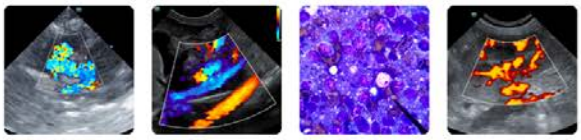


DATE

1/20/26

PATIENT

Jackie Plunkett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11/14/06

WEIGHT

5.88 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Fallston Veterinary Clinic

REFERRING VET

Dr. Harvey

INVOICE

72323

PRESENTING CLINICAL SIGNS

Patient History: Chronic elevation of FPL.

Current Medications: Cerenia nasal drops 1 drop Q24h 5-7 days, Proviable capsule SID, Methimazole transdermal 2.5mg SID
Labwork Results: Labwork attached, reported as elevated FPL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Mild pyelectasia is present bilaterally. No mineral is observed. Left measures 2.59 cm. Right measures 3.0 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.51 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture, except for in the mid to left caudal liver, where there is an approximately 4.2 cm x 3.3 cm, largely anechoic cystic density with some solid echogenic irregular density/tissue within it. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. The duct is mildly prominent/dilated, measuring 0.22 cm.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Chronic low-grade smoldering pancreatitis is suspected. Infiltrative disease including infiltrative neoplasia affecting the pancreas can't be ruled out but is considered less likely.

- Mild/emerging inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. **In a senior cat, this subtle change can be in part normal patient variant.*

- Suspect feline biliary cystadenoma – In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

- Moderate chronic kidney disease changes, more visibly significant in the left kidney, with mild pyelectasia bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

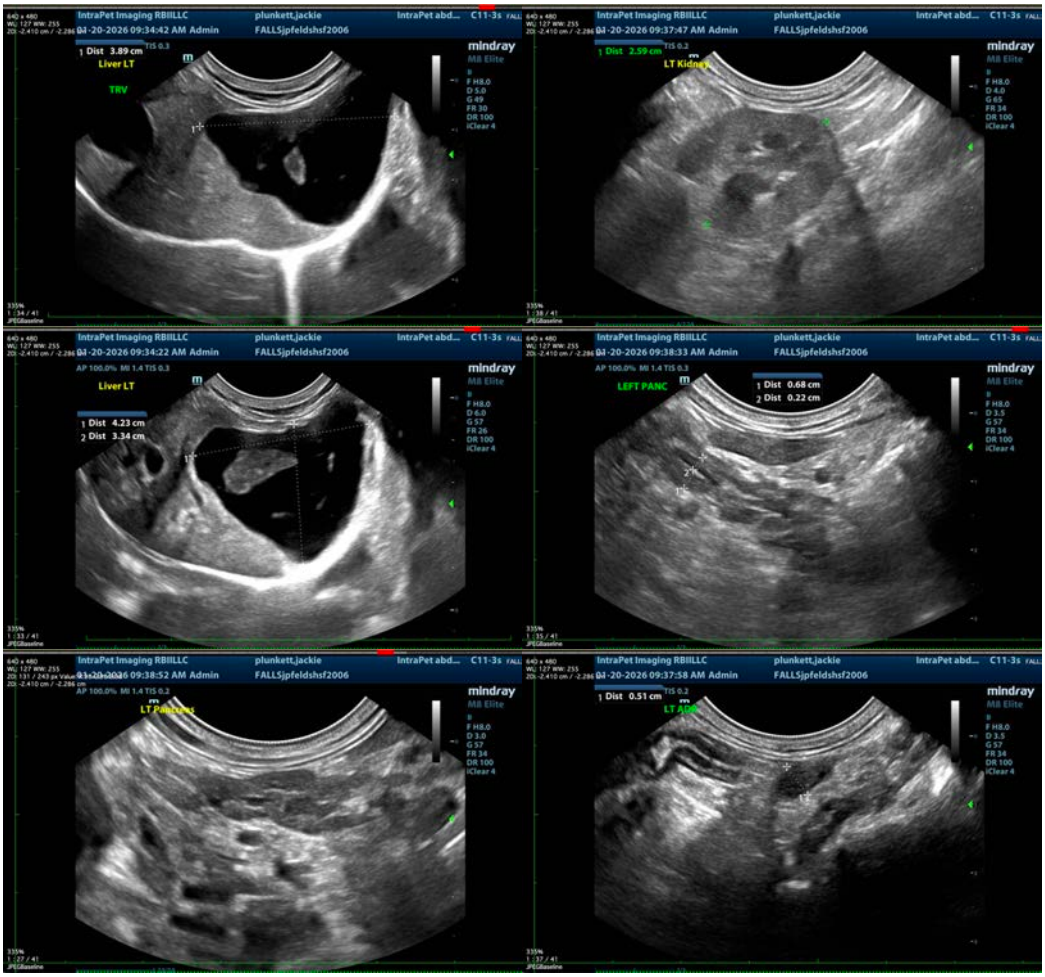
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

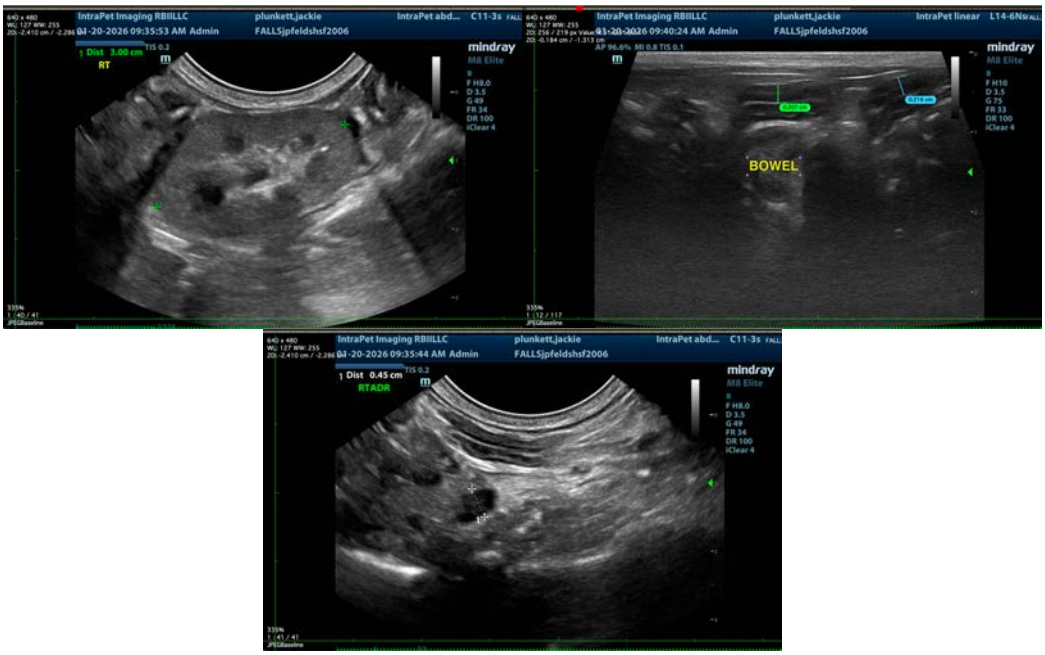
Fine needle aspirates of the cystic liver mass could be considered if patient's coagulation status is appropriate.

Fine needle aspirates of the pancreas could be considered as well if patient's coagulation status is appropriate.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, if tolerated, a transition in diet is recommended, based on trial-and-error response.

Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.





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.

Beth Johnson, DVM, DACVIM
info@sonopath.com