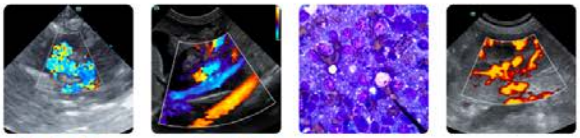


PATIENT

Saoirse Hester

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 4 Months

WEIGHT

7.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal Clinic

REFERRING VET

Dr. Gallagher

INVOICE

72292

DATE

12/3/25

PRESENTING CLINICAL SIGNS

P has history of Megacolon managed with Lactulose, Miralax, and GI diet. P previously presented for US due to weight loss and liver enzyme elevation. Has been on Clavamox, Baytril, currently on Fluids, Convenia, Ursodiol, Prednisolone, VitB12 Lactulose and Miralax Presented to ER on 11/27/25 for constipation, deobstipation performed. P has not defecated since. rdvm concerned for motility issue since stool appears soft.

Abnormal PE/Chem/CBC/UA Results: Previous BloodworkAbnormal PE/Chem/CBC/UA Results: ALT 357 (27-158), AST 83 (16-67), ALP 404 (12-59), GGT 8 (0- 6), Tbili 3.3 (0-0.3) bili uncon 1.5 (0-0.2), bilicon 1.8 (0-0.2), Cholesterol 516 (91-305)

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 overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.65 cm. Right kidney mrasures 3.86 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.28 cm at cranial pole and 0.22 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 cm at cranial pole and 0.50 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

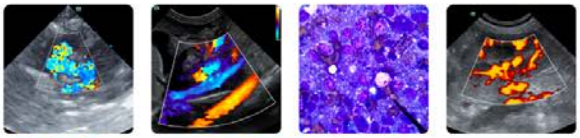
Spleen

Spleen is subjectively large in size (just over 1.0 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. 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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The bowel is largely normal in thickness and layering except for a few multifocal areas where layering is less distinct than normal and the wall takes on a generally hypoechoic appearance. Thickness is normal in these areas measuring 0.30 cm thick. The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen distally is fluid distended and more proximally contains normal, even hard shadowing stool.

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 a trace amount of free fluid in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The bowel changes described above are similar to the previous study and could represent a benign inflammatory process, but early emerging neoplasia such as lymphoma can't be ruled out without tissue sampling.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Mild splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

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- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

SECONDARY FINDINGS

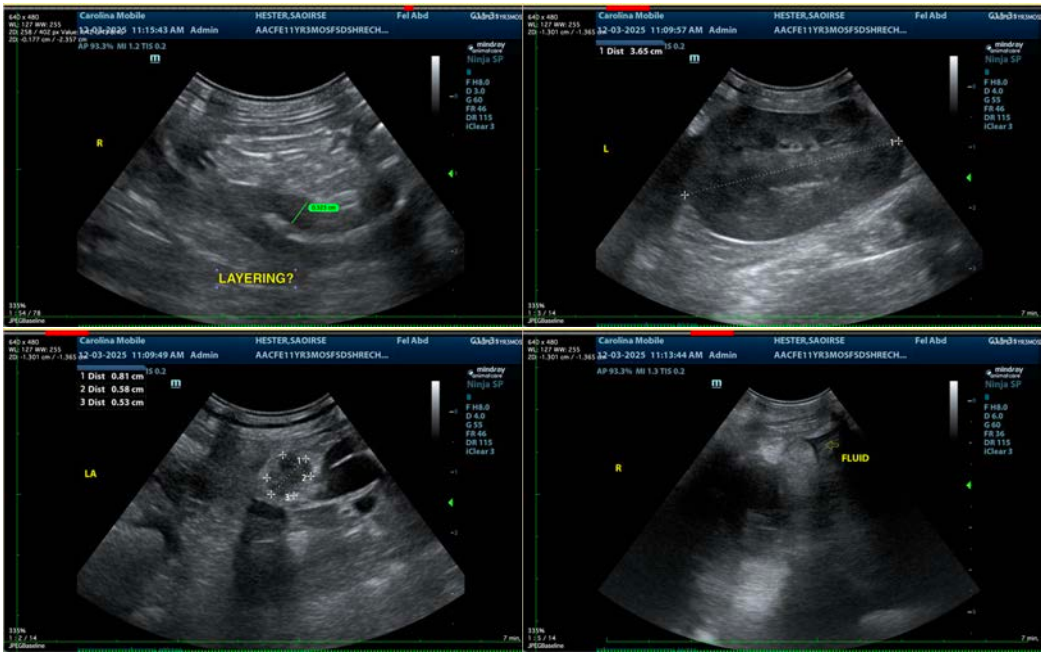
- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If lab work hasn't been reassessed since the liver enzymes were reportedly high during a suspected bout of acute pancreatitis, a recheck full general metabolic health screen is recommended to include CBC/Chem panel and electrolytes.

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Otherwise, if patient is not responding to empirical therapies and/or clinical signs and/or laboratory changes persist and/or progress, tissue sampling is necessary for definitive diagnosis and therefore further guidance of therapy. Fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate, or ultimately biopsies of the GI tract may be necessary.



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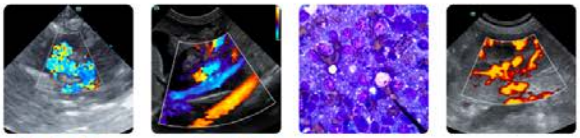

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Educational Teleconsultation Services™

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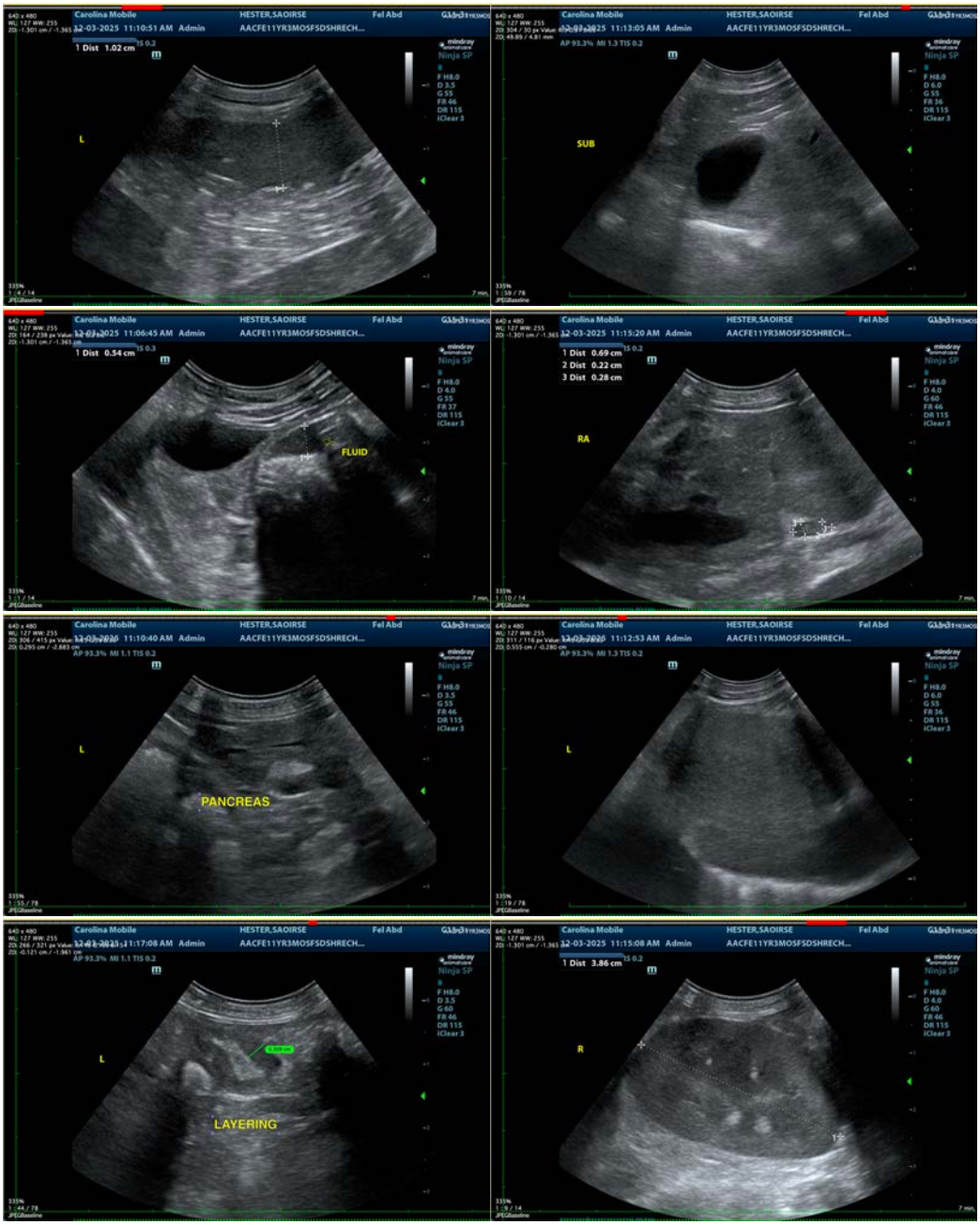

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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