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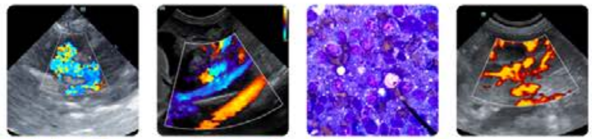


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dallas Dodge

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.6 Years

WEIGHT

4.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Alex Peters

INVOICE

74442

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Hx: 14.6 yo FS DSH wt: 4.8# Sedated with butorphanol. Weight loss starting in Feb of 2026 with intermitting vomiting. Weight loss has been progressive despite ok appetite. O has also noted PU/PD and recent soft stool. Exam today - intestines thickened on palpation, dehydrated, muscle wasted.

Current meds: Empiric Amoxi/Clav for potential UTI given PU/PD, liver protectants (O has not been able to give).

Abnormal PE/Chem/CBC/UA Results: 2/28/26 Bloodwork: HCT 40.3% , Glucose 105 (normal), Creat 0.6 (L), ALT 172 (H). ALP 70 (H), GGT 10 (H). Total T4 - 2.4 (normal). Unable to obtain urine 4/6/26 Abd Rads: Reduced serosal detail, mineralization in the region of the GB on radiographs. Thoracic - NSF

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 left kidney has 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. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 3.22 cm.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Right kidney measures 3.18 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.34 cm in thickness. Right measures 0.45 cm in thickness.

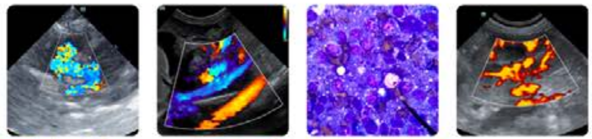
Spleen

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 diffusely enlarged with a generally hyperechoic echotexture. There are somewhat poorly defined white patches noted throughout the liver parenchyma. There are no specific masses visualized.

The gallbladder is normally distended with generally anechoic bile. There are some small hyperechoic shadowing gravity dependent material consistent with small choleliths. They do not appear obstructive at this time. There are small choleliths embedded within the gallbladder wall.



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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 visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with fluid fecal material consistent with diarrhea. 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.

Free Abdomen

There is a cystic prominent mesenteric lymph node measuring approximately 1.3 cm x 0.70 cm.

There is scant anechoic fluid noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly with diffuse hyperechoic patches throughout the liver parenchyma.
- Small, non-obstructive choleliths – Not overtly obstructive.
- Mild small intestinal thickening.
- Cystic mesenteric lymph node.
- Aging renal changes.
- Scant abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant ultrasonographic change is the hyperechoic hepatomegaly with multifocal hyperechoic patches throughout the liver. Current bloodwork is recommended along with a coagulation profile. Liver FNA is recommended to further defined parenchymal changes, which may be infectious, inflammatory, or neoplastic in nature. Abdominocentesis with plan for fluid analysis and cytology is recommended if a sample can be obtained, though this may be challenging due to the low volume of fluid.

The small intestinal thickening is mild and reflect mild abdominal inflammation. Infiltrative disease is considered less likely given the normal wall layering, though some degree of enteritis or inflammatory bowel disease cannot be completely ruled out. Cholelithiasis is likely incidental, though they could act as a nidus for infectious cholangiohepatitis. They do not appear overtly obstructive currently.

The clinical significance of the cystic mesenteric lymph node is uncertain. FNA is recommended, if possible, though this may be challenging due to surrounding small intestinal loops. The length to width ratio is maintained, and this likely represents chronic inflammation of the node, less likely neoplastic infiltration.

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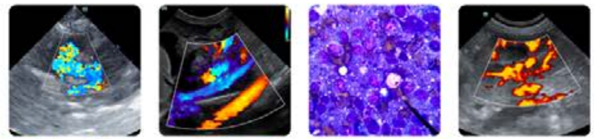

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Shadowing in gall bladder

Small choleoliths

Free fluid

Hyperechoic patches in liver

Mildly thickened SI loops

Left kidney

Hyperechoic hepatomegaly

Cystic mesenteric lymph node

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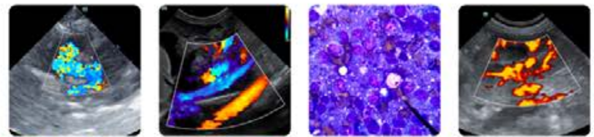

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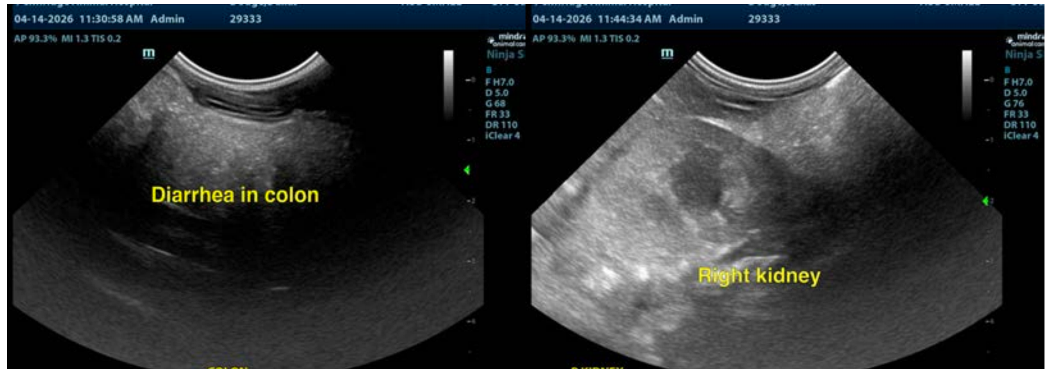

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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