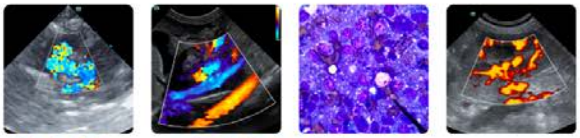


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Lucy Durisonova

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.5 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Cat Clinic of Hamilton

REFERRING VET

Dr. Maxwell

INVOICE

73433

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: CBC Increased MCV at 56.8 Increased MCH at 17.7 Neutropenia at 2.5 Eosinopenia at 0.16 Otherwise WNL Biochem SDMA elevated at 15 Creatinine 190 ALT elevated at 564 AST elevated at 227 ALP elevated at 220 Bilirubin elevated at 7.2 Cholesterol elevated at 9.0 Otherwise WNL UA USG lowered at 1026 urine pH lowered at 5.5 protein 2+ blood 3+ RBC >100 TT4 WNL at 33.2 Assessment CBC shows evidence of low grade inflammation and/or blood loss with regenerative response Evidence of CKD, IRIS stage 1 according to these values Evidence of hepatopathy +/- cholestasis, ddx infectious hepatitis, hepatic lipidosis, lymphocytic-plasmacytic hepatitis, cholelithiasis Hematuria ddx iatrogenic vs FIC vs UTI vs urolith

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 incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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 small at 2.89 cm. Right kidney is normal in size at 3.86 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 (0.26 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

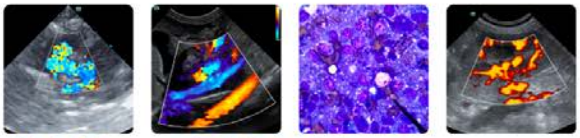
Spleen

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. 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 lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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

- Moderate bilateral kidney disease changes, most visibly significant in the small left kidney.
- 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

- Very mild amount of echogenic urinary bladder debris.

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.

A routine fecal/giardia exam could be considered if not recently evaluated.

There is not a definitive ultrasonographically visible explanation for patient's reported liver enzyme changes. Given the concurrent neutropenia, comprehensive infectious disease evaluation could be considered, but ultimately tissue sampling is likely warranted to further investigate possible infiltrative round cell neoplasia such as lymphoma versus other. Therefore, fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate. Biopsies of the GI tract, being sure to include ileum, if possible, could be considered, or bone marrow cytology evaluation may be warrantd.

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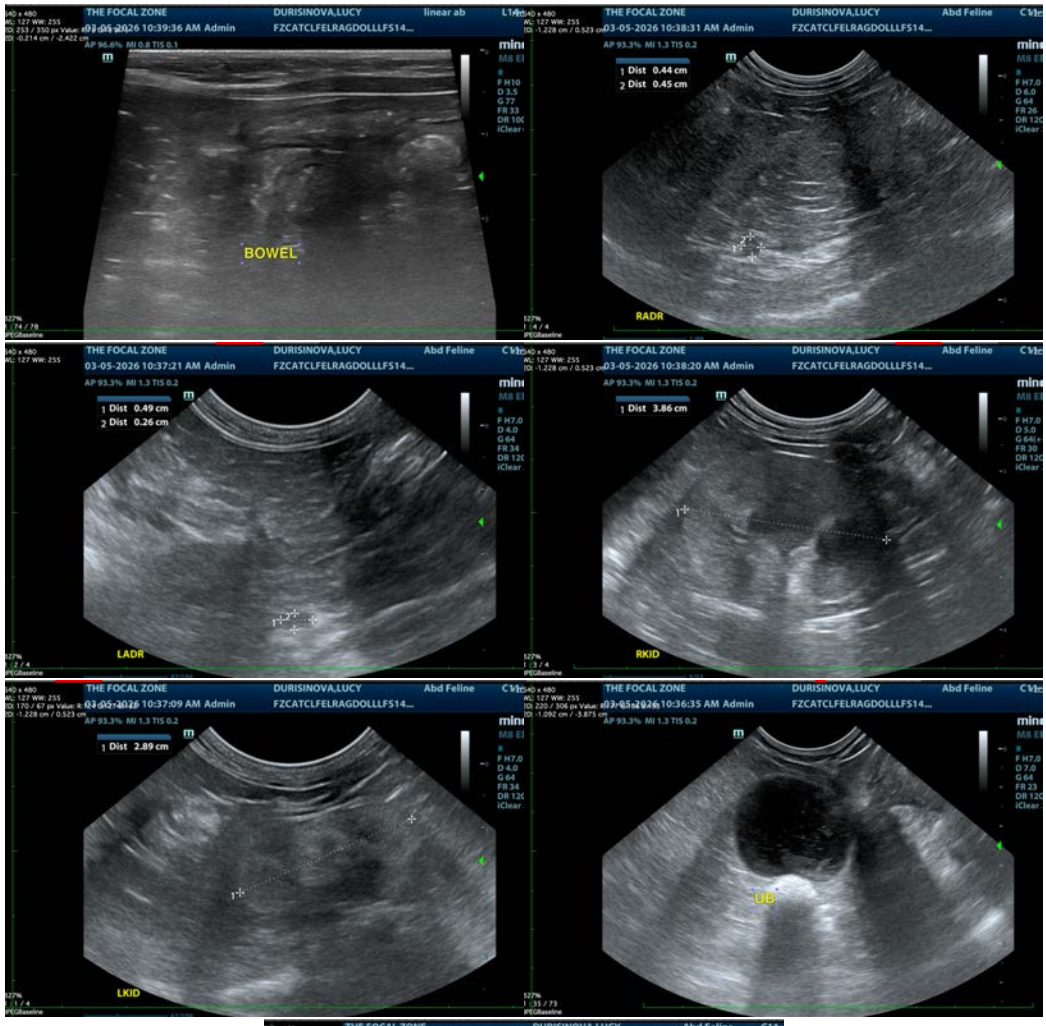
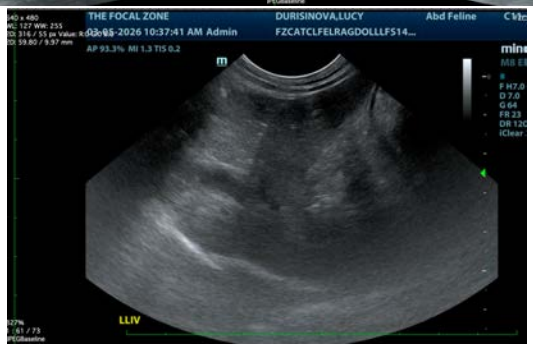
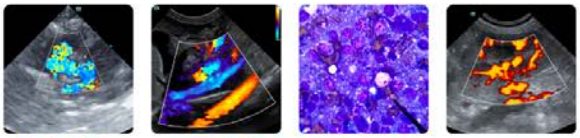
In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if 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
info@sonopath.com