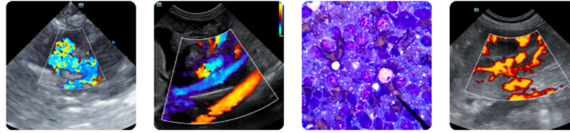


DATE

2/2/2026

PATIENT

Klause Alleman

SPECIES

Feline

BREED

Siamese

SEX

MN

AGE

10 years

WEIGHT

4.9 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Pound

INVOICE

11229

PRESENTING CLINICAL SIGNS

History: Recently established care with relief DVM. Concern for weight loss, nasal discharge, evaluation for dental. FIV positive. BCS 2.5/9. Otitis Externa. Hypodontia with severe periodontal disease of remaining teeth (gingivitis, halitosis, heavy calculus, exposed roots). Unkempt haircoat. Gr 3/6 cardiac murmur. HR 200. Prominent R mandibular lymph node. Mildly increased respiratory effort with inspiratory wheeze
Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached, reported as: Radiographs - moderate bronchial pattern with possible consolidation in left caudal lung lobe. Subjective cardiomegaly with increased sternal contact and possible left atrial enlargement. Subectively enlarged liver. Total protein 8.7, Albumin 2.5 FLobulin 6.3, AST 108, ALP 89, T4 1.3, RBC 4.44, HCT 19.1, Monocyte 756, Eosinophil 49, Cardiopet 1359.

Current medications: Triz Ultra/ketoconazole/enrofloxacin ear flush Q12h, Gabapentin 15 mg PO Q8-12h Doxycycline 25 mg PO Q24h.

Sedation used: Not required to complete full diagnostic ultrasound.

Pertinent previous ultrasound results: No previous.

STAT: Not requested.

Imaging performed by: Stephanie Warga RDCS, RVT.

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 occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The 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 4.2 cm, and the right kidney measures 4.0 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.38 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) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. Additionally, multifocal discrete, homogenous, hyperechoic nodules are noted throughout the parenchyma. The largest of which is adjacent to the gallbladder and measures approximately 1.0 cm x 1.2 cm in size. 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. The cystic and common bile duct, while not visibly pathologically distended in these images, is diffusely tortuous in appearance.

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 intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). 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. 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.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- The liver changes are non-specific and could represent a benign microscopic hepatopathy such as bacterial or lymphoplasmacytic cholangiohepatitis, hepatic lipidosis, other infectious or inflammatory reactive hepatopathy with possible chronic granulomatous change, myelolipomas, etc. Although, infiltrative neoplasia, either diffusely or causing the discrete nodules, while thought less likely can't be definitively ruled out.

- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

- Mildly reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Age related kidney changes.

- A large amount of echogenic urinary bladder mineral/sand debris.

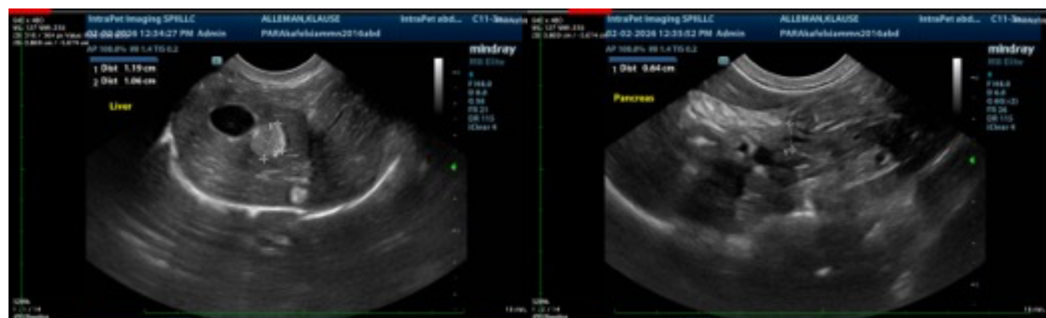
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

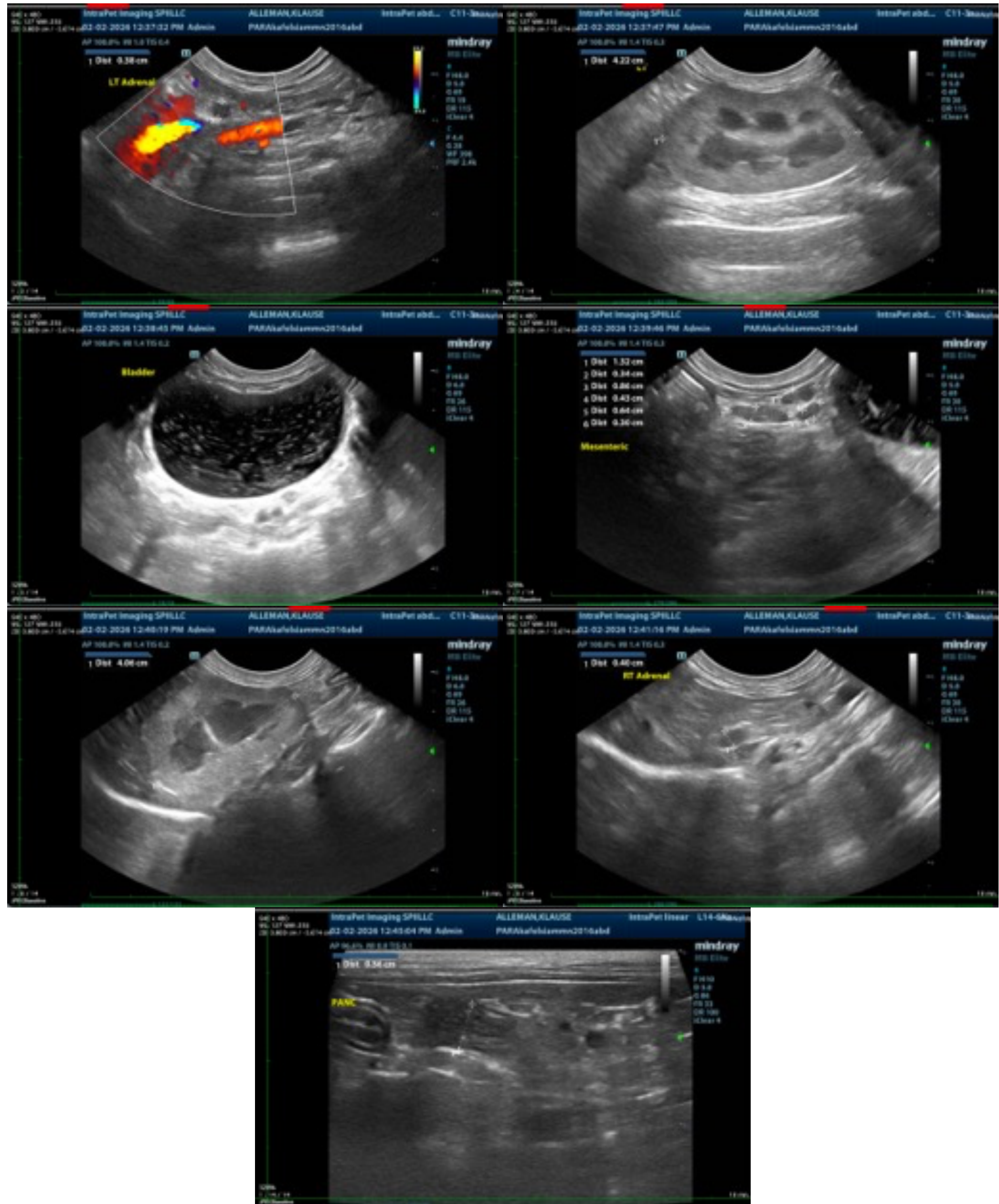
Given patient's history, clinical signs, anemia, etc., could all be secondary to chronic infectious or inflammatory disease. The reported weight loss could similarly be secondary to that, although should be interpreted in combination with patient's appetite. If patient's appetite is normal or even increased, and not recently evaluated, further evaluation of thyroid status as well as absorption and digestion is recommended in the form of a T4 +/- Free T4 and 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.

If, however, appetite is decreased, potentially dental disease and/or upper respiratory disease +/- other chronic infectious or inflammatory disease, maybe more relevant and warrant further intervention. Including potentially further dental care and/or advanced imaging such as contrast CT scan, rhinoscopy, etc., if the nasal discharge is not believed to be related to dental disease.

In the meantime, additionally, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.





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