



PATIENT

Bentley Kraft

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

13799

DATE

02/15/26

PRESENTING CLINICAL SIGNS

- Chronic weight loss, intermittent vomiting and anorexia since 1/29/26 with progressively worsening liver enzymopathy (primarily cholestatic). New onset of heart murmur since 2/14/26.

Abnormal PE/Chem/CBC/UA Results: Mucous membranes pink/tacky Grade 2/6 parasternal murmur Doughy abdomen on palpation, not overtly painful Mild generalized muscle atrophy CBC: RDW 27.5 (H), Monocytes 0.73 (H) Chem: Glucose 168 (H), Globulins 6.0 (H), ALT 245 (H), ALP 1514 (H), TBili 2.8 (H), Cholesterol 253 (H) cPL: 14.8 (H) proBNP: abnormal PT/aPTT: 20.4/153.6 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was a normal size and shape for level of filling. There was irregular thickening of the bladder wall that maintained normal wall layering. The mucosal surface was mild to moderately irregular. There was an accumulation of focal densities, with mild distal acoustic shadowing. The accumulation measured 0.8 cm in length. This could represent combination of small stones and/or sand.

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. 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 4.1 cm in length. The right kidney measured 3.9 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 0.38 cm in width. The right adrenal gland measured 0.35 cm in width.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was diffusely heterogenous without any overt nodules or masses.

Liver

The liver was subjectively mildly increased in size with a smooth capsule contour. The parenchyma was diffusely mildly heterogeneous with a mild increase in portal markings. There were no visible overt distinct nodules or masses within the liver. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gallbladder wall was uniformly thickened with a bright appearance. This is suggestive of chronic inflammation and possible fibrosis. The contents were primarily anechoic. The common bile duct was visualized to the level of the duodenal papilla and



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appeared normal without any evidence of obstruction. The common bile duct measured 0.17 cm in diameter.

Gastrointestinal

The stomach was normal in size and shape. The visible stomach wall was normal in thickness and layering, however, there was mild hypertrophy of the mucosal surface in areas. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

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 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

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were largely isoechoic to adjacent fat with no evidence of peripheral inflammation. There was a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Cholangitis pattern with no evidence of EHBDO
- Hepatic parenchymal remodeling and mineralizations, moderate
- Bladder stones or accumulation of sand
- Gastric ingesta
- Low-grade pancreatitis

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.

A FNA of the liver 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. *Given Bentley's elevated PT/PTT, a FNA would need to be delayed until coagulation parameters are normal. Vitamin K injections could be given in preparation for an FNA.

Prognosis is currently guarded, pending response to supportive care and results of further diagnostics.



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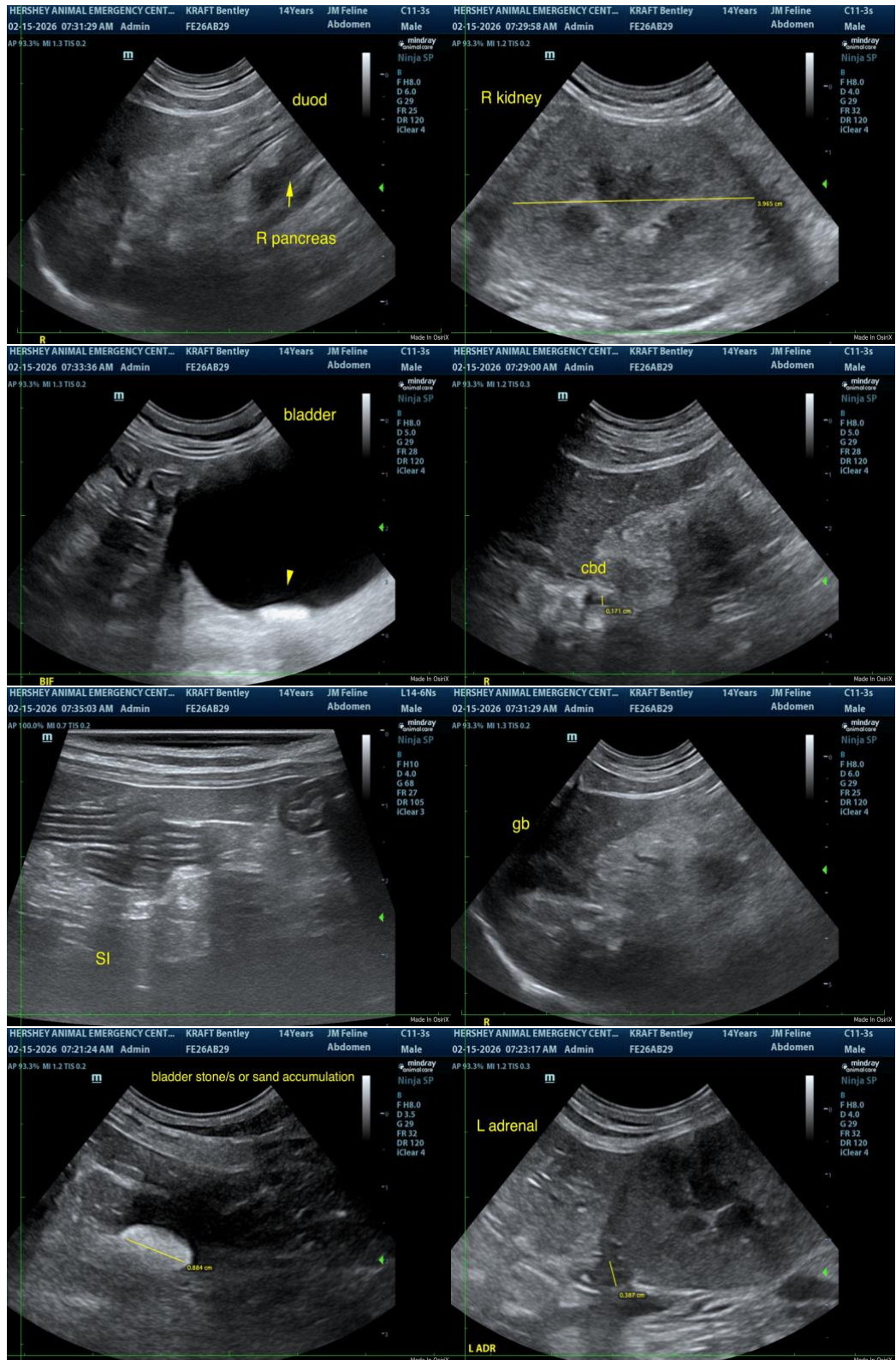
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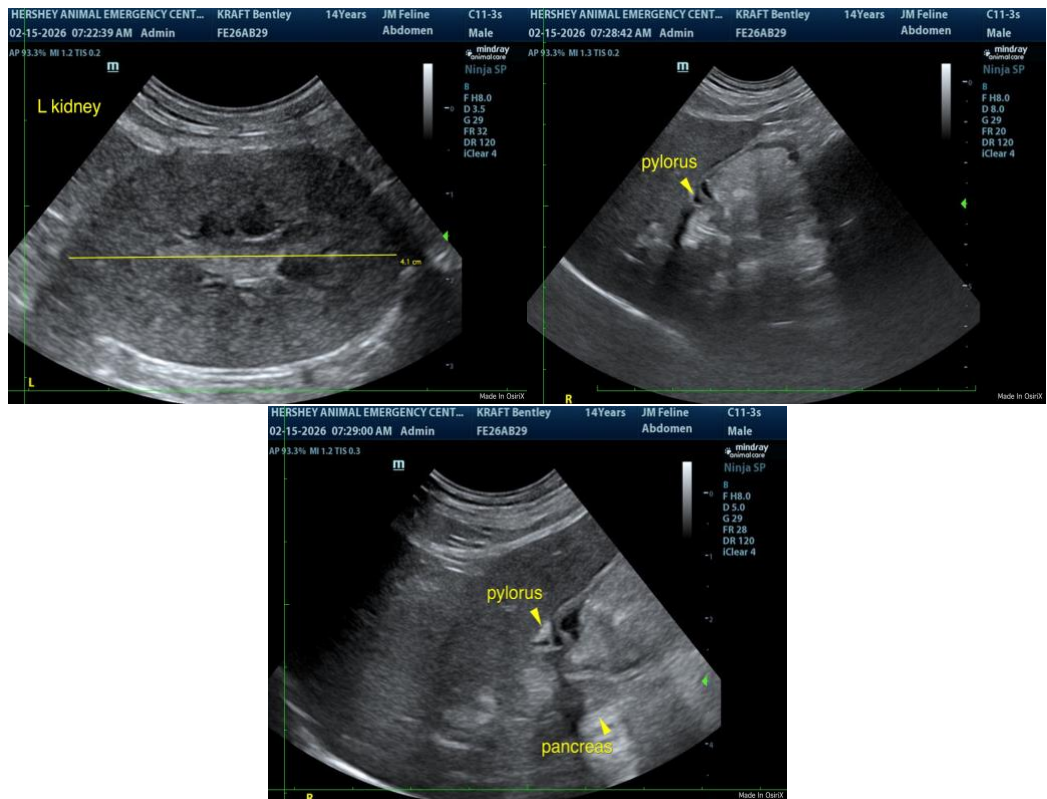
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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