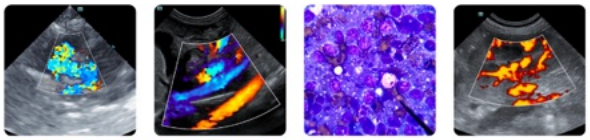

PATIENT

Maya Grant

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

3.7 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Moore

INVOICE

68580

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: hepatic lipidosis confirmed via liver FNA in September. history of toxoplasmosis, was treated with clindamycin and then appetite declined. currently on azithromycin. used to be given mirtazapine transdermal and amoxicillin last month. appetite waxes and wanes.
Abnormal PE/Chem/CBC/UA Results: jaundice, BCS 4/9, dehydrated - skin tent. chronic neutrophilia currently 12956, AST 139, ALT 483, ALP 510, TBILI 4.7, BUN 37 , WBC count 16.7 10x3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Coarse architecture was noted with increased portal markings. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 3.4 cm. The right kidney measured 3.8 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was at the upper limits of normal measuring 0.9 cm.

Liver

The **liver** was uniformly enlarged with increased portal markings. The gallbladder and common bile duct were unremarkable. The cystic duct was tortuous.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in

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the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

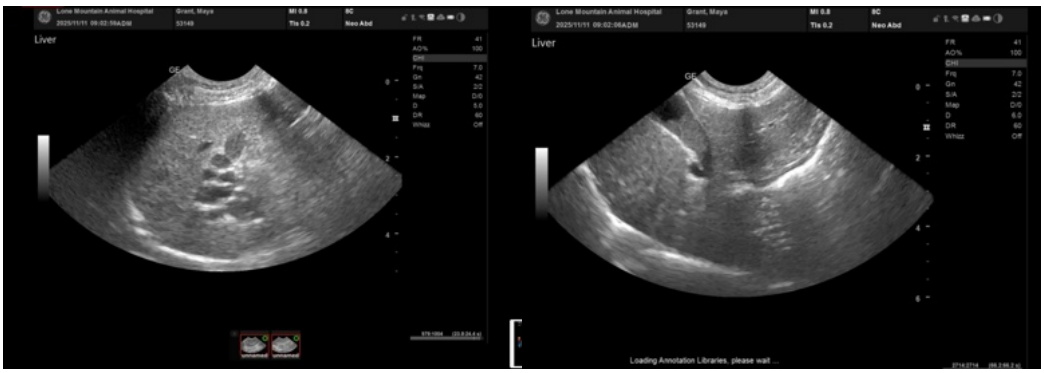
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Mild splenic enlargement.
- Cholangiohepatitis liver presentation.
- Post prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy may be the best option in this patient especially given the jaundice. Coagulation panel is indicated. 18-gauge biopsy is indicated with culture. There was no overt suspicion of underlying neoplasia such as lymphoma, yet this is possible. Splenic FNA is warranted at the time of biopsy. Repeat FNA of the spleen and liver is warranted. If a significant lymphoid component is present then PCR or PARR can be considered. Underlying infectious agents should be considered as well such as Toxoplasmosis. Gallbladder culture would also be ideal with cholecystocentesis.



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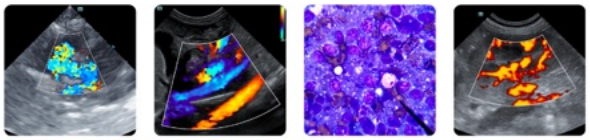

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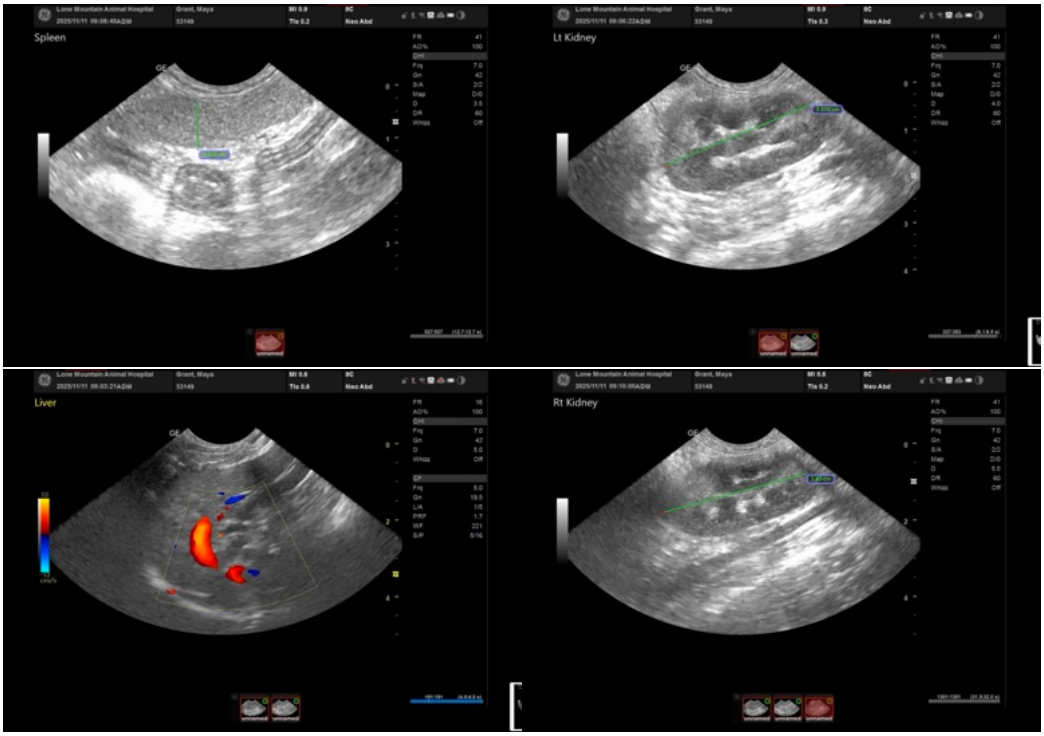

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com