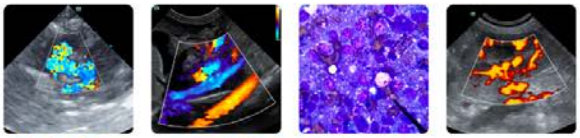

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Sheroo Beg

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

9 Years

WEIGHT

3.6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Westoak Animal Hospital

REFERRING VET

Dr. Brah

INVOICE

74042

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Bradycardia, heart murmur, elevated liver values.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Spherical anechoic fluid accumulation consistent with cortical cyst noted in the right kidney. Left kidney measures 4.15 cm. Right kidney measures 3.74 cm.

Adrenal Glands

The adrenal glands are not visualized, but the area appears normal.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The small intestines are prominent with a subjectively “ropey” appearance. Wall layering is intact with a prominent submucosal layer and a slightly prominent muscularis layer. There are no specific masses or focal lesions. There is no significant distention of the lumen.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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Free Abdomen

Mesenteric lymph nodes are prominent with maintenance of length to width ratio and normal echogenicity. No free fluid noted.

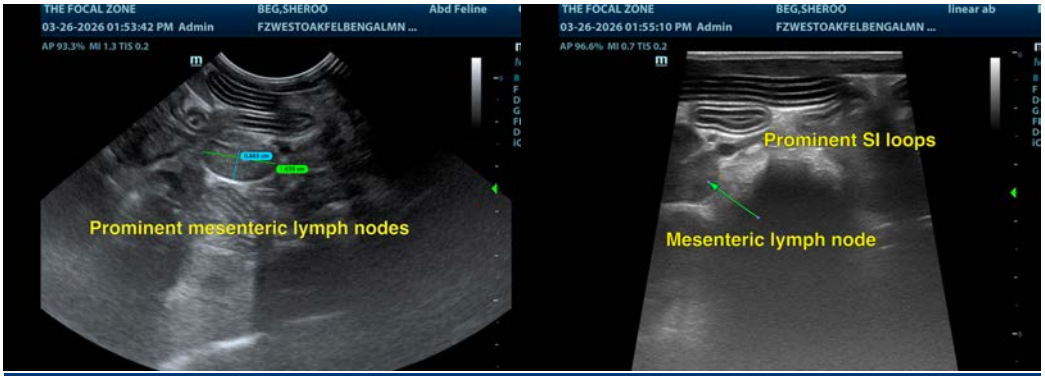
ULTRASONOGRAPHIC FINDINGS

- Normal liver and gallbladder.
- Prominent/ropey small intestinal loops with focal areas with increased submucosal and muscularis prominence.
- Prominent mesenteric lymph nodes.
- Degenerative renal changes with right renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver parenchyma appears normal and there is no ultrasonographic explanation for the elevated liver enzymes in this patient. There is no significant disruption of architecture noted to suggest significant pathology. Low grade inflammatory hepatopathy/reactive hepatopathy is a likely cause of LE elevations. Fine needle aspirate is recommended and bile acid profile to assess liver function. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

The clinical significance of the small intestinal changes and mesenteric lymphadenopathy is uncertain. In the absence of GI signs, a variation of normal is possible. There may be low-grade GI disease contributing to liver value elevations. A GI panel and/or intestinal biopsy could be considered. Empiric treatment for IBD could be considered if clinically indicated.



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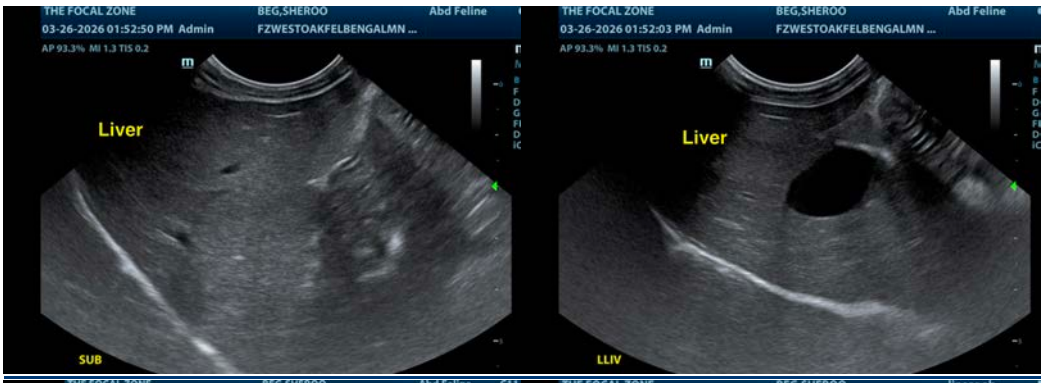

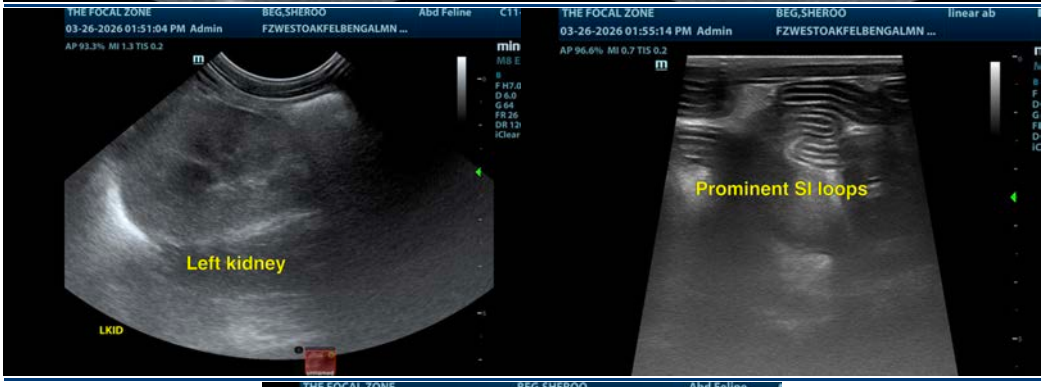

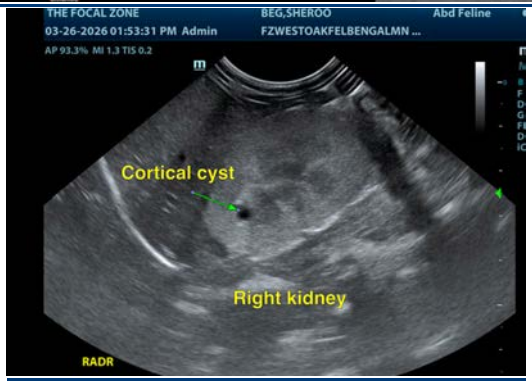

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com