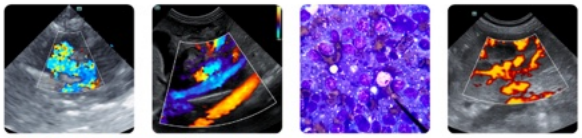


PATIENT

Shadow Walsh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

9.86 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

69619

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Intermittent constipation and stranguria. Normal Physical exam Abnormal Radiographs - mildly enlarged submandibular lymph node. Calculi in bladder? Possible uterine remnant? Medications: cefovicin, miralax.
Abnormal PE/Chem/CBC/UA Results: Not available

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine. There is a mild amount of suspended, echogenic, hard shadowing debris. The bladder wall is of normal thickness with normal wall layering. The trigone is patent with no evidence of obstruction. The ureteral papillae appear normal.

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 3.48 cm and the right kidney measured 4.29 cm.

Adrenal Glands

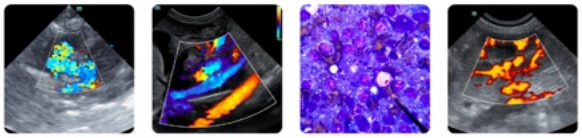
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm and the right adrenal gland measured 0.46 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 is normal and measured 0.74 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. 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 normal wall thickness and maintenance of normal wall layering. The pyloroduodenal junction is patent. The small intestines is non-distended with no shadowing foreign material and adequate peristaltic activity. The small intestinal wall is normal in wall thickness with slightly prominent muscularis layer that mildly distorts the muscularis to mucosal ratio in several focal regions. The colon contains a significant amount of hard shadowing feces. The ileocecocolic junction appears 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 mild mesenteric lymphadenopathy with normal length to width ratio and isoechoic parenchyma.

There is no significant free peritoneal effusion 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.

Prominent regions of small intestine with thickened muscularis layer may represent early inflammatory bowel disease or other chronic enteropathy.

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

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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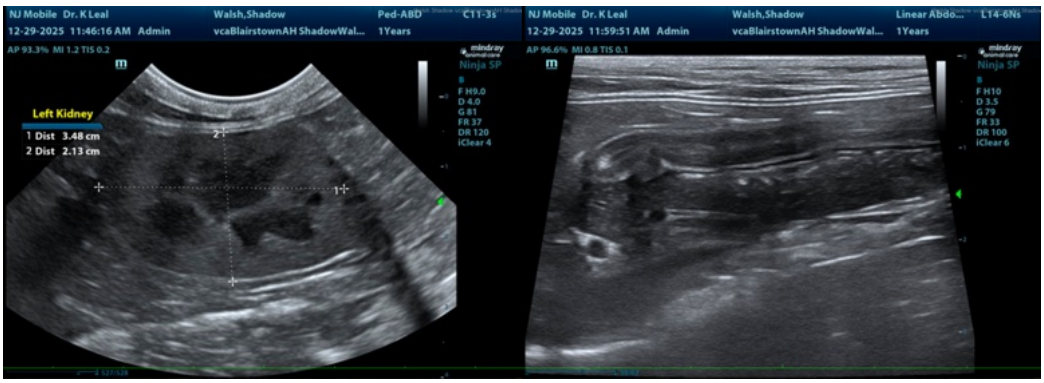

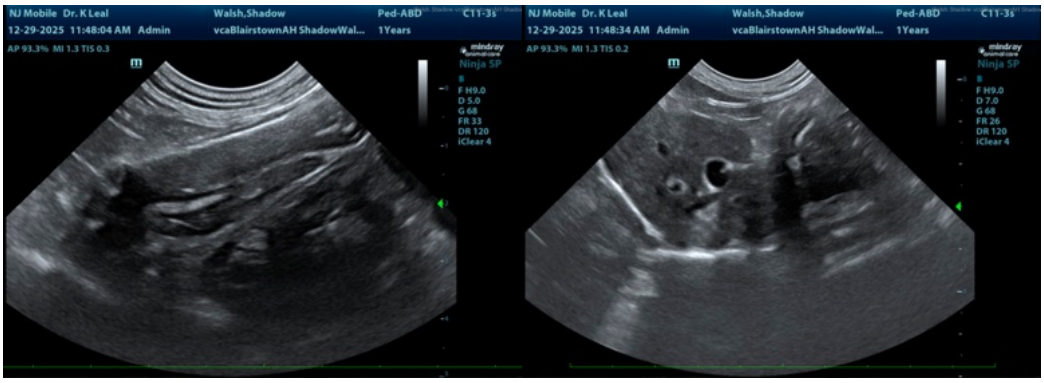

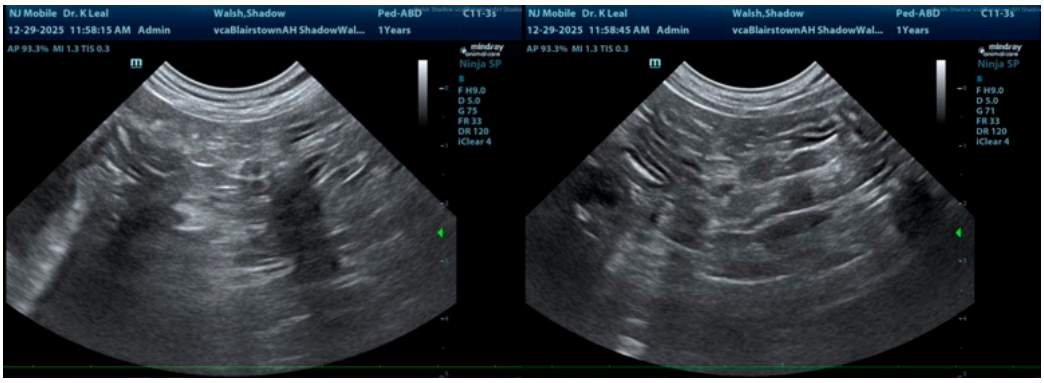

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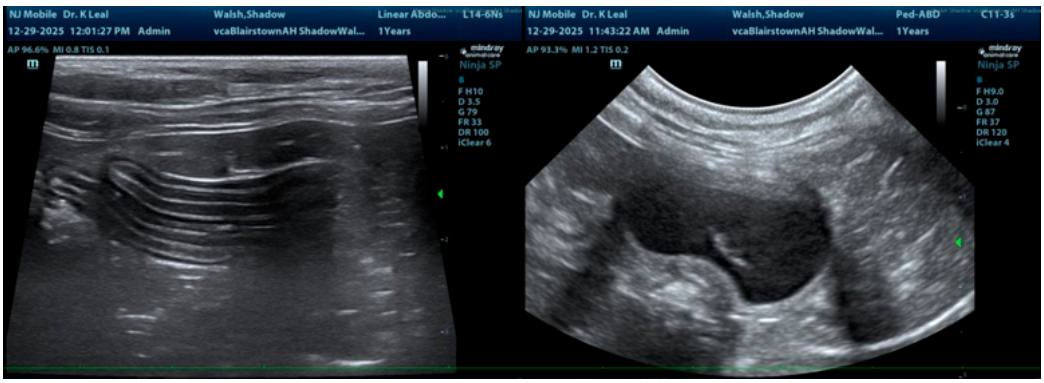

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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