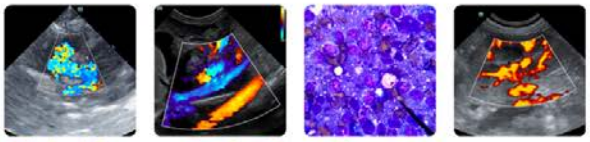


PATIENT

Coach Smith

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Benavent

INVOICE

72618

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Pet is losing weight (about 50% for the past months) and decreased appetite. Radiographs showed mineralization around liver area. Vomiting about once a week.

Abnormal PE/Chem/CBC/UA Results: Chol: 78 (91-305) Lipase: 53 (0-45) RBC: 4.67 HCT: 26.2% Hgb: 9.0 WBC: 34.4 Eos, monocytes and neutrophils: elevated

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.

The right kidney is normal is size (4.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

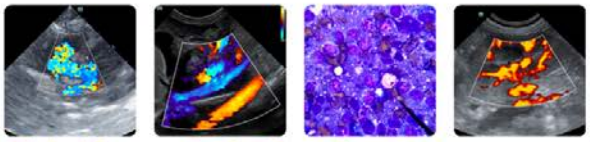
Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

In the cranial abdomen, surrounded by liver parenchyma are several fluid distended structures that contain shadowing mineral densities, one of which is believed to be the gallbladder, which appears to connect to a thick-walled, dilated tubular structure consistent with a dilated biliary tree. Having said that, based on the views provided, it is a little difficult to orient myself to surrounding organs to fully differentiate biliary tree versus gastrointestinal tract within that area of the abdomen. In addition to the thorough close up images required to identify subtle pathologies, several zoomed out images to help orient myself to surrounding tissue would be helpful.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is largely empty, with no visible evidence of obstruction, but in some views does appear to contain some shadowing mineral densities.

As described for the GB, however, it's difficult to orient myself between the distended fluid and mineral containing structures in the cranial abdomen (biliary tree, stomach and transverse colon all being possibilities).

The visible small intestine demonstrates areas of moderately 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. No pancreatic duct dilation is noted.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Suspect a large amount of mineral debris throughout the gallbladder and biliary tract, with thick, hyperechoic bile duct walls concerning for cholangitis, potentially chronic smoldering low-grade cholangiohepatitis/Triaditis. Non-currently/non-visibly obstructive mineral densities within the stomach can't be ruled out.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Moderate 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.

SECONDARY FINDINGS

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

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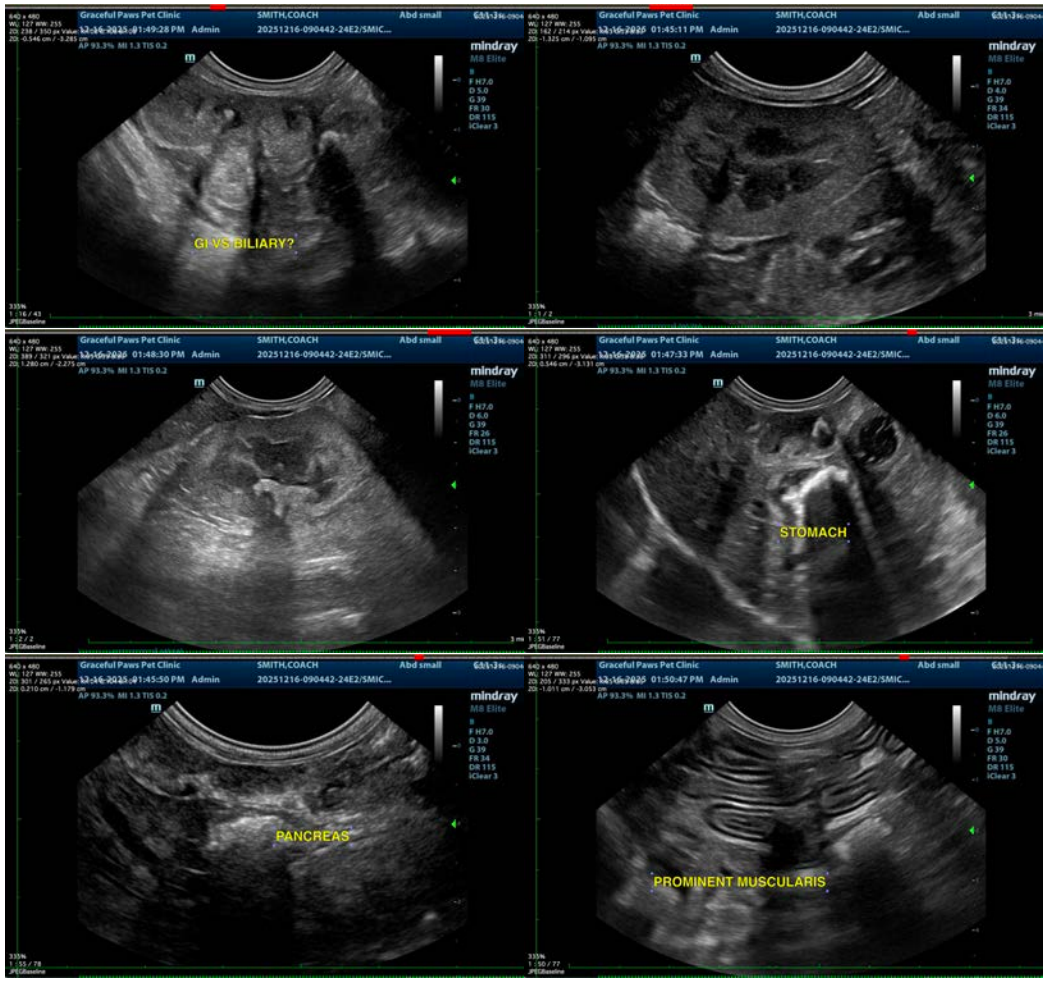
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Given the lack of reported liver enzyme changes, the hepatobiliary system changes may be incidental and not currently contributing to clinical signs and/or evidence of previous episodes of cholangitis or chronic low-grade smoldering cholangiohepatitis. Therefore, ultimately biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for definitive diagnosis and therefore to further guide medical management of suspected bowel disease contributing to clinical signs. Having said that, if liver enzymes have not recently been evaluated and/or are increased, recommendations change.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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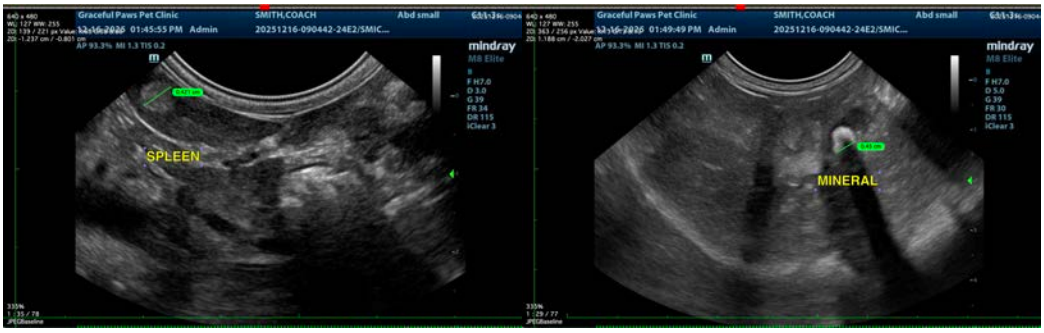

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com