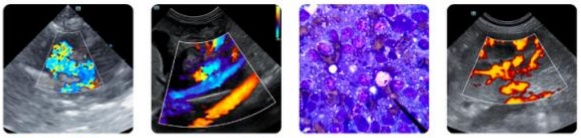

PATIENT

Axel Daniello

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years

WEIGHT

16.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Hamptonburgh AH

REFERRING VET

Dr. Halpern

INVOICE

36298

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Chronically elevated ALT, currently 185 was 233.
- V+ 3x weekly, mainly undigested food
- Abnormal PE/Chem/CBC/UA Results: ALT 185, PLT clumping U/A: protein, iatrogenic hematuria USG 1.058

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.43 cm. The right kidney measured 4.38 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. The right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.35 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable. This change is consistent with low grade inflammatory hepatopathy or reactive hepatopathy.

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. 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

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The **pancreas** was slightly heterogenous. Hypoechoic, expansive, irregular contour was noted through the pancreas. The changes were minor/subtle. No overt evidence of inflammation, yet low-grade inflammation cannot be ruled out.

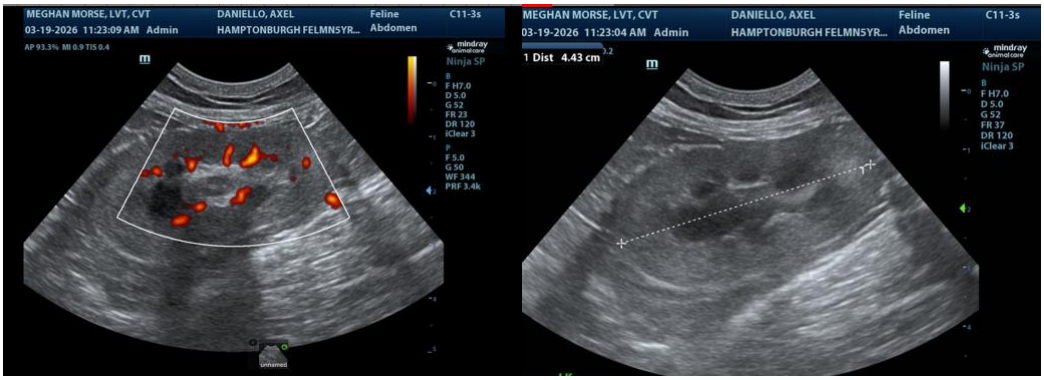
ULTRASONOGRAPHIC FINDINGS

- Subtle hepatic remodeling/low grade inflammatory hepatopathy, likely reactive hepatopathy
- Potential very low-grade smoldering pancreatitis
- Unremarkable abdomen otherwise

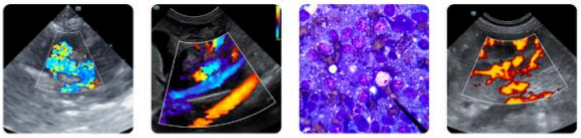
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, neutraceuticals (SAMe, ACTi gall…), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose, but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Diet change to hydrolyzed diet is warranted, if not already performed. GI protectant protocol and antiparasitic protocol are indicated. Pain management is warranted if any discomfort is noted on subxiphoid palpation. No evidence of significant disease from a structural standpoint



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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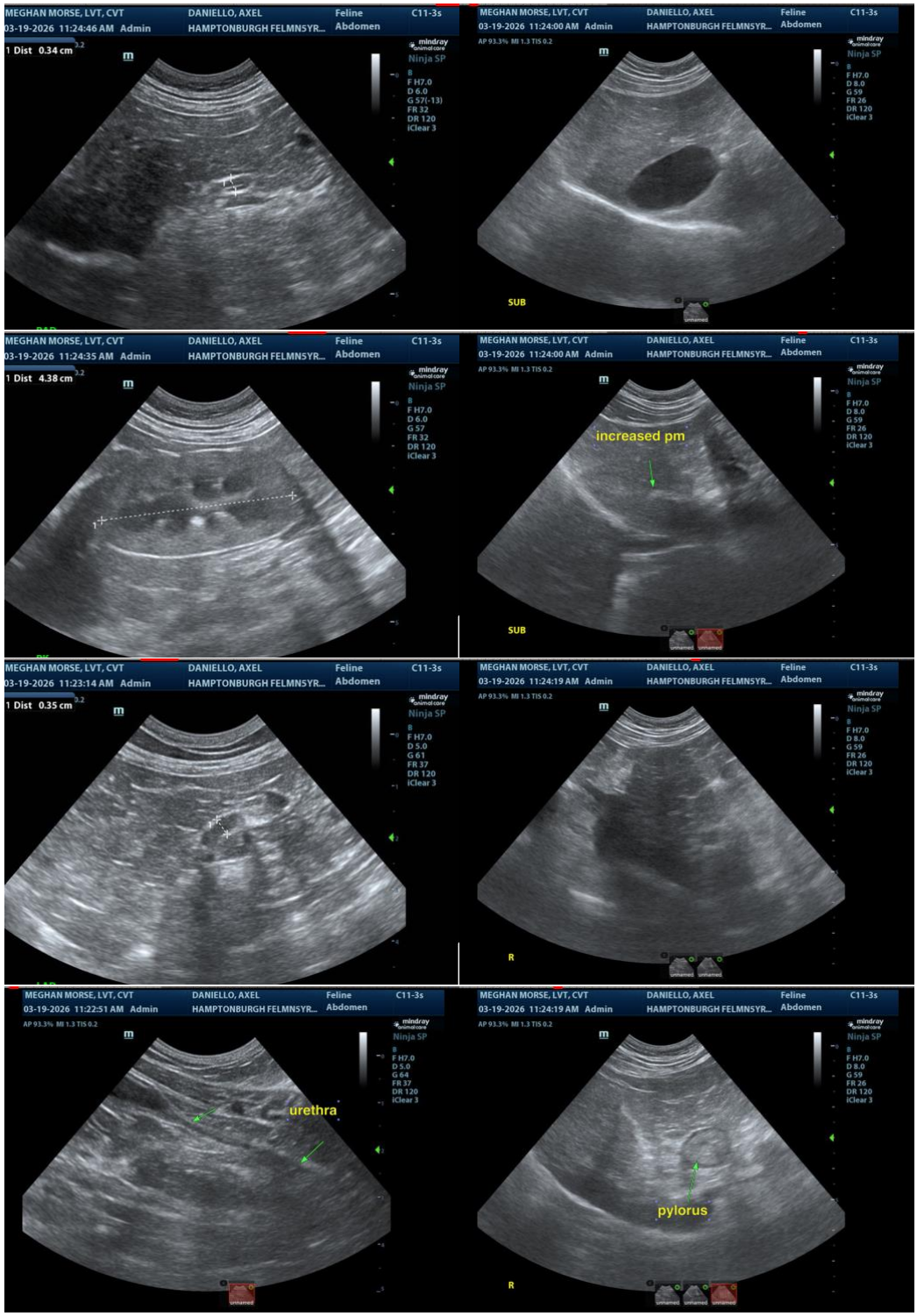

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com