PATIENT

Patches Cornwall

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.65 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

13301

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Findings: Presented for inappetence and lethargy on Jan 20th. DM controlled on Lantus 1U BID. Last glucose curve was December 1 2025. Weight loss. History of HCM. Grade III/VI heart murmur on physical exam. Tense for abdominal palpation. Otherwise, unremarkable exam. History of recurrent hepatic enzymopathy first noted in 9/2024. Abdominal ultrasound performed on 03/10/2024 revealed a coarse liver texture, suggestive of an inflammatory hepatopathy or fatty infiltration, and could not rule out neoplasia. The ultrasound also noted changes in the intestinal tract consistent with chronic low-grade disease. Given SQ fluids, Convenia and Cerenia yesterday in clinic. Hospitalized on IV fluids today.
- Current Medications: Lantus 1U BID, Denamarin SID, Baytril 15mg SID, Maropitant and Convenia injectable given 1/21/26

Abnormal PE/Chem/CBC/UA Results: BW attached Values WBC 22.0 (3.9 - 19.0 x10^9/L) Neutrophils 16.28 (2.62 - 15.17 x10^9/L) Monocytes0.99 (0.04 - 0.47 x10^9/L) Eosinophils 1.56 (0.21 - 1.21 x10^9/L) Glucose 13.9 (4.0 - 9.7 mmol/L) Chloride 113 (114 - 126 mmol/L) ALT 1,243 (27 - 158 U/L) ALP 167 (12 - 59 U/L) GGT 10 (0 - 6 U/L) Bilirubin - Total 8.4 (0.0 - 5.2 µmol/L) Primary Question to Be Answered in This Exam What is causing her elevated liver enzymes. Is there evidence of neoplasia, gastrointestinal disease, pancreatitis, cholangiohepatitis, or other hepatocellular disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.32 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.22 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

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The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen measured 0.66 cm width. There is a hyperechoic focal area/nodule visualized with the periphery of the caudal aspect of the spleen measuring 0.32 cm and is most consistent with benign myelolipoma. Additionally, there is a small isoechoic irregularity/'bleb' visualized adjacent to this structure possibly consistent with ectopic splenic tissue or similar measuring 0.26 cm x 0.52 cm.

Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is hyperechoic in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed

The gall bladder is large but normal with primarily anechoic fluid. The cystic and common bile ducts are dilated and tortuous approximately measuring 0.41 cm distally and measuring 0.33 cm at the level of the duodenal papilla. A focal obstruction is not clearly visualized.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.25 cm in wall thickness) and the jejunum measured as normal (0.20 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hyperechoic rounded liver- The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

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- Dilated tortuous common bile duct.

Secondary Findings

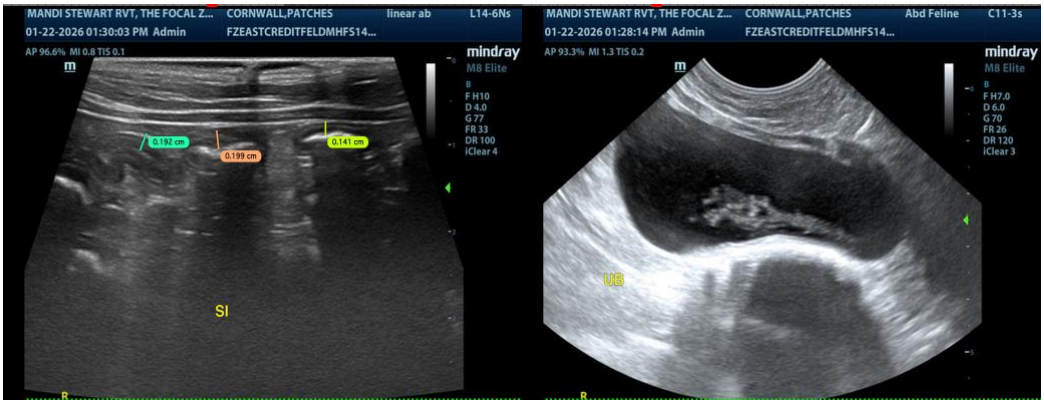
- Hyperechoic lesion most consistent with benign myelolipoma and a small isoechoic bleb of uncertain nature possibly consistent with accessory splenic tissue. Recommend continued monitoring.
- Age-related renal changes visualized associated with both kidneys.
- Suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, rounded, and hyperechoic. This is a common finding in diabetics and often incidental but can be associated with more significant issues such as hepatic lipidosis, round cell neoplasia, or other hepatopathies. Additionally, the bile duct is dilated and tortuous, concerning for biliary disease. There is minimal echogenic debris visualized in the gallbladder and a focal obstruction is not clearly visualized on today's exam (although it cannot be definitively ruled out). Recommend a fine needle aspirate of the liver (provided coagulation perimeters are normal) and while cytology is pending, start supportive therapy for cholangiohepatitis with a course of ursodiol, Denamarin, and antibiotics.

If cytology is not helpful and liver values are continuing to rise, you could consider repeat imaging. Although a contrast CT scan may be more sensitive looking for a subtle obstructive process or similar. Additionally, recommend a feeding tube placement for general supportive care and in the case of possible hepatic lipidosis.

There is a small irregularity visualized with the caudal aspect of the spleen. I suspect this is benign in nature, but continued monitoring is warranted (recheck in two to three months or sooner if concerned).



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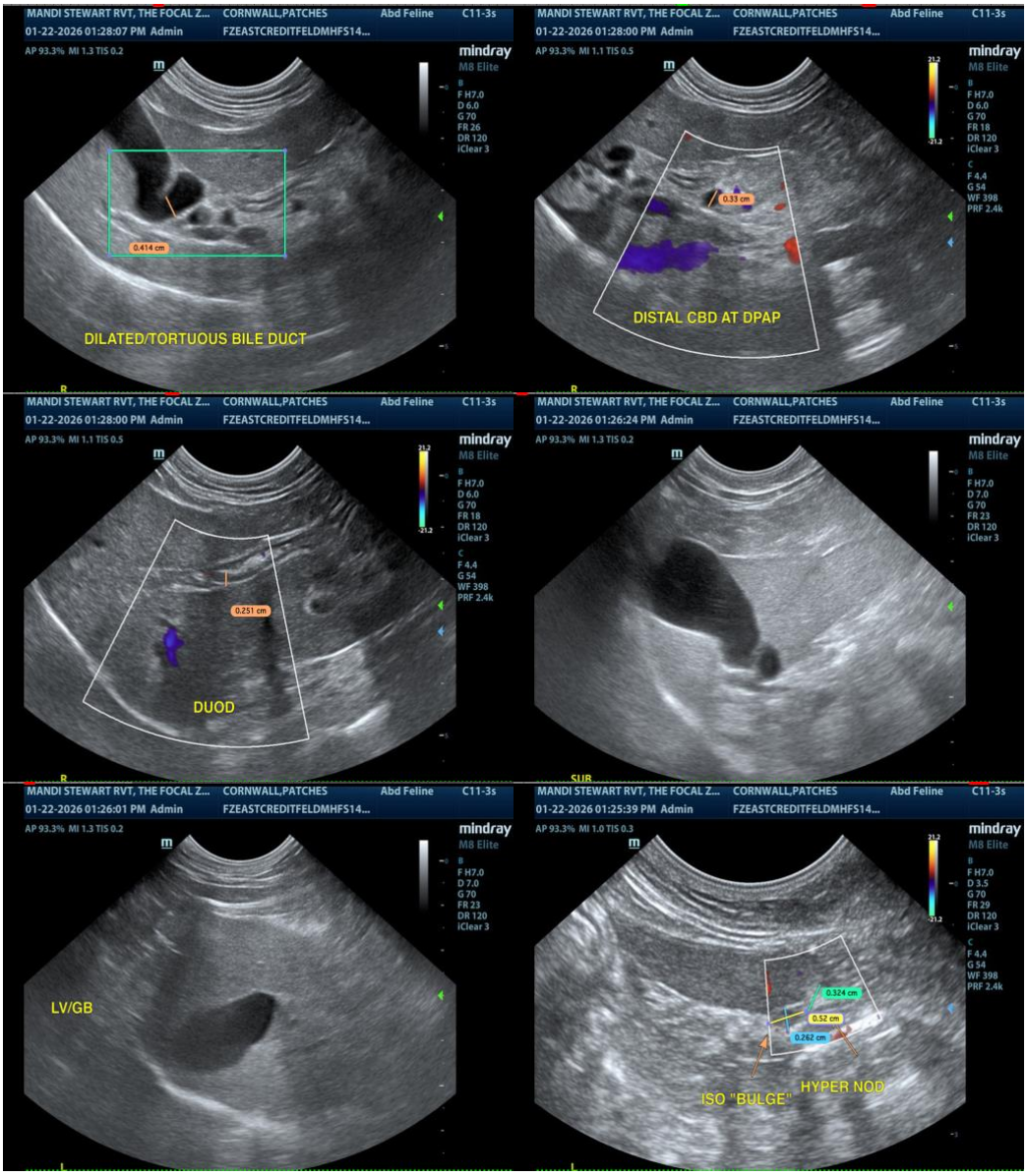

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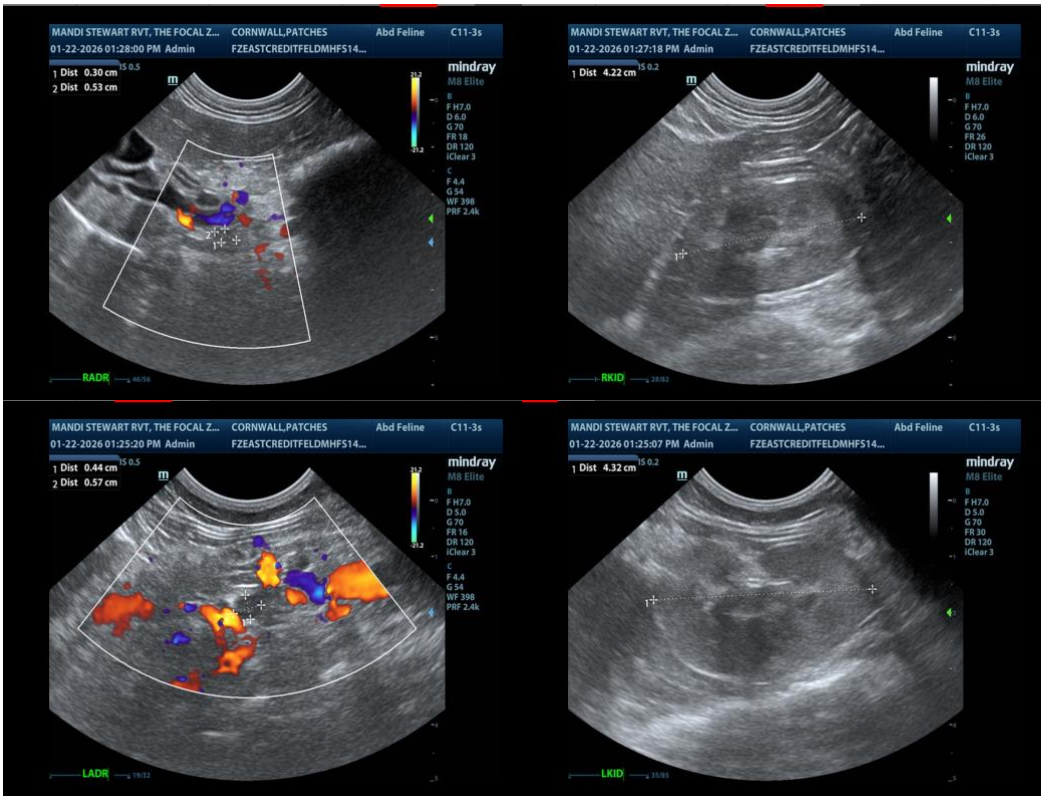

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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