



PATIENT

Lily Wechtler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 year

WEIGHT

17 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

68502

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Vomiting, anorexia X 4 days, rads reveal loss of detail in cranial abdomen. meds: Convenia Inj.
^ ALb 4.1, ^ TP 9.1, ^ Glucose 226, ^ PrecPSL 35, ^ CPK 1091, ^ Absolute Neuts 12,093.

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, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 4.36 cm. The right kidney measured 4.59 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 0.48 cm and the right kidney measured 0.39 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 with contains anechoic bile. The cranial aspect of the gallbladder lumen has a mottled, heterogenous, circumscribed and rounded mass lesion adjacent to the cranial wall. There is no evidence of intra- or extra-hepatic biliary dilation. The gallbladder neck tapers appropriately and the cystic and common bile ducts were normal.



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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 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 visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

There was no lymphadenopathy and no free fluid.

ULTRASONOGRAPHIC FINDINGS

- The mass lesion within the cranial aspect of the gallbladder lumen is likely an incidental finding at this time. Given the lack of evidence for biliary obstructive disease, this may represent a biliary cyst or polypoid lesion. However, infiltrative neoplastic disease cannot be definitively excluded. The lack of abnormalities to the gastrointestinal tract and pancreas do not exclude occult pancreatitis or gastroenteritis as an underlying cause of the acute gastrointestinal signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An FPL is recommended to further evaluate the pancreas for active pancreatitis or inflammation given the elevated precision PSL on survey biochemistry or biochemical profile.

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.

Consider supportive care for acute and occult gastroenteritis or pancreatitis as clinically indicated. Serial imaging of the gallbladder lesion should be considered to monitor for progression. Alternatively, a more invasive and aggressive approach would be cholecystectomy and histopathology of the lesion. However, this is likely overly aggressive at this time given the lack of clinical signs and likelihood of an incidental finding.



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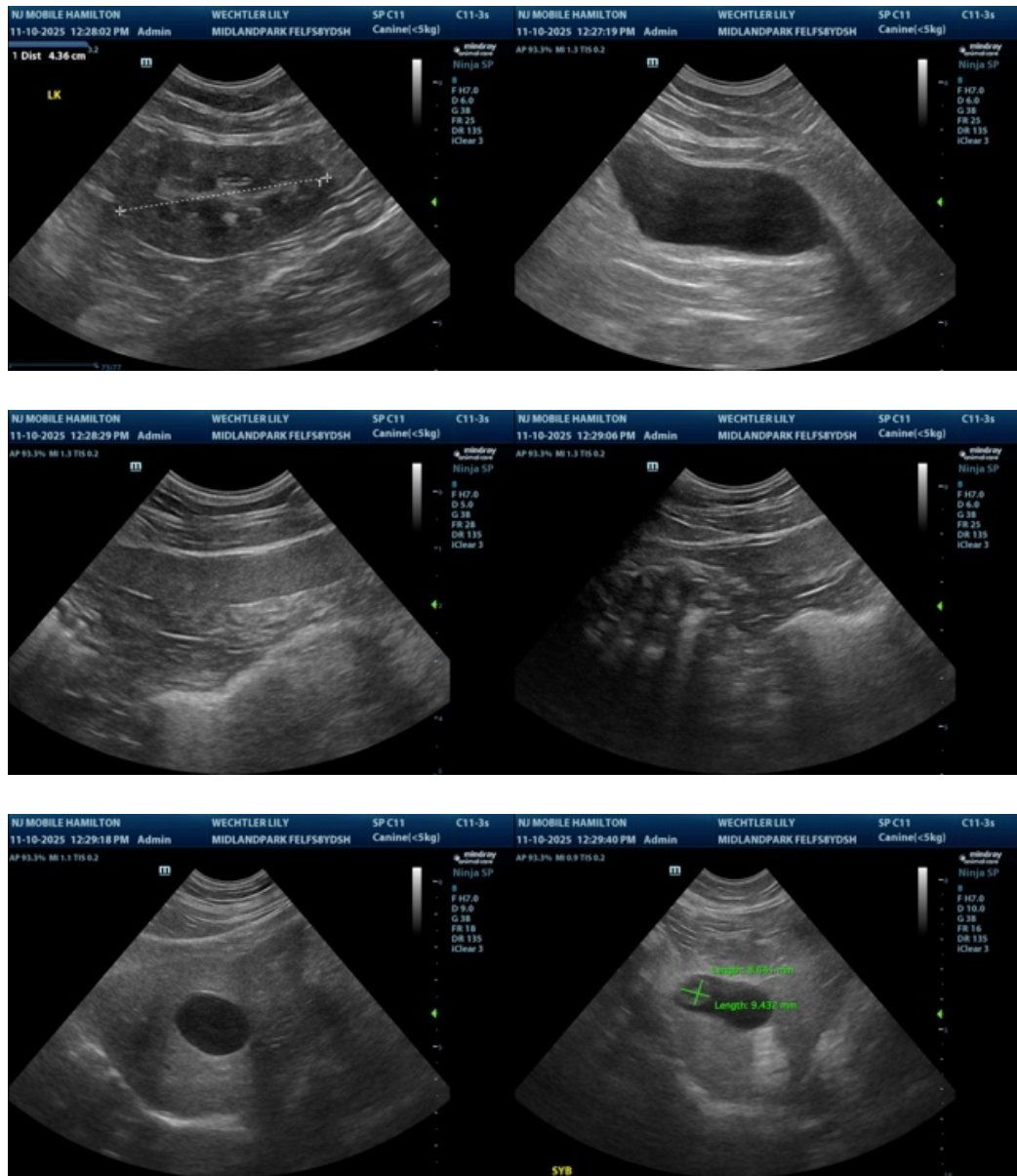
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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