PATIENT

Ares Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

12.5 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Montclair Animal Hospital

REFERRING VET

Dr. Stock

INVOICE

14892

DATE

04/06/26

PRESENTING CLINICAL SIGNS

Recurrent elevation of ALT. Sedated with gabapentin

Abnormal PE/Chem/CBC/UA Results: Neutrophils 1655, ALT 287

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 normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

Left adrenal gland is normal in size (0.49 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

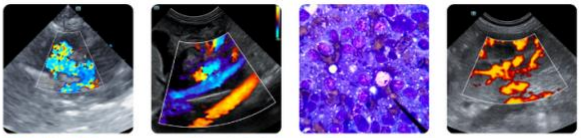
Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen measured 1.1 cm thick at the hilus.

Liver

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal



PATIENT

Ares Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

12.5 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Montclair Animal Hospital

REFERRING VET

Dr. Stock

INVOICE

14892

DATE

04/06/26

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 intestine demonstrates areas of mildly/emergingly 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.

ULTRASONOGRAPHIC FINDINGS

- Scalloping spleen- can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Moderate gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mild/emerging inflammatory bowel disease 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.
- Mild/moderate bilateral chronic kidney disease changes.
- Mild/moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not a specific definitive ultrasonographically visible explanation for patients reportedly increased alanine amino transferase. Given the other changes noted, differentials include a benign inflammatory or infectious process, i.e. bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, potentially 'triaditis', hepatic lipidosis, other, as well as infiltrative neoplasia such as round cell neoplasia, i.e. lymphoma versus other can't be ruled out without tissue sampling. Further diagnostic

PATIENT

Ares Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

12.5 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Montclair Animal Hospital

REFERRING VET

Dr. Stock

INVOICE

14892

DATE

04/06/26

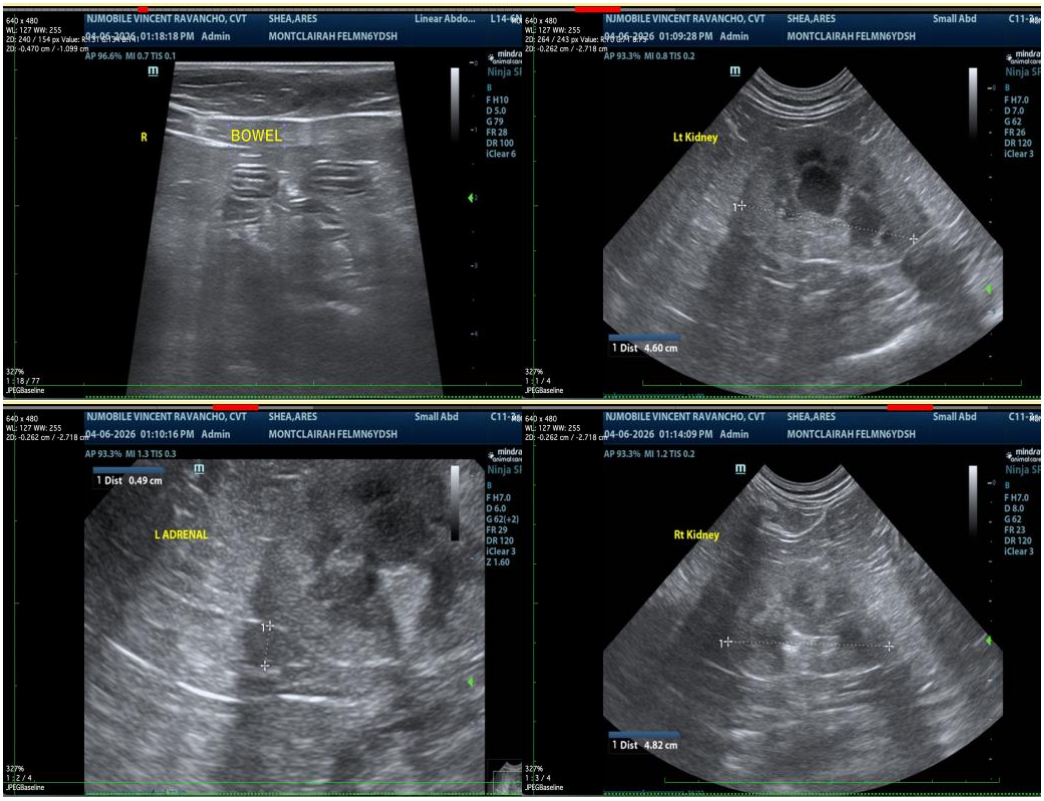
recommendations to consider include a T4 +/- free T4 if not recently evaluated.

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 not recently evaluated, 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.

Comprehensive infectious disease evaluation can be considered. Ultimately, however, liver sampling may be necessary for a definitive diagnosis and therefore to further guide medical management. If pursued, fine needle aspirates of the liver and spleen are recommended if patient's coagulation status is appropriate.

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.



PATIENT

Ares Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

12.5 pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Montclair Animal Hospital

REFERRING VET

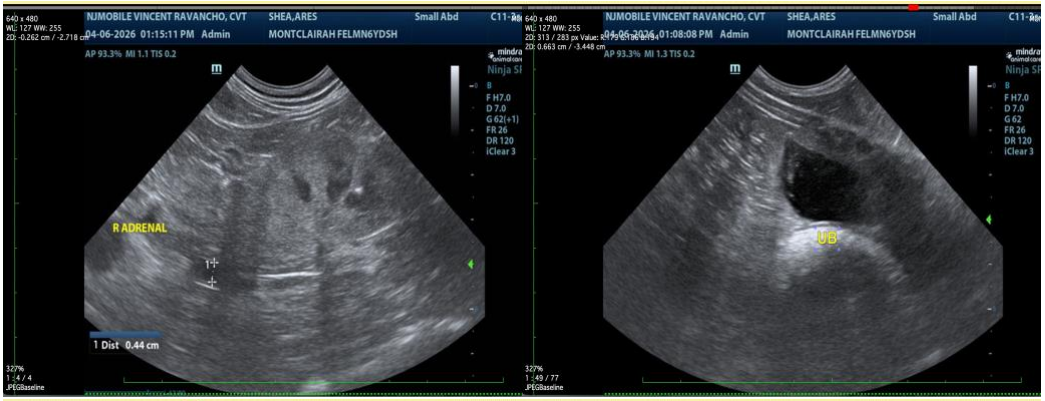
Dr. Stock

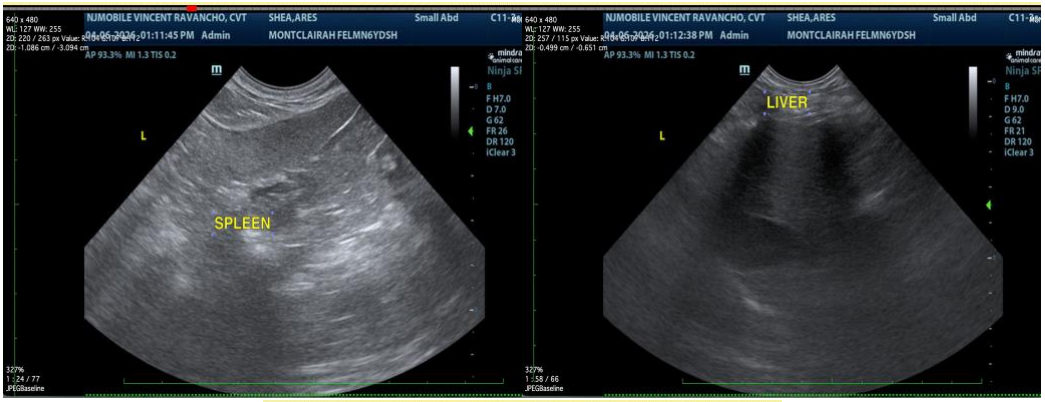
INVOICE

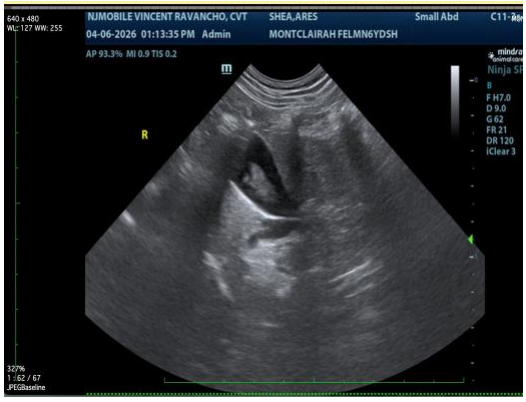
14892

DATE

04/06/26







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