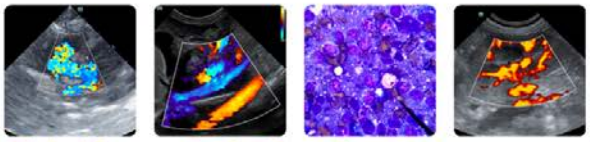

PATIENT

Stitch Cornell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

10.4

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire Animal Hospital – Highland Ranch

REFERRING VET

Dr. Betsy LaCroix

INVOICE

72115

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Patient has had significant weight loss from 16 to 10 lbs over the last few months. Significant decrease in appetite. Was PU/PD, since resolved FeLV/FIV- neg/neg

Abnormal PE/Chem/CBC/UA Results: Dental disease, lymphocytosis Hyperthyroid 6.2 Path review-The majority of the lymphocytes are small and well differentiated supporting a reactive lymphocytosis. Causes should include persistent antigenic stimulation from an underlying infectious/inflammatory process or occasionally hyperthyroidism in the cat. If the lymphocytosis is persistent and unexplained a bone marrow aspiration and evaluation for lymph node/splenic enlargement should be considered to rule out lymphoproliferative neoplasia. Mild azotemia, mild hypokalemia, mild hyperphosphatemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was indistinct. There were variably sized, non-obstructive medullary mineralization with mild pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and capsule contour. There was no capsular distortion. The parenchyma contained pinpoint to small areas of mineralization. This is an age-related finding and is not pathologic. The left adrenal gland measured 0.40 cm in width. The right adrenal gland measured 0.40 cm in width.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

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Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The parenchyma of the pancreas was hyperechoic to the mesentery with diffuse parenchymal remodeling. The capsule contour was mildly irregular with no evidence of local inflammation. These changes may suggest chronic inflammation or fibrosis from previous bouts of pancreatitis.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

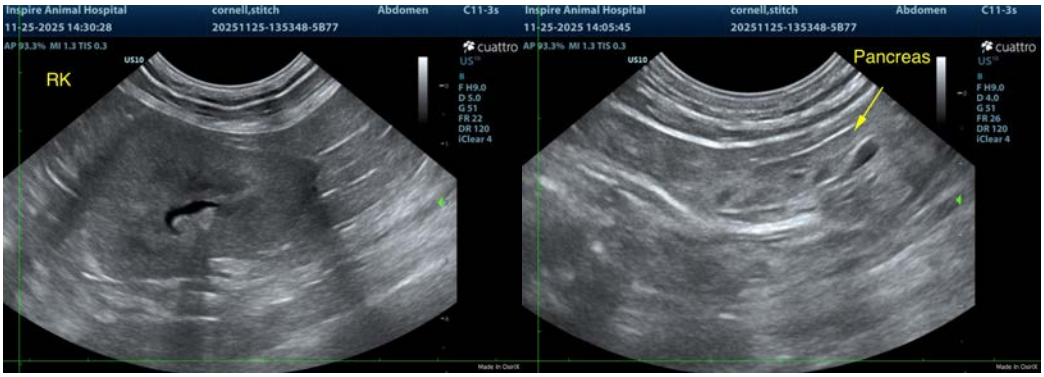
- Renal changes consistent with possible early CKD with mineralization and mild pelvic dilation bilaterally.
- Mild urinary bladder sediment.
- Hyperechoic pancreas – ddx aging changes versus chronic pancreatitis versus potential for pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant findings in the abdomen involve the kidneys. These changes support a likely early CKD. Blood pressure measurement in indicated.

The visible sediment in the urinary bladder may be mucous, crystals, or cells (RBC, WBC or epithelial cells). Mild sediment can be normal at times. Correlation with a urinalysis is recommended.

Within the abdomen there is no overt cause of the reported lymphocytosis. Of note, lymphoma can be present with a normal sonographic appearance, but there is no overt evidence of lymphoma in this study. A GI panel could be considered if other causes of weight loss have been ruled out.



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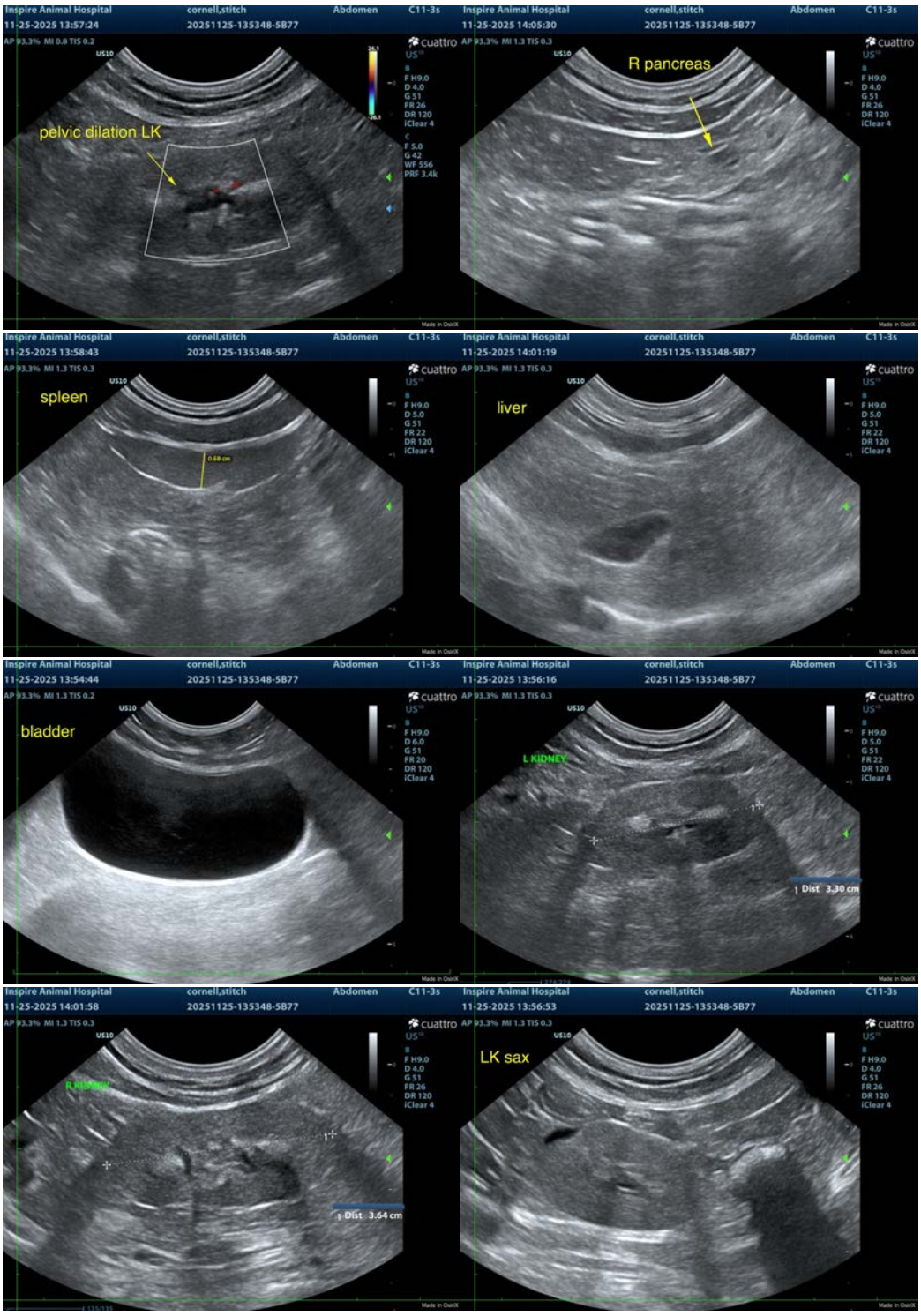

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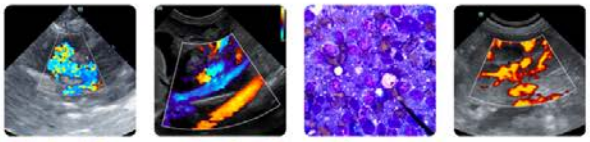

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com