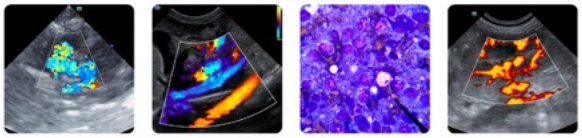


PATIENT

Harrison Brander

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

18.2 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

69485

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History of vomiting- resolved, Obtaining U/S to R/O GI/pancreatic dz, open. No current abnormalities.
Meds: Gabapentin 100 mg last night and this Morning. Sedated w/ Kitty Magic Lite.
Abnormal PE/Chem/CBC/UA Results: ^ Magnesium 2.6, ^ Sodium 161, ^ Amylase 1551

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. A mild amount of suspended, echogenic debris is noted. 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 hyperechoic with a mild decrease in corticomedullary distinction. The cortex to medulla ratio is appropriate. There is no significant pyelectasia or pelvic dilation. There is mild pinpoint, dystrophic mineralization noted bilaterally with no evidence of obstruction. The capsules are mildly irregular bilaterally. The left kidney measured 4.12 cm. The right kidney measured 4.21 cm.

Adrenal Glands

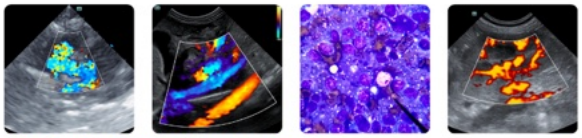
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 cm and the right adrenal gland measured 0.25 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 1.0 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 is minimally distended with anechoic bile. The gallbladder walls are appropriately thin. There is no overt intrahepatic biliary dilation. The cystic and common bile ducts are prominent and tortuous. There is a portion of common bile duct that appears moderately to severely dilated. The duodenal papilla is not visualized. There is no overt evidence or indication of extrahepatic biliary obstruction, but given the degree of dilation this cannot be completely excluded.



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Gastrointestinal

The stomach is non-distended. The pylorus and pyloroduodenal junction are patent. The gastric mucosa is mildly irregular. The small intestine is non-distended with no shadowing or foreign material. There are portions of small intestinal wall with a prominent muscularis layer that distorts the normal 1:3 muscularis to mucosa ratio. The submucosa is mildly hyperechoic and irregular in several regions of small intestine as well. The colon contains normal shadowing feces. The ileocecocolic junction is patent.

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. There are no overt mass effects noted.

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. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.

Dilated extrahepatic biliary tree with no overt evidence for mechanical obstruction; however, the degree of dilation is concerning for a possible occult obstruction.

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.

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.

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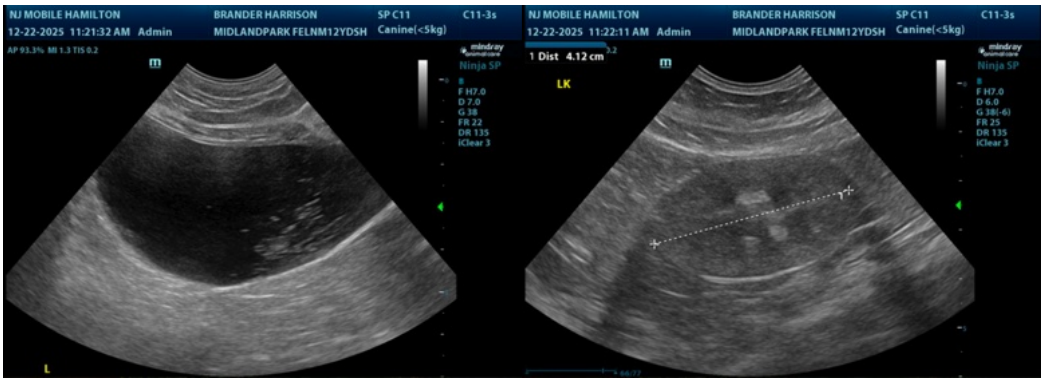
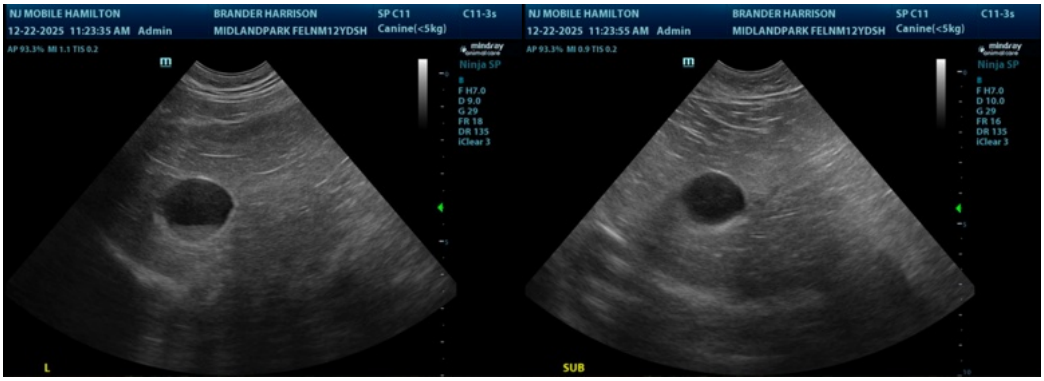
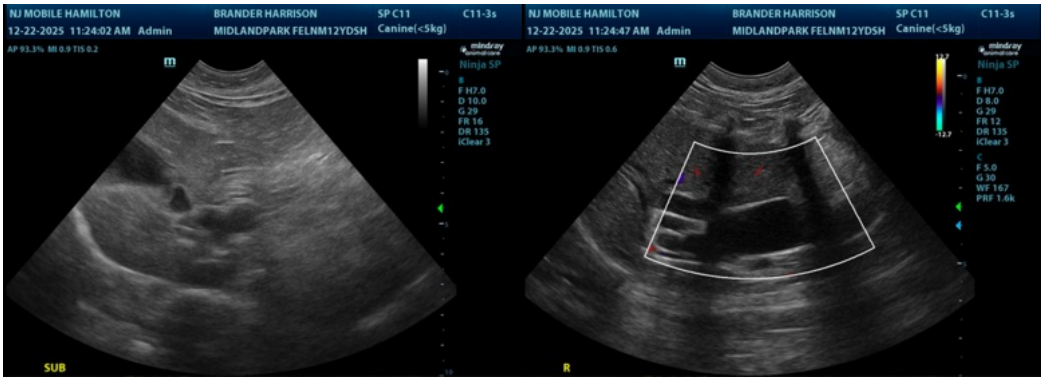
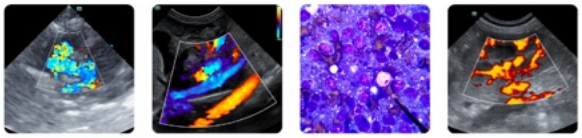
Consider CT with angiography for further evaluation of the biliary tree.







New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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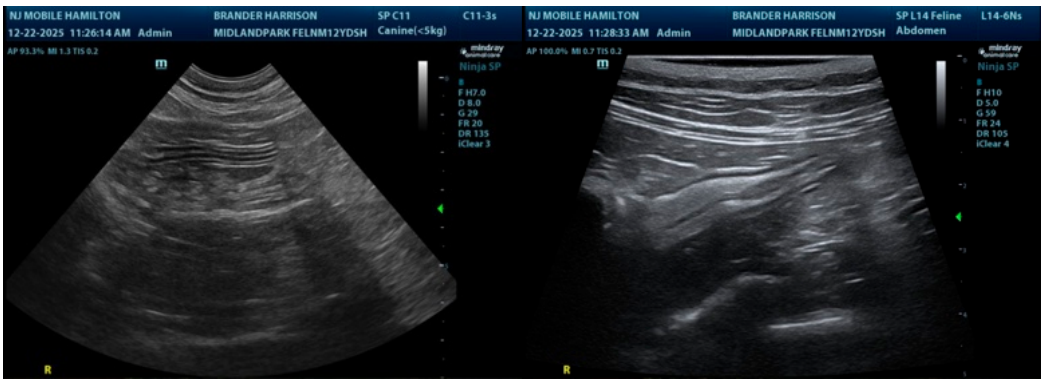

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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