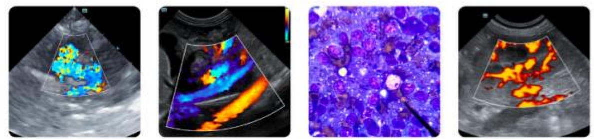

PATIENT

Bob Kitty Ellis

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rando

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Rando

INVOICE

35770

DATE

12/7/25

PRESENTING CLINICAL SIGNS

History: P is usually very food motivated. O feeds treats frequently P stopped wanting treats or regular food. P vomited 1 time. No hx of illness. Been to vet 1 time before. no vxn. P has hx of eye discharge. No meds. No c/s/d.

Abnormal PE/Chem/CBC/UA Results: PE- lethargic, Icteric, Heart murmur 2/6 CBC: Hct 36.1, retic 9.1, WBC 5.11, Neut 4.17, lymph 0.66 (L) , plt 201 Chem10: gluc 153, BUN 14 (L), creat 0.9, TP 8.1, alb 2.8, ALT >1000 (H), ALP 130 (H) Tbil: 3.5 (H) EPOC: pH 7.439 (H), Na 144 (L), Cl 120, K 3.7, lact 1.4 T4: 1.5 (N) PT/PTT: 18/111 fpl: 1.0 (N) UA: USG 1.046, pH 8.0, RBC 5/hpf, WBC 5/hpf, no bacteria, no crystals.

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.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size, with a normal ovoid shape. The parenchyma was homogeneous. The left adrenal gland measured 0.20 cm in width. The right adrenal gland measured 0.22 cm in width.

Spleen

The spleen was increased in size with an irregular capsule contour. The spleen appeared to be folded on itself caudally, causing the abnormal shape. The splenic capsule was mildly rounded. The splenic parenchyma was diffusely mildly heterogenous with no distinct nodules or masses. The spleen measured 1.1 cm in width at the hilus.

Liver/Gallbladder

The liver was subjectively increased in size with a mildly rounded capsule contour. The hepatic parenchyma is diffusely heterogenous with increased portal markings. There are no distinct nodules or masses present. The hepatic vasculature was normal in volume and structure. The gall bladder was increased in size and elongated with a tortuous cystic duct and mildly dilated common bile duct. The common bile duct was visualized to the level of the duodenal papilla and appears inflamed, however, there is no overt distinct obstruction. There is trace free fluid noted adjacent to the gallbladder. The distal common bile duct measures 0.2 cm.

Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The ICJ was clearly visualized and appeared normal in structure and layering. The visible colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

There was trace free fluid in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

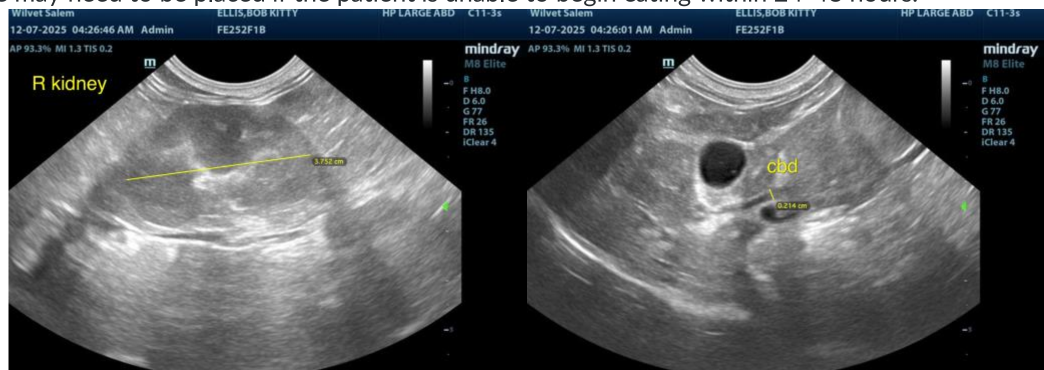
- Increased size GB with mildly dilated cystic and CBD - suspect cholangitis
- Diffusely heterogeneous liver parenchyma
- Low-grade pancreatitis, right limb
- Mild splenomegaly with irregular shape - ddx folded spleen with splenitis vs potential for emerging infiltrative disease
- Trace free fluid in cranial abdomen
- Urinary bladder sediment, mild - correlate with UA for clinical relevance

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

A FNA of the liver with a 25G needle is indicated, if a coagulation panel 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.



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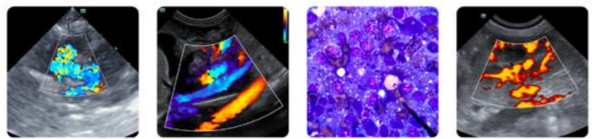

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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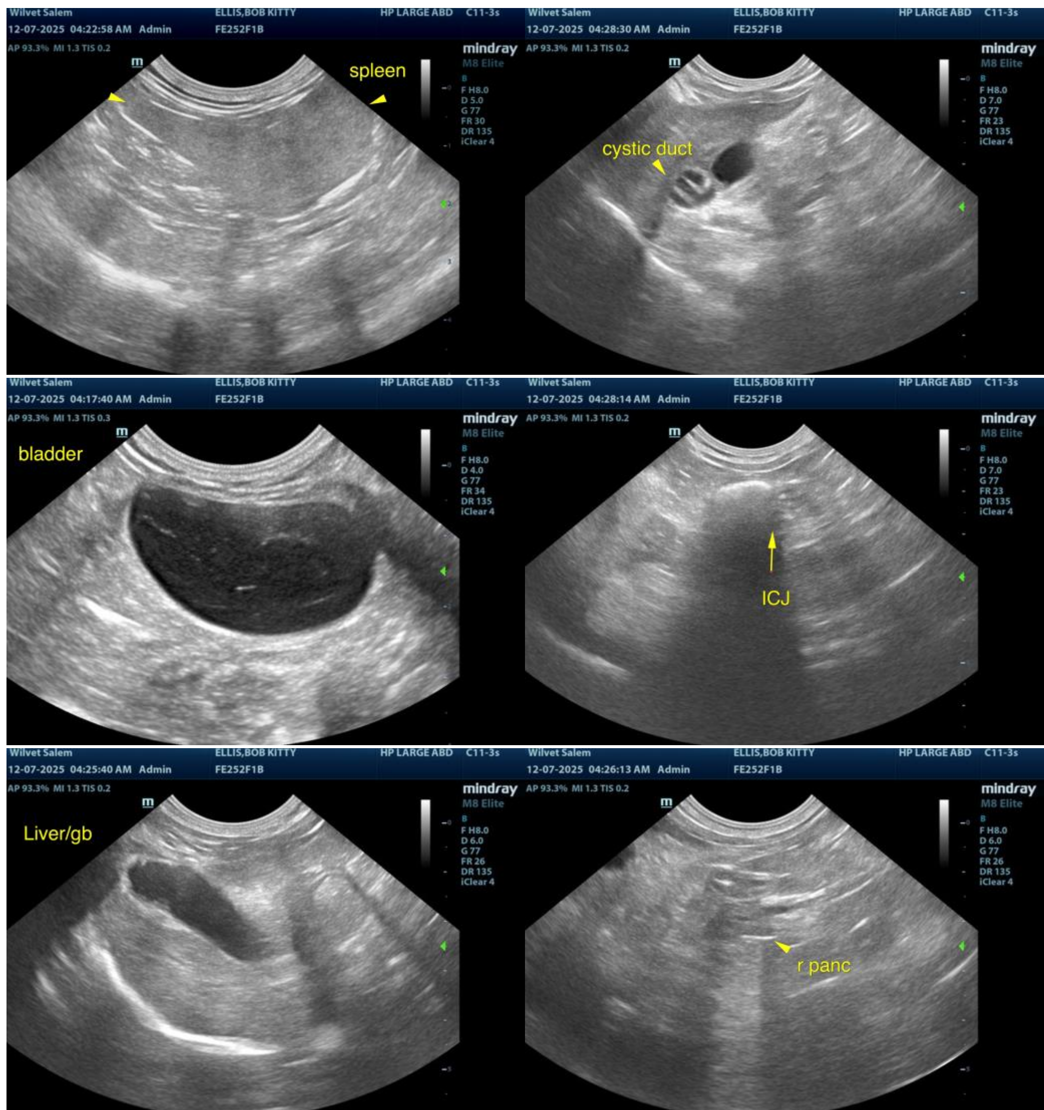

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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