



**PATIENT**

Dehilah Halloran

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

6.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Bergen County  
 Veterinary Center

**REFERRING VET**

Dr. Halloran

**INVOICE**

72926

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

Recheck echo, hypertension and hyphema. Pt has decreased appetite and hyphema in OD x 3 days. Pt has NOT been taking amlodipine daily so BPs poorly regulated. Intraocular pressure WNL. No current meds.

Abnormal PE/Chem/CBC/UA Results: Todays BW pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.81 cm and contains a 0.80 cm in diameter cortical cyst in the cranial pole. Right kidney is small at 2.08 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.46 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 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**

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.

Additionally, in the mid to caudal abdomen is a mildly focally more discrete iso- to slightly hyperechoic cystic mass measuring 1.8 cm x 2.2 cm. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is mildly subjectively overdistended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic, as well as some suspended echogenic debris and possible small cholecystoliths. The cystic and common bile duct are diffusely markedly tortuous in appearance and dilated, measuring at maximum dilation of 0.60 cm dilated. The tortuous duct is able to be traced all the way to a normal appearing duodenal papilla, with some intraluminal debris and mineral/sand noted, but no definitive cause of obstruction.



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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 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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.

**ULTRASONOGRAPHIC FINDINGS**

- 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.
- 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 given lack of clinical signs and/or laboratory changes.
- The pancreatic and biliary changes are concerning for possible chronic low-grade smoldering pancreatitis/cholangitis/possible “Triaditis”, with a partial post-hepatic obstruction from mineral or debris unable to be definitively ruled out. This finding could be in part residual change from previous episodes and should be interpreted in combination with clinical signs as well as laboratory changes, etc.
- Similarly, the bowel changes are very mild/subtle and could be in part normal patient variant in a senior cat, but concurrent infiltrative bowel disease, either benign inflammatory or less likely infiltrative neoplastic disease can't be ruled out.



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- Moderate chronic kidney disease changes are noted bilaterally, with the most significant visible changes being in the right kidney.
- Moderate amount of echogenic urinary bladder debris.

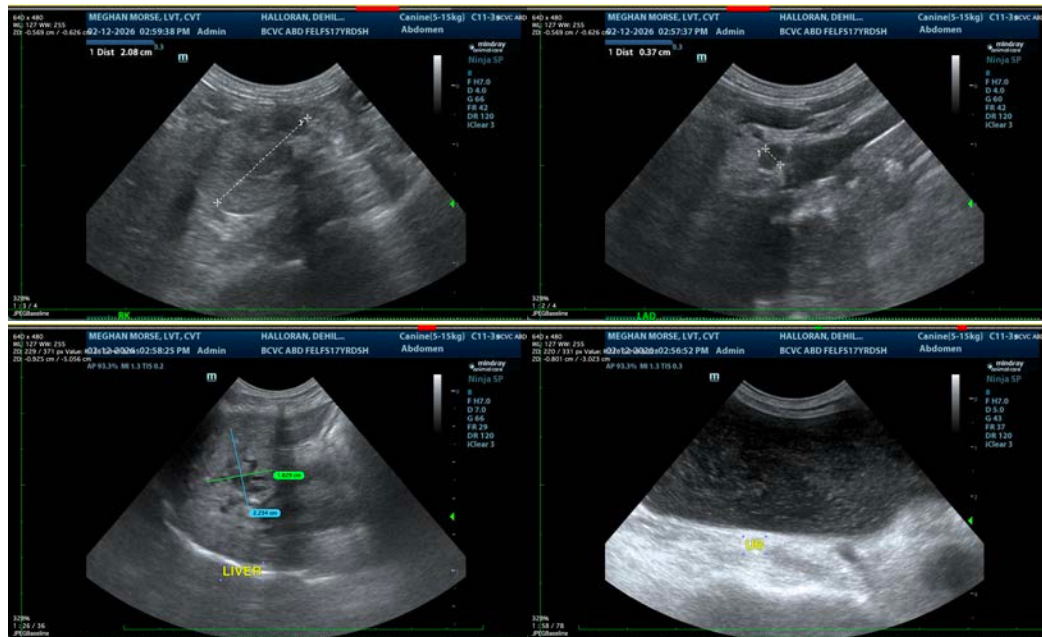
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

As is reportedly already pending, a full general metabolic health screen is recommended to include CBC/chem panel, electrolytes, and urinalysis.

Assessment of patient's coagulation status is also recommended.

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.

Other than supportive/symptomatic medical management of clinical signs, further treatment and diagnostic recommendations are largely dependent on results of the above. Having said that, based on imaging alone, while waiting for results, empirical treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.





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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**  
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