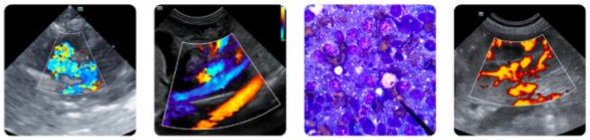


PATIENT

Phoenix Lawson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.9 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Natalia Franco

INVOICE

12485

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History of Chronic vomiting (hairball; bile) since young. Progressed 2 days ago to anorexia and nausea for 2 days. First diarrhea episode on appointment, continued during AUS. Emaciated (BCS 2/9), fur unkept, lethargic. Mild abdominal distension.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild hematocrit elevation and monocytosis. - Chemistry Panel: hyperbilirubinemia 23 (2-10) mild elevation in ALT 115 (20-100) - Quantitative Pancreatic Lipase elevated 6.2 (0-4.4)

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 urethra was normal to a depth of 2.0 cm.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. There is an old infarct in the cranial pole of the left kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. The left adrenal gland measured 0.35 cm width. The right adrenal gland measured 0.44 cm width.

Spleen

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

Liver

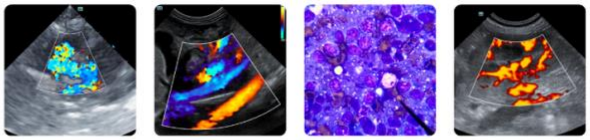
The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The common bile duct was visualized to the level of the duodenal papilla. The common bile duct measured 0.14 cm in diameter.

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 was mildly, diffusely thickened with intact wall layering. There was a maintained 1:3 muscularis / mucosa ratio, although the submucosa layer was subjectively prominent and hyperechoic.



PATIENT

Phoenix Lawson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.9 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Natalia Franco

INVOICE

12485

DATE

11/26/25

The colon wall was diffusely thickened with maintained wall layering. The mucosal layer was moderately thickened, while the submucosal layer was echogenic and prominent. Non-formed to liquid luminal contents were present.

Pancreas

The pancreas was enlarged in size with an irregular, ill-defined capsule contour. The pancreas was asymmetric with hypoechoic to heterogeneous parenchyma. The surrounding mesentery was strongly hyperechoic.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis.
- Structurally normal gallbladder with no evidence of EHBDO.
- IBD pattern in small intestine.
- Colitis with diarrhea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported anemia and no evidence of EHBDO, the elevated Bilirubin in hepatic in origin. The most common causes for this clinical and sonographic presentation include cholangiohepatitis, hepatic lipidosis, FIP and lymphoma.

The liver presentation could be secondary to the GI pathology. This could be early hepatic lipidosis secondary to IBD and pancreatitis. Small intestines have an IBD pattern. There can be GI lymphoma present without distinct sonographic changes.

A FNA of the liver could be considered, with a 25G needle is indicated, provided the clotting profile is normal. A screening FNA of the spleen could be done at the same time to assess for emerging round cell neoplasia.

Continued aggressive supportive care is indicated pending results of further diagnostics. A feeding tube may need to be placed if the patient is unable to begin eating within 24-48 hours.

PATIENT

Phoenix Lawson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.9 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

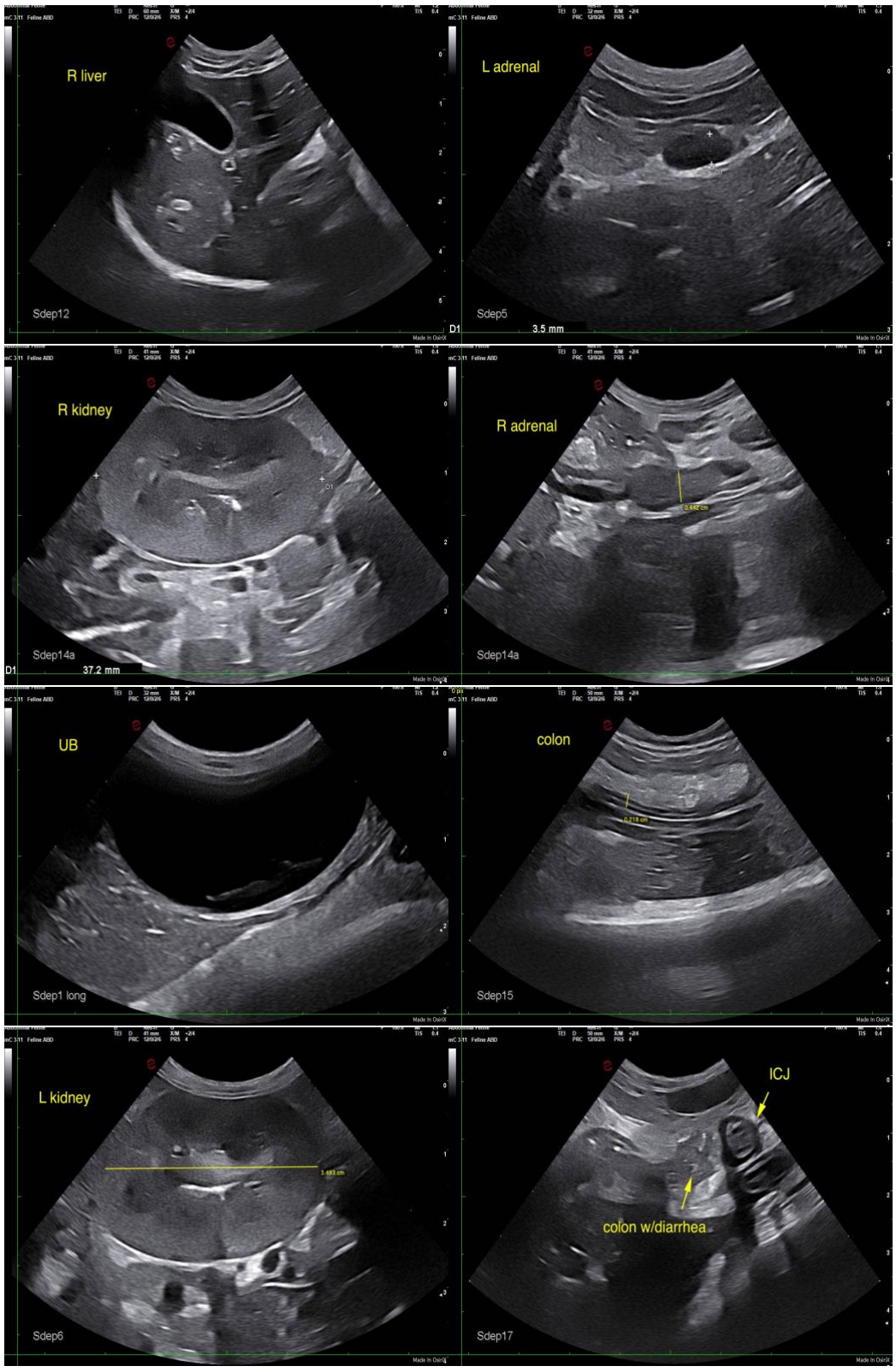
Dr. Natalia Franco

INVOICE

12485

DATE

11/26/25



PATIENT

Phoenix Lawson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

2.9 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

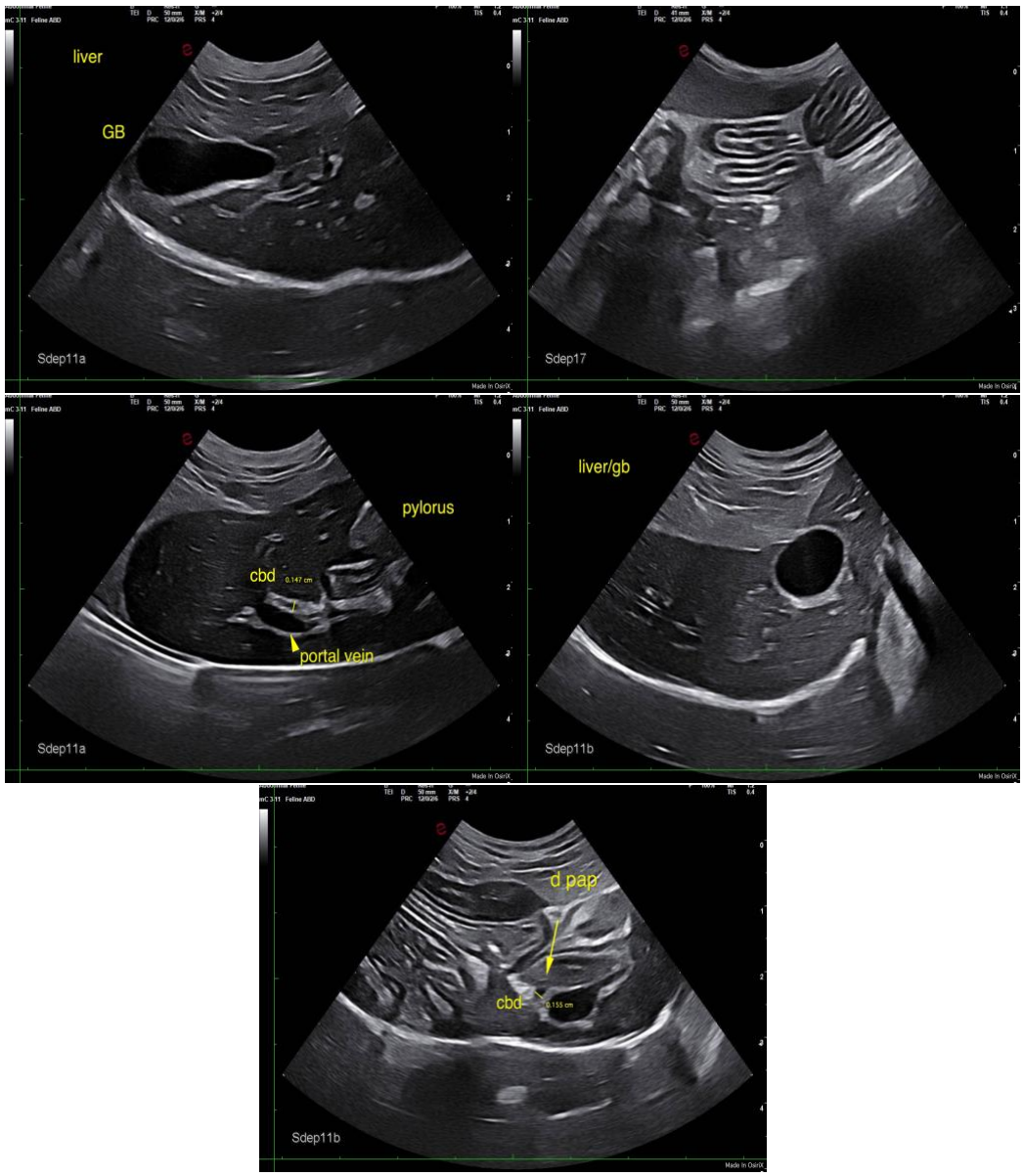
Dr. Natalia Franco

INVOICE

12485

DATE

11/26/25



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