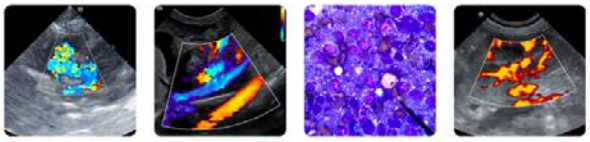


PATIENT

Maxis Holderman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

72553

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Weight loss for 1 month. NE full meals, only snacking on churu treats past 1-2 wks. Lethargic x 2 wk, hiding. Went to rdvm today had CBC/chem/FPL (was positive)/Felv and FIV is neg. Drinking. 4 other cats

Abnormal PE/Chem/CBC/UA Results: Mildly icteric Bloodwork: WBC 34.37; NEU 33.48; LYM 0.48; EOS 0; PLT 5; CREA 0.7; Pi 6.1; Ca 8.7; TP 10.1; Glob 7.4; GLU 159; Chol 250; Tbili 3.0; AMY 1977; Lip 68; PH 7.082; K 3.4; iCa 1.15; Lac 11.7; Manual platelet counted twice 67.500 - 87,000 No clumping noted

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 (4.27 cm). Overall echogenicity is normal with adequate 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 (4.48 cm). Overall echogenicity is normal with adequate 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 0.36 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.

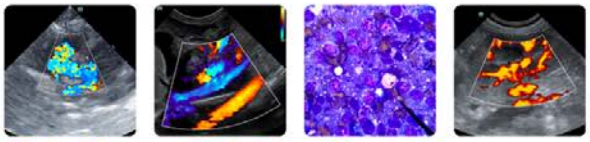
The right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.96 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is mildly heterogenous 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The bile duct appears mildly tortuous and dilated, measuring at 0.28 cm. No evidence of an obstruction is visualized.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.22 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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. There is a mild to moderate lymphadenopathy present with cranial abdominal/gastric lymph node visualized measuring 0.91 cm x 0.98 cm, a portal lymph node measuring 0.82 cm x 1.36 cm, and a sublumbar lymph node in the caudal abdomen measuring 0.74 cm x 1.03 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic active pancreatitis.
- Hypoechoic, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mildly dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Scant free fluid and occasional large, hypoechoic mesenteric lymph nodes – Findings could be consistent with inflammation/reactive lymph nodes or early neoplastic lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive focal lesion responsible for the changes observed is not clearly visualized. There is mild echogenic debris in the urinary bladder. Recommend urinalysis and culture to further evaluate.

The left limb of the pancreas is prominent and hypoechoic. Based on the elevated PLI level reported, mild chronic pancreatitis is suspected. Consider empirical treatment for pancreatitis.

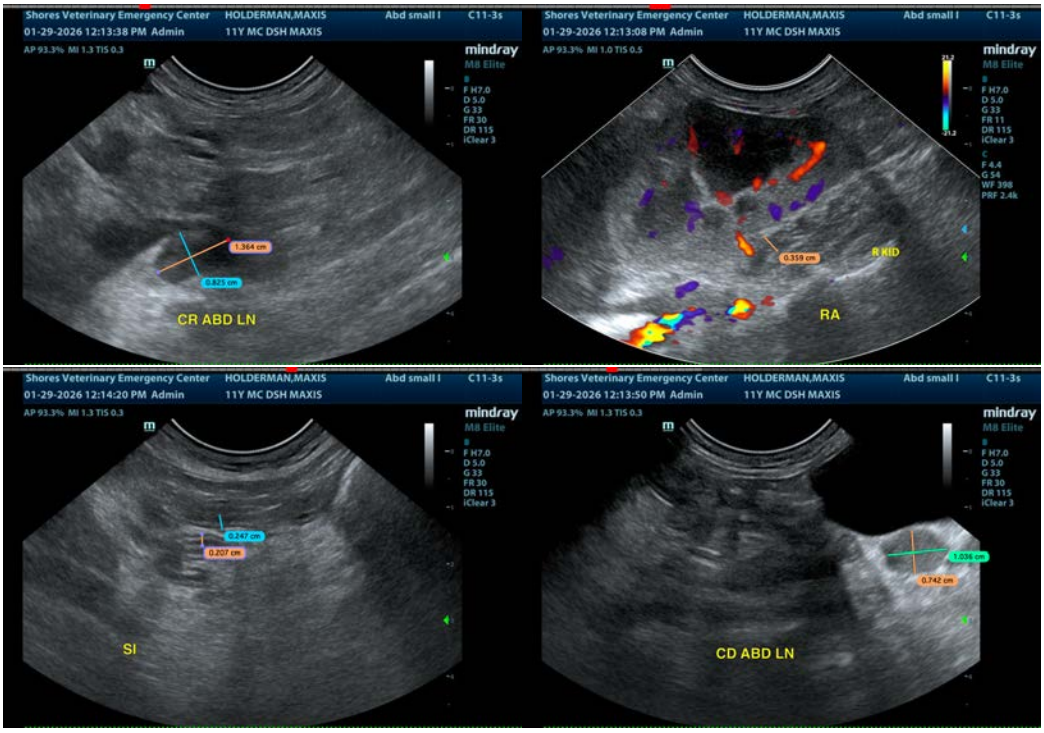
The liver is hypoechoic and somewhat heterogeneous. The significance of this is uncertain, given the lack of liver enzyme elevations reported.

The bile duct appears mildly dilated and tortuous with no evidence of a focal lesion. Consider a fine needle aspirate of the liver, looking for any evidence of infiltrative neoplasia or similar. Additionally, empirical treatment for cholangiohepatitis could be considered with a course of Ursodiol, Denamarin, and antibiotics.

There are occasional rounded, hypoechoic lymph nodes in the abdomen. These could represent highly reactive lymph nodes, but early neoplastic lymph nodes are also possible. If a safe window for sampling is available, consider a fine needle aspirate (likely best bet would be cranial abdominal lymph node caudal to the stomach).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

If symptoms are persistent and a diagnosis cannot be obtained, you could consider repeat imaging in the future, looking for the progression of today's lesions.



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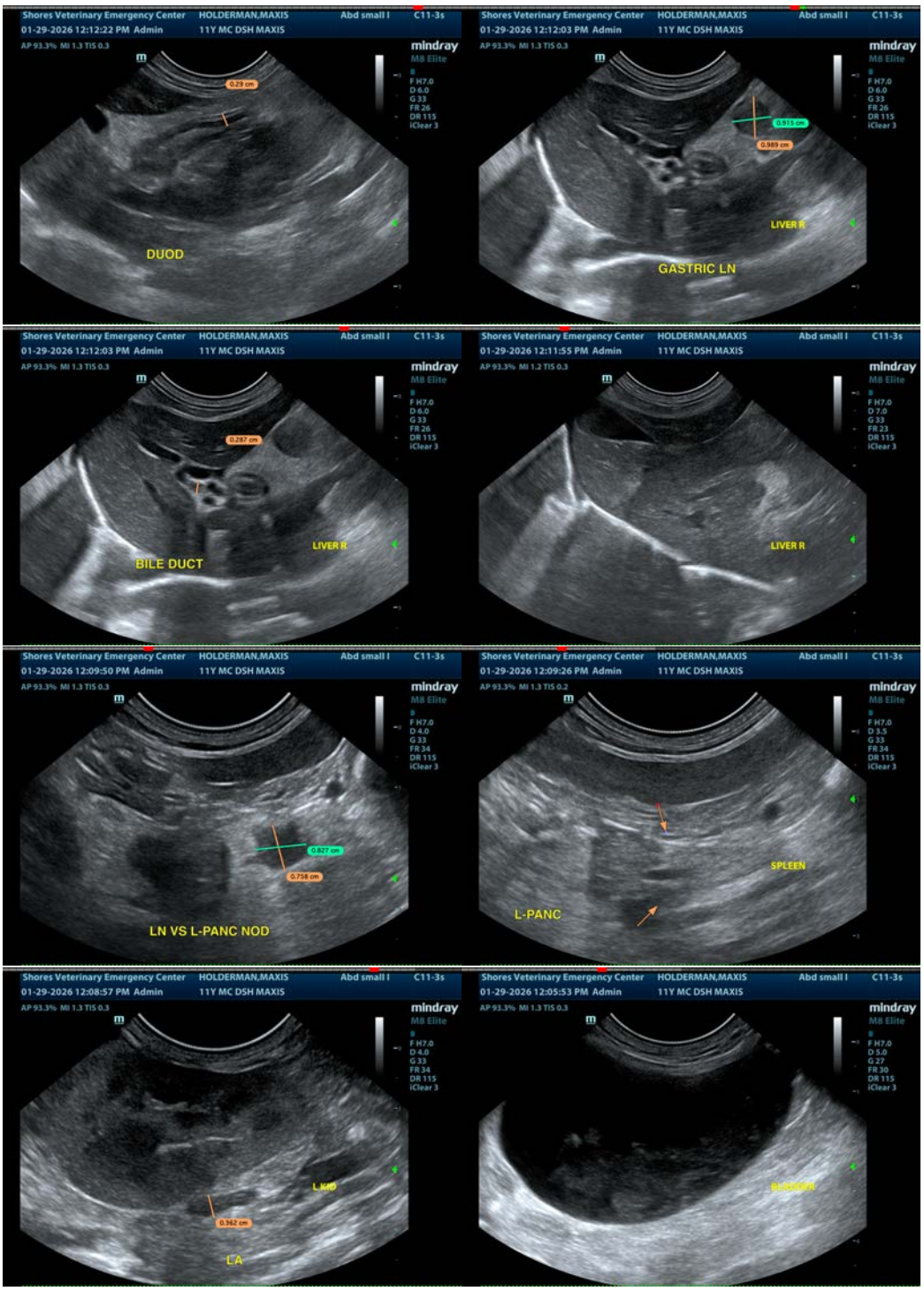

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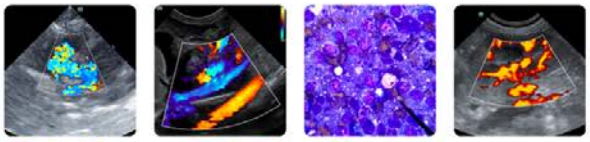

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Educational Teleconsultation Services™

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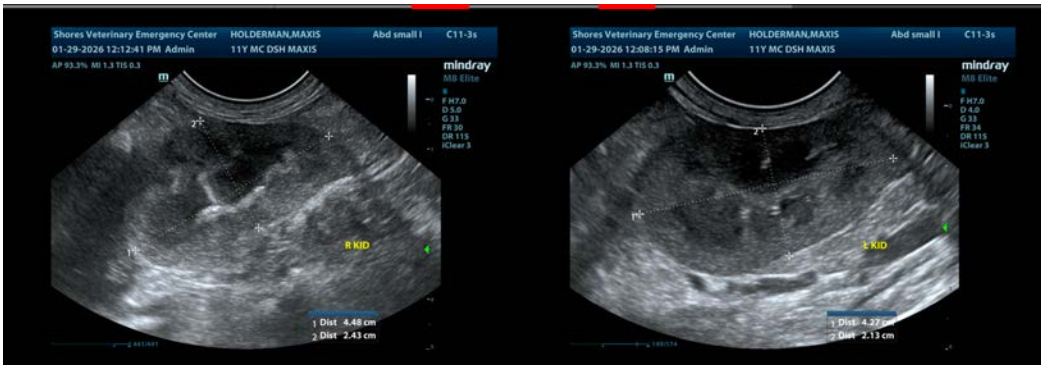

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com