



PATIENT

Luna Rapchuk

SPECIES

Feline

BREED

Persian

SEX

FS

AGE

9.5 years

WEIGHT

3.14 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary
Clinic P.C. Inc.

REFERRING VET

Dr. Stephanie Cory

INVOICE

11764

DATE

4/22/2026

PRESENTING CLINICAL SIGNS

Hx of intermittent vomiting since 2024, mostly related to hairballs. Recent bloodwork showed increased ALT and slight increase in bilirubin. Currently on ursodiol, lactulose, and mirtazapine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. There were mild age-related changes noted with a mild irregularity of the renal capsules. Left kidney measures 3.3 cm, and the right kidney measures 3.62 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left adrenal measures 0.63 cm x 0.34 cm. Right adrenal measures 0.49 cm x 0.23 cm x 0.32 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** generally presented with a homogeneous echogenicity throughout the hepatic parenchyma. There were multiple hyperechoic distal shadowing intrahepatic choleliths noted.

The **gallbladder** presented with an anechoic background of the luminal contents, however, there was a large discrete hyperechoic distal shadowing cholelith within the gallbladder lumen with a width of 0.42 cm. The common bile duct was found to be dilated along its course with a large discrete hyperechoic distal shadowing cholelith within the lumen. This cholelith had a width of 0.59 cm with the largest width of the common bile duct being 0.48 cm.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas



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The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

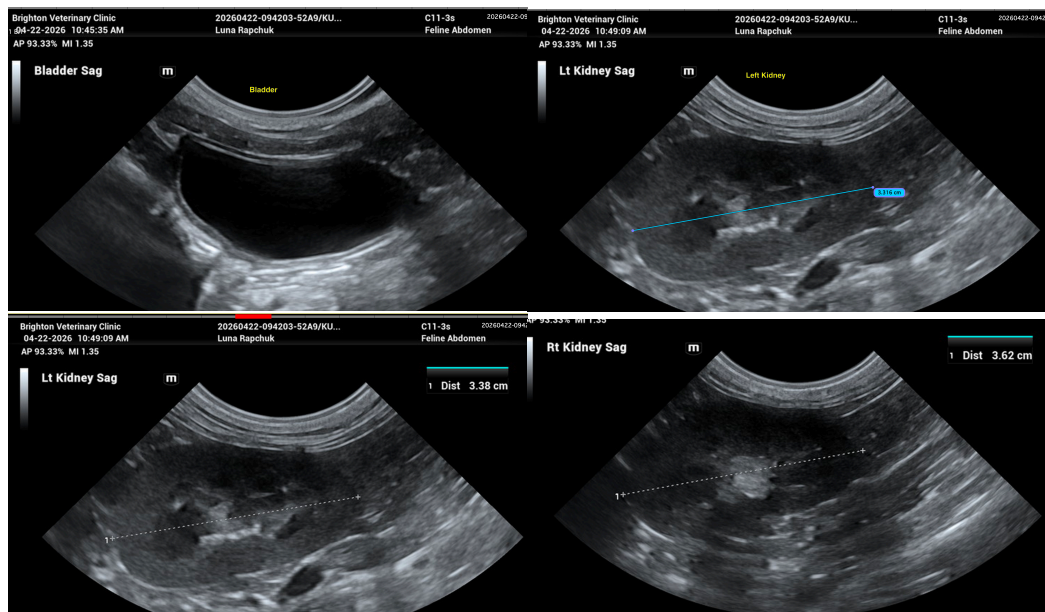
ULTRASONOGRAPHIC FINDINGS

- Multiple hyperechoic distal shadowing intrahepatic choleliths.
- Large, discrete hyperechoic distal shadowing cholelith within the lumen of the gallbladder.
- Large, discrete hyperechoic distal shadowing cholelith within the lumen of the common bile duct causing common bile duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have multiple choleliths throughout the liver, within the gallbladder lumen, and within the lumen of the common bile duct. There is concern for at least partial obstruction of the common bile duct. It is felt that continued use of ursodiol is unlikely to lead to cholelith dissolution in this patient. Since this patient does have chronic intermittent vomiting, it is felt that this patient would benefit from cholecystectomy surgical intervention. A surgical approach would also allow sampling of the liver for histopathology. A sample of the bile can also be obtained for culture and sensitivity.

Many of these patient's may also have concurrent changes throughout their intestinal tract. Even with normal ultrasound appearance consistent with inflammatory bowel disease or underlying GI lymphoma. A surgical approach would allow full thickness intestinal biopsies in order to screen for any concurrent disease which may change the medical management approach. If surgery is declined then continued use with ursodiol can be considered, however it is recommended to add the Sam-E support given on an empty stomach. The addition of giving 250 mgs of taurine in order to ensure the availability of bile acid conjugation should also be considered.





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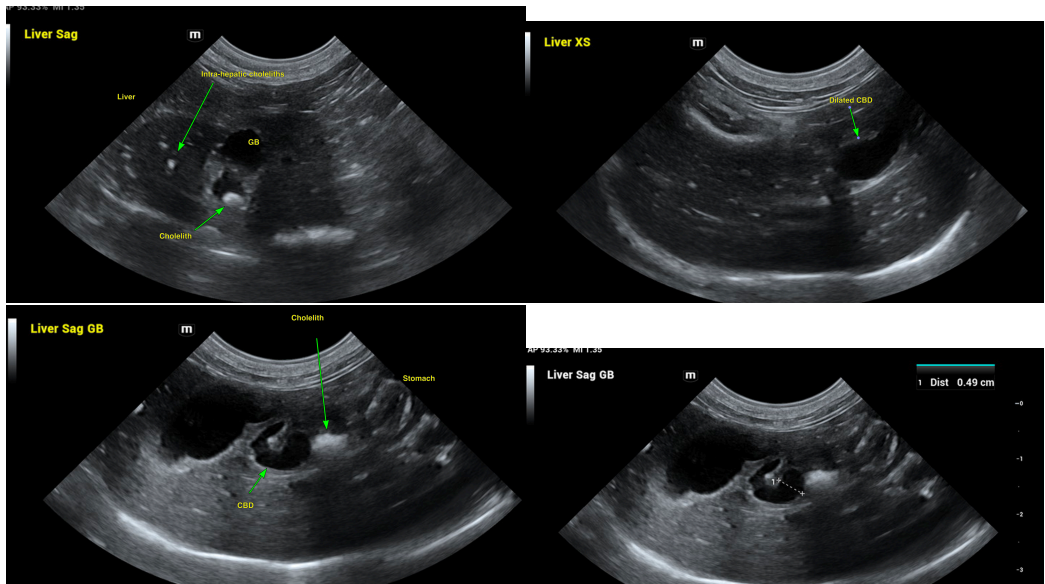
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com