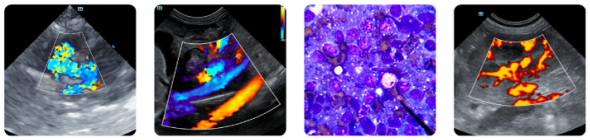


PATIENT

Mycat Agosto

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

12.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Mayra Fonseca

INVOICE

12091

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to inappetence and jaundice. Owner reports that Px had escaped from home for a month and when he came back he had lost weight, was lethargic, inappetent, and icteric. Px has been hospitalized for 48hrs in emergency clinic.

Abnormal PE/Chem/CBC/UA Results: rDVM record attached below for your reference.

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.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 4.1 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 4.4 mm in width.

Spleen

The spleen is in thickness (7.5 mm in width) however, spleen is diffusely hypoechoic with scalloped margins. The spleen has normal blood flow.

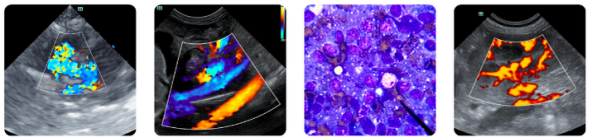
Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely markedly 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. In the left liver there is an isoechoic lesion present measuring 4.5 mm x 7.3 mm in size.

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 thickness and layering.



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Diffusely the small intestines have normal wall layering and thickness measuring 2.4 mm in width. Duodenal papillae is visualized and appears normal. Jejunum is also normal in thickness measuring 2.8 mm in width.

Colon contains normal contents with normal wall thickness (1.6 mm in width) and contains formed fecal material.

Pancreas

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

Free Abdomen

Mild mesenteric lymphadenopathy is present. A representative node measures 1.8 mm in width.

Free fluid present within the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Marked hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible. In the left liver there is an isoechoic lesion, which is most likely a benign regenerative nodule and is unlikely to be neoplastic.
- Moderate gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Scalloped spleen – This could be normal patient variant but can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Very mildly prominent mesenteric lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic lipidosis may possible be caused from the patient missing for a month, and most likely did not eat significantly in the time they were gone leading to severe hepatic lipidosis. Other differentials could potentially be infiltrative neoplasia such as lymphoma, although this seems unlikely and an infectious etiology also seems less likely.

If coagulation parameters are normal, recommend fine needle aspirate of the liver to rule out infiltrative disease and to determine if hepatic lipidosis is the possible cause of the appearance of the patient's liver. If hepatic lipidosis is confirmed, treatment would be placement of an esophageal

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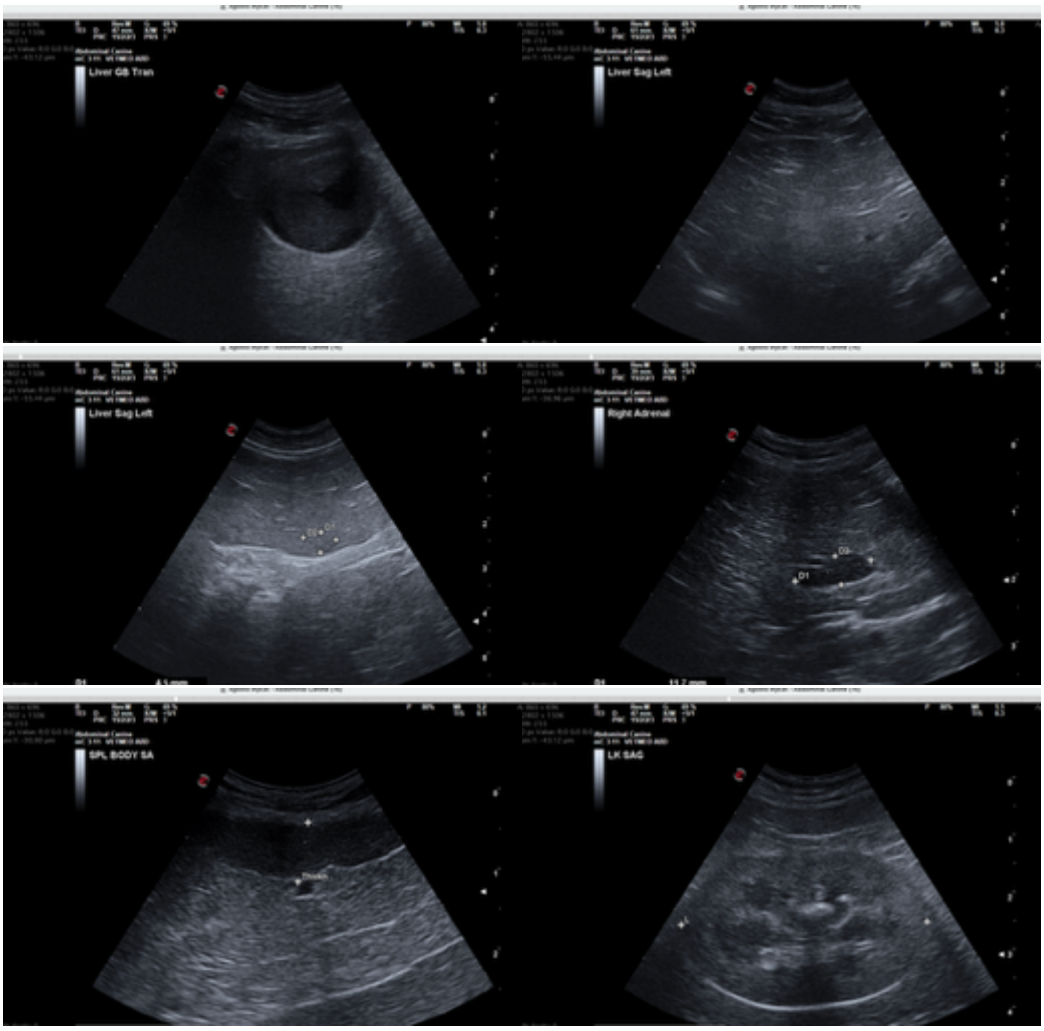
feeding tube to provide enteral nutrition as the patient is recovering. This could take 1-2 months for patient's liver to fully recover from this insult. An infectious cholangiohepatitis is not highly suspected at this time.

If possible, recommend an ultrasound guided FNA of the free fluid and submission for fluid analysis and cytology, as well as an ultrasound guided splenic aspirate to further define these changes within the spleen.



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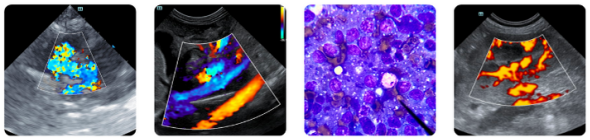

Clinical Sonography & Telecytology
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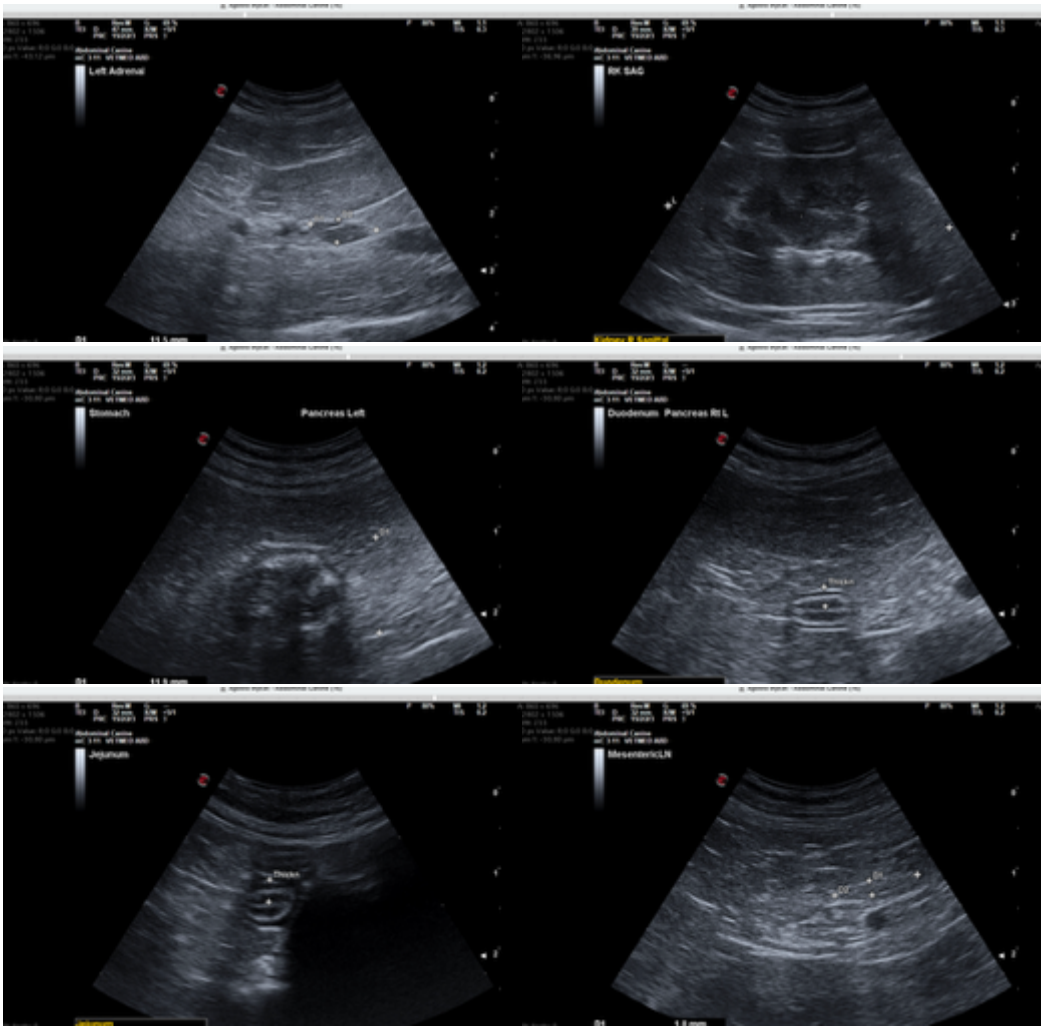

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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