured 3.66 cm.

### *Adrenal Glands*

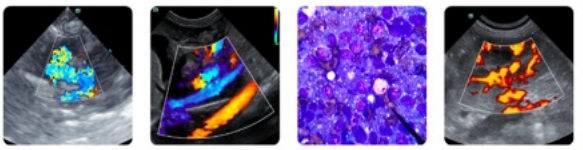
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.38 cm and the right adrenal gland measured 0.45 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 measured 0.9 cm.

### *Liver*

The liver is subjectively normal in size to slightly prominent with a mildly, hyperechoic parenchyma that is isoechoic to slightly hyperechoic to the moderate amount of falciform fat. The hepatic architecture is normal. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls with contains 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.





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### *Gastrointestinal*

The stomach is non-distended with a slightly irregular mucosa. The pylorus and pyloroduodenal junction are patent. There is no evidence of pyloric outflow obstruction. The small intestine is non-distended with no shadowing foreign material or evidence for mechanical obstruction. The small intestinal wall measures within normal limits with focal regions that have a prominent muscularis layer that distort the normal 1:3 muscularis to mucosa ratio. The submucosa is also mildly hyperechoic and irregular in focal regions as well. The colon contains normal shadowing feces.

### *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 evidence of abdominal lymphadenopathy. No free fluid was noted.

## 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.

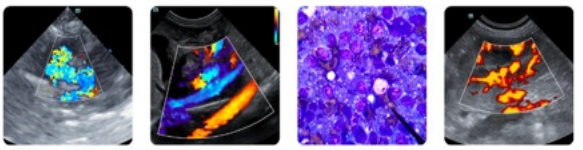
The intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.

The liver is subjectively enlarged and uniformly hyperechoic to falciform fat without disruption of normal architecture. This finding is most consistent with hepatic lipidosis, however infiltrative disease such as round cell neoplasia cannot be completely excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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.





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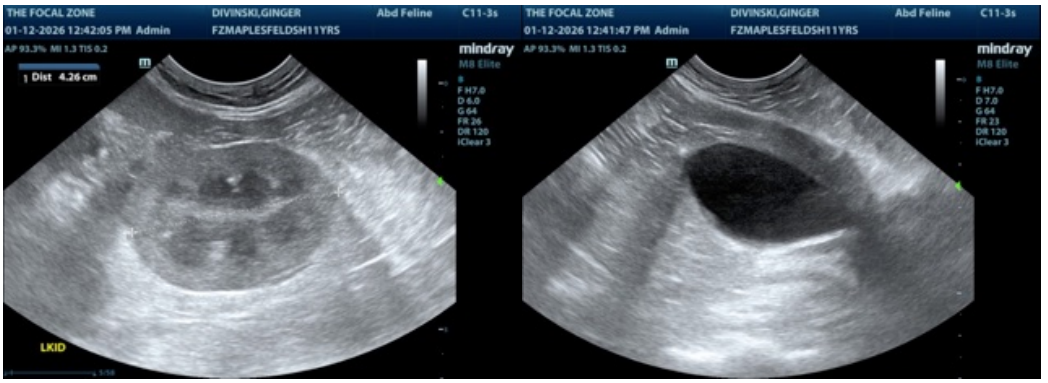
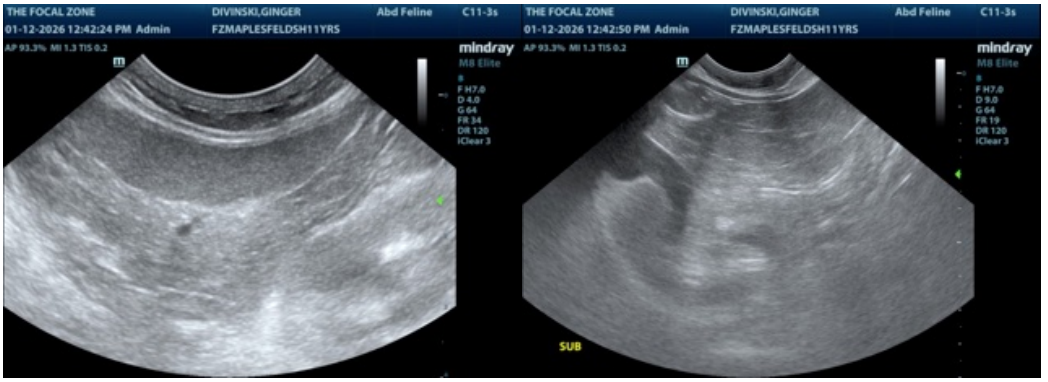
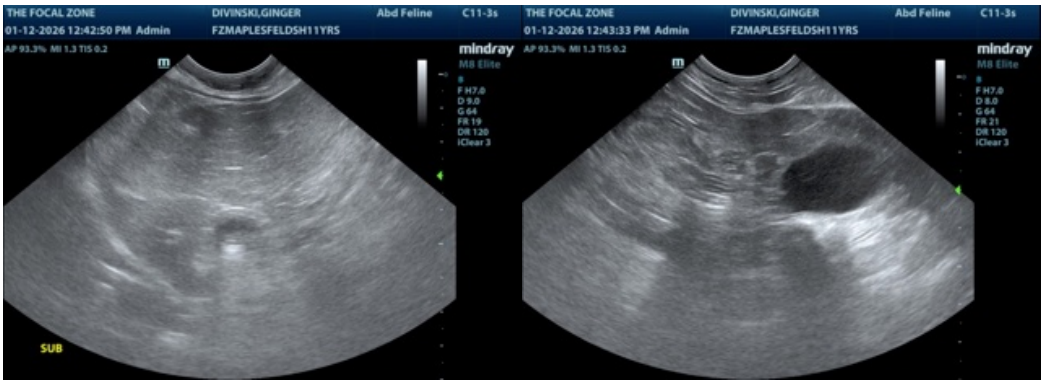
Pending additional diagnostics, continued supportive care is indicated. Consider supplemental enteral feeding given the elevated liver enzymes and concern for potential hepatic lipidosis.



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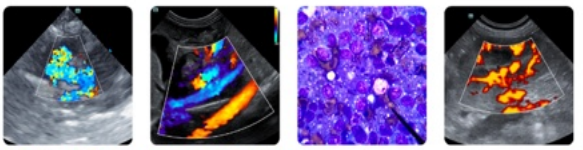

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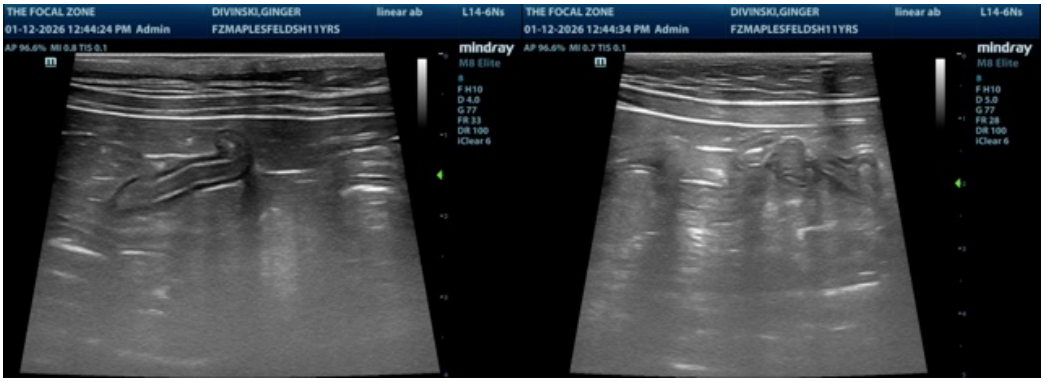


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com