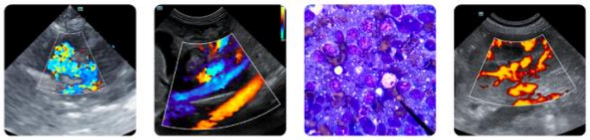


PATIENT

Choochoo Cousins

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

2.8 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Kulczycki

INVOICE

16074

DATE

05/11/26

PRESENTING CLINICAL SIGNS

History of elevated liver enzymes, ALT and ALKP. Also has a history of hyperthyroidism and kidney disease. Liver enzymes improved slightly after starting treating the hyperthyroidism with Methimazole, but liver enzymes have increased again. Had ultrasound done 02/14/2025 - see attachments. Current meds: SQ fluids, 100mL twice a day. Methimazole 5mg/mL 0.1mL twice a day, Vitamin B12 Give 0.25 ml by mouth once daily (every 24 hours).

Abnormal PE/Chem/CBC/UA Results: CBC-nsf Chem: SDMA 20 um/dl (0-14) Crea 146 umol/l (71-212) Urea 11.8 mmol/l (5.7-12.9) ALT 839 u/l (12-130) Was 572 (4/29/25) Was 389 (5/21/25) ALP 250 u/l (14-111) Was 131 (4/29/25) Was 158 (5/21/25) TT4 normal (5/1/26) Was 64 (4/29/25)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen.

The left kidney presents mildly small size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 2.9 cm in length.

The right kidney presents mildly small size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 2.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.6 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.1 mm width.

Spleen

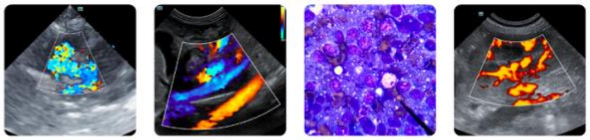
Visible spleen is diffusely hypoechoic. Spleen has a rounded appearance to it. Appearance of spleen may be consistent with infiltrative disease such as lymphoma, mast cell disease, less likely an infectious disease, or may be a normal variant.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder wall is diffusely hyperechoic. No evidence of gallbladder obstruction is seen. The visible common bile duct appears normal. The liver surrounding the gallbladder is mildly hyperechoic.

Gastrointestinal



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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Colon contains normal contents with normal wall thickness.

Diffusely, jejunum is normal in thickness but does appear to have a mildly thickened muscularis layer which may be a normal variant or may indicate chronic inflammatory enteritis. Differentials would include inflammatory bowel disease versus small cell lymphoma versus mast cell disease. Less likely an infectious disease such as histoplasmosis unless geographically relevant for patient. Ilium has moderate loss of layering and a markedly thickened muscularis layer consistent with the previously discussed inflammatory GI disease.

Pancreas

Visible pancreas is markedly hypoechoic with a moderate amount of surrounding steatitis. Pancreatic ducts are distended. Pancreas is nodular in shape. The appearance of the pancreas is consistent with chronic active pancreatitis. Pancreatitis would also potentially be a cause of the patient's chronically elevated liver values.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mildly small kidneys.
- Hyperechoic gallbladder.
- Age-related hepatic remodeling.
- Hypoechoic spleen.
- Thickened jejunum.
- Suspect chronic active pancreatitis.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that both kidneys are mildly small in size, and the right kidney has mild loss of corticomedullary distinction, recommend full staging, monitoring, and managing the patient per IRIS guidelines.

Given the changes seen with the gallbladder, consider possible bacterial cholangitis as a differential for the patient's elevated liver value is recommended. Ultrasound guided fine needle aspirate of gallbladder and submit bile for aerobic/anaerobic bacterial culture and cytology. If owners elect not to pursue bile aspirate, consider treating patient with ursodiol and antibiotics such as amoxicillin for six weeks and recheck liver values and re-image gallbladder to determine if gallbladder wall has a more normal appearance.

Recommend splenic aspirate for cytology.

If Texas A&M GI panel has not been performed, consider submitting this panel to screen for possible chronic enteropathy. If chronic enteropathy is identified, recommend GI biopsies either surgically or

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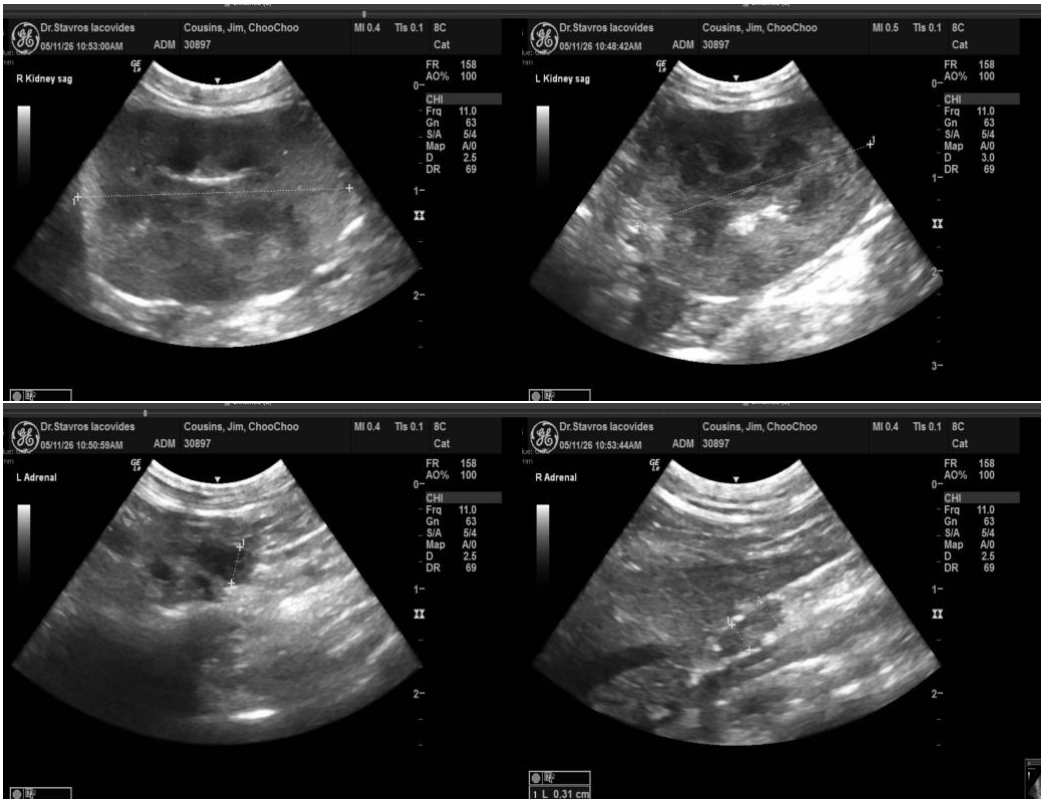
endoscopically. Endoscopically is preferred given they are more minimally invasive. GI disease could potentially be the cause of the patient's chronically elevated liver disease.

Recommend submitting as previously mentioned Texas A&M GI panel which includes fPLI to screen the patient for the degree of pancreatitis present. Suspect patient most likely has underlying GI disease which is suspected to be the cause of the patient's elevated liver values and the apparent pancreatitis. Suspect diagnosing and treating patient's underlying GI disease will resolve both the patient's hepatopathy and pancreatitis.



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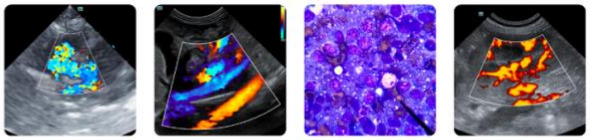

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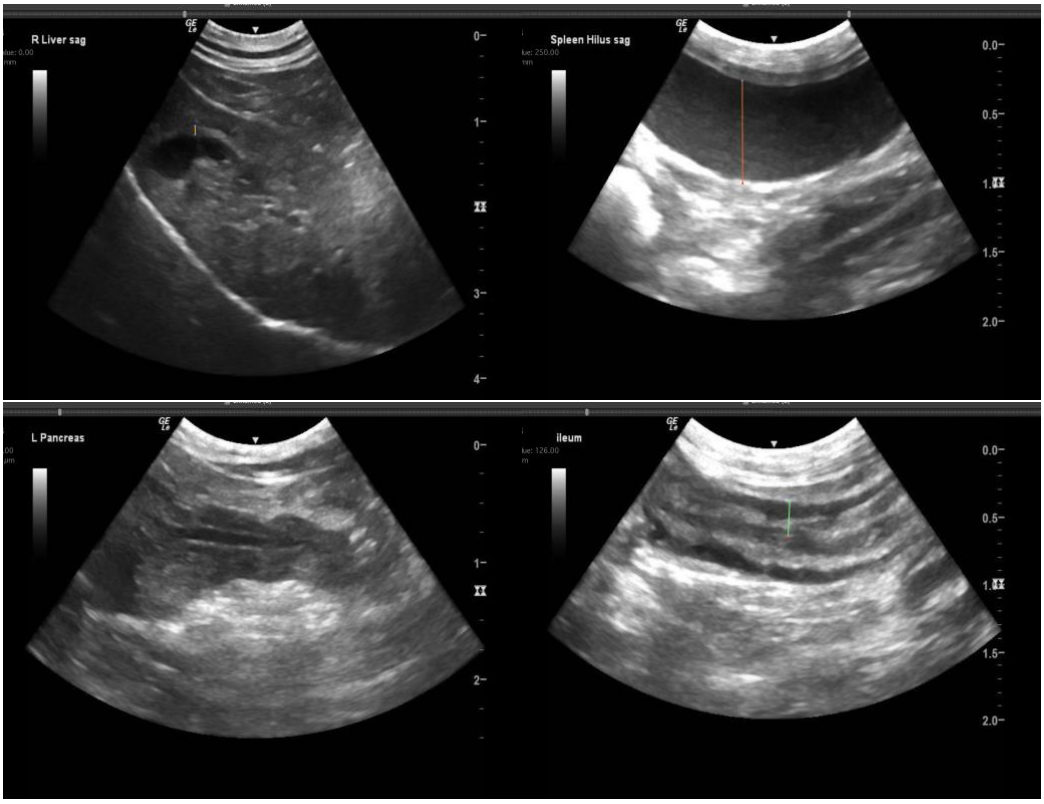

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com