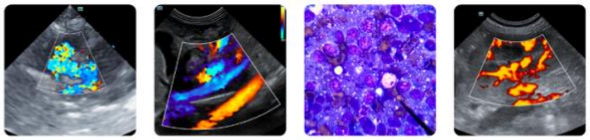


PATIENT

Bello McCoy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

6.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten island VS

REFERRING VET

Dr. Camille Petrizzo

INVOICE

35850

DATE

2/15/26

PRESENTING CLINICAL SIGNS

- 11 year old MN DSH
- 1 year ago - suspected hx of pancreatitis- treated with supportive care
- Since middle of 2025 picky appetite that would wax/wane
- ~ 2 weeks ago. Mostly inappetent- went to rDVM had labs on 2/9.
- Treated with ondanestron and an appetite stimulant and abx for a UTI
- Appetite started to improve and then starting yesterday stopped eating again
- Owner reports weight loss
- Abnormal PE/Chem/CBC/UA Results: bloodwork 2/9: total bili 6.6 (0.0-0.3) unconjugated bili 3.0 (0.0-0.2) conjugated 3.6 (0.0-0.2) ALT 290 (27-158) AST 136 (16-67) ALP 229 (12-59) HCT 28.8 (31-51) HGB 9.1 (10.6-16.7) UA: marked rods 2/15: jaundice, dehydration, diffusely muscle wasted Recheck chem/lytes: ALT 264 (12-130) ALKP 181 (14-111) CHOL 235 (65-225) Na 167 (150-165) t bil 5.1 (0.0-0.9)

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 pelvic urethra was visualized to a depth of 2.0 cm past the cystourethral junction.

Both kidneys were normal in size with a mildly irregular capsule contour. The cortex was diffusely hyperechoic. There was hypertrophy of the cortex, resulting in an altered corticomedullary ratio. There was a mild loss of corticomedullary distinction. The left kidney measured 3.1 cm in length. The right kidney measured 3.8 cm in length.

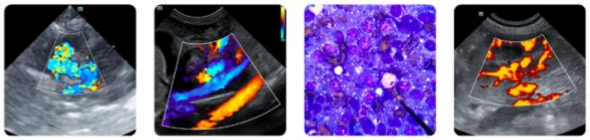
Adrenal Glands

Both adrenal glands were normal in size, with a normal ovoid shape. The parenchyma was homogeneous. The left adrenal gland measured 0.28 cm in width. The right adrenal gland measured 0.27 cm in width.

Spleen

The spleen was mildly increased in size with a mildly rounded capsule contour. The parenchyma is diffusely hypoechoic with distinct hyperechoic nodules diffusely throughout; an example measured 0.25 cm in diameter. The spleen measured 0.8 cm in width at the hilus.

Liver/Gallbladder



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The liver was increased in size with a rounded capsule contour. The parenchyma was heterogenous with variably sized, mildly hyperechoic nodules throughout, particularly in the left liver. The hepatic vasculature appeared normal. The portal vein appeared dilated and prominent. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation. The common bile duct measured 0.17 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 displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. The colonic luminal contents appeared semi-formed. There were no visible masses or focal lesions in the GI tract.

Pancreas

The pancreas was diffusely enlarged with scalloping to irregular capsule contour. The parenchyma contained a variably sized hypoechoic nodular changes that did cause capsular deviation.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver with hyperechoic nodular changes
- Normal GB with no evidence of EHBDO
- Nodular pancreatic changes, diffuse - ddx chronic pancreatitis vs potential for neoplasia
- Mild splenomegaly with hyperechoic nodules - benign nodules vs mild potential for metastatic lesions
- Renal aging changes, moderate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of severe anemia and no 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. Other possibilities include metastatic neoplasia causing significant hepatic disease.

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

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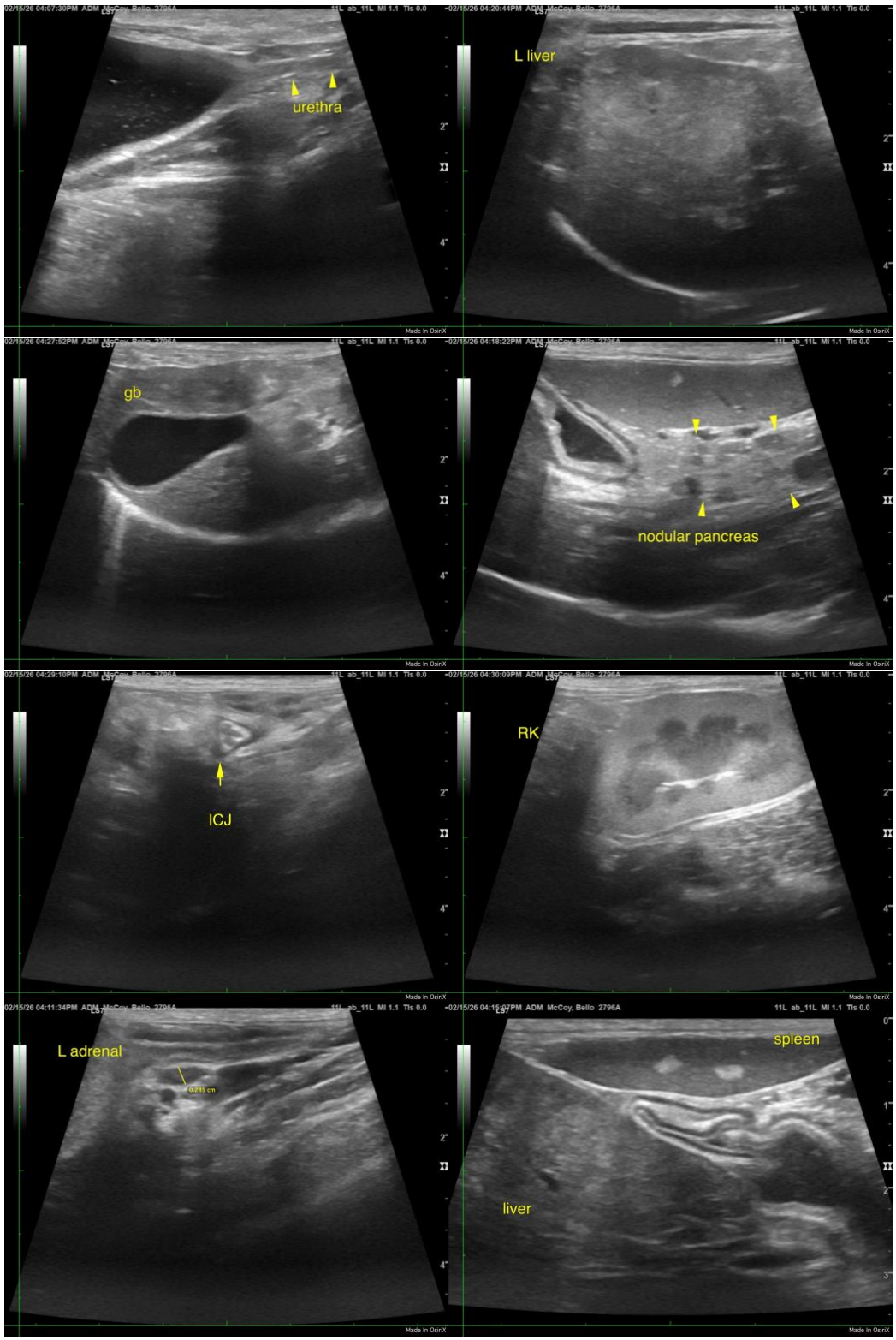

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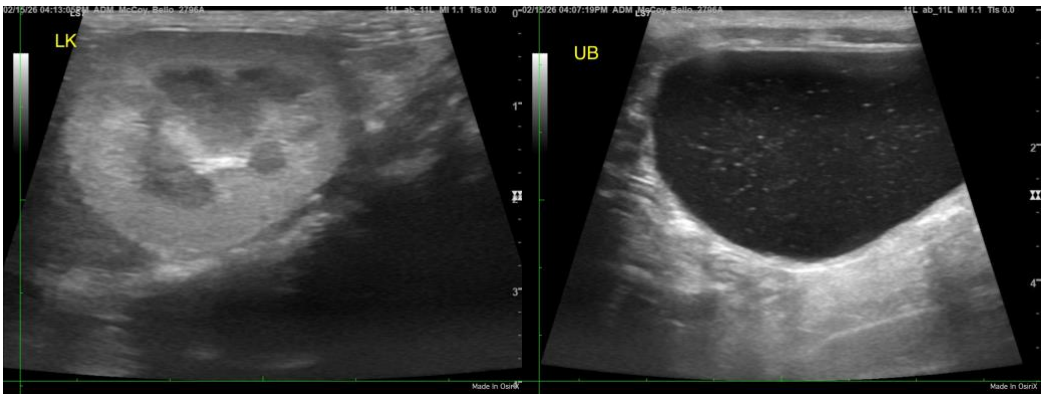

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com