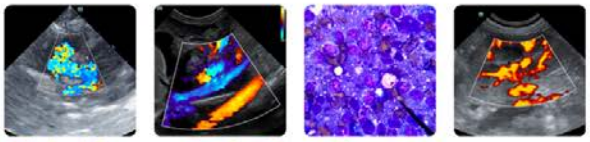


PATIENT

Edey McGonagall

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5 Years

WEIGHT

3.6 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Sweet

INVOICE

75632

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Vomiting, lethargic, weight loss, elevated liver values on bloodwork, normal x-rays
Abnormal PE/Chem/CBC/UA Results: Attached BA test came back normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. Within the urinary bladder there are two hyperechoic, non-shadowing uroliths present, measuring 1.6 mm in width each. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney is mildly irregular in shape and measures 3.9 cm. There is moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.8 cm) with normal shape and architecture. There is mild to moderate loss of corticomedullary distinction. There is a cystic lesion in the dorsal mid aspect measuring 3.7 mm in width, appears benign. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.4 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

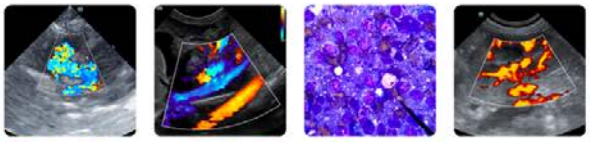
Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach has normal wall layering and thickness. There is a small amount of retained fluid within the stomach, appears insignificant. No mechanical obstruction seen. Duodenum wall measures 1.8 mm in width. Diffusely, the jejunum appears to have mild loss of layering with mucosal fogging present. Jejunum measures normal in size at 1.9 mm in width. Colon contains normal contents with normal wall thickness.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

A visible medial iliac lymph node is present. It appears normal, measuring 1.9 mm x 8.2 mm in size.

Mild mesenteric lymphadenopathy present in the area of the ileocolic junction. A representative node measures 4.1 mm in width, most likely reactive, less likely to be enlarged due to neoplasia.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys and irregularly shaped right kidney.
- Hyperechoic hepatomegaly.
- Gallbladder debris.
- Mild loss of layering in the jejunum with mucosal fogging.
- Mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the decreased corticomedullary distinction in both kidneys and the irregular shape of the right kidney, the patient likely has early chronic kidney disease. Recommend full staging, monitoring and managing per IRIS guidelines.

Consider a urinary dissolution diet for one month and recheck uroliths to determine if they have resolved. If not, consider cystostomy and sending uroliths to the Minnesota Urolith Lab for analysis and treatment recommendations.

The appearance of the liver is most likely due to early hepatic lipidosis, which is most likely the cause of the patient's elevated liver values, although infiltrative neoplasia cannot be ruled out such as lymphoma. Recommend fine needle aspirate of the liver with submission for cytology to help determine cause of the liver appearance and elevated liver values. If hepatic lipidosis is identified based off cytology, recommend placement of an esophageal feeding tube to provide enteral nutrition as cause of patient's illness is identified and treated.

Given the appearance of the gallbladder, consider bacterial cholangitis as a possible cause of the patient's elevated liver values and potentially the cause of the decreased appetite that is most likely leading to hepatic lipidosis. Recommend ultrasound guided gallbladder aspirate to obtain bile sample for aerobic and anaerobic culture and for cytology. If owners elect not to pursue this procedure, then start Ursodiol at 15mg/kg given by mouth split into two daily doses and starting an antibiotic such as Amoxicillin. Recommend treatment for 6-8 weeks and rechecking liver values and appearance of gallbladder at that time via ultrasound.

Given the appearance of the jejunum diffusely, recommend screening the patient for possible chronic enteropathy and submit GI panel that includes cPLI, TLI, cobalamin and folate. If chronic enteropathy is suspected, recommend starting a diet trial with hydrolyzed diet. If in 2-4 weeks the patient fails the diet trial and clinical signs do not improve, consider GI biopsies at that time (either surgically or endoscopically).

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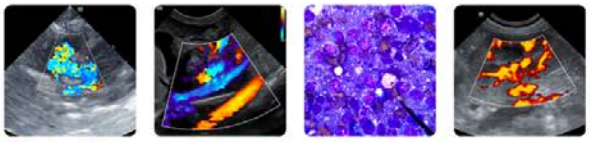

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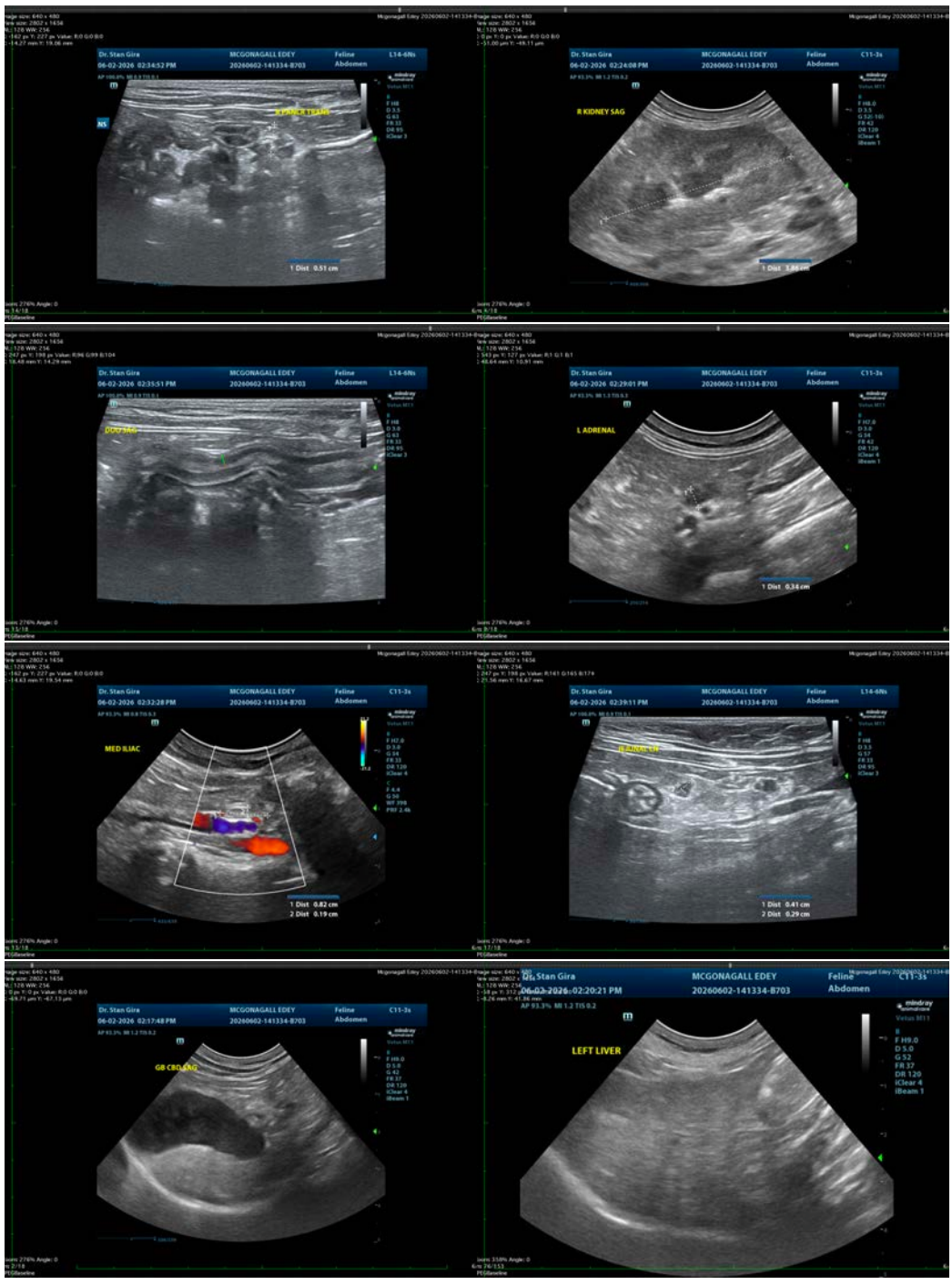

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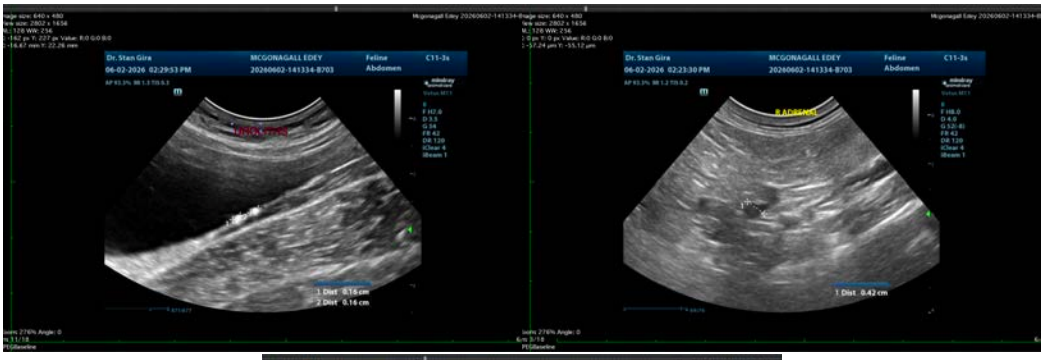

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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