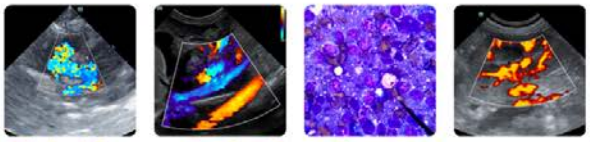

PATIENT

Liam Ghani

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

10.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hesham Akbawy

HOSPITAL NAME

Lincoln Avenue Cat & Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

71750

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Presented for Severe icterus. Blood shows anemia. RBCs(4.3) Responded to treatment with Erythromycin & Prednisone. RBC's climbs to 5.3, then declined to 4, then 3.1 Coombs test was negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (3.42 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 (3.35 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 0.32 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 not clearly visualized.

Spleen

The spleen is subjectively normal in size (0.65 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 large in size and rounded. The parenchyma is severely hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 cystic and common bile ducts are normal/not visible.

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.

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Limited visualization of the small intestine appears within normal limits. The jejunum wall measures 0.18 cm. The duodenum appears normal.

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 area of 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

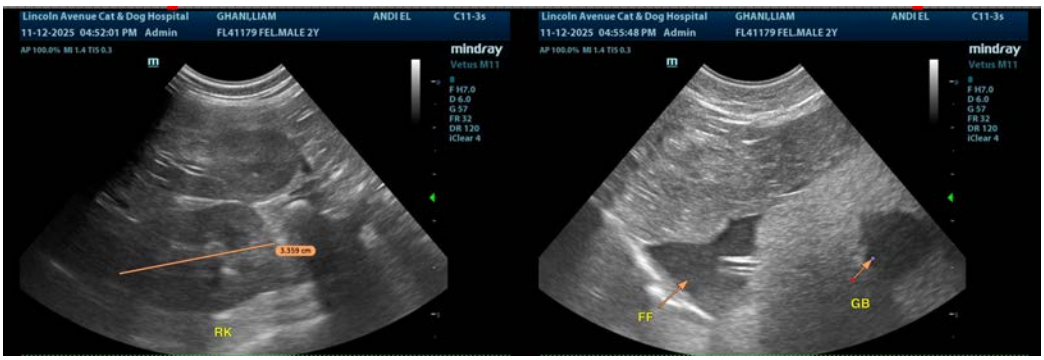
There is a moderate amount of mildly echogenic free fluid. No lymphadenopathy. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Severely enlarged, severely hyperechoic, rounded liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate volume free abdominal fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely enlarged and very hyperechoic. The most likely differentials would include hepatic lipidosis or round cell neoplasia. If the patient is still icteric, there would be concern for a primary hepatopathy as a cause for the symptoms described. It is unclear if there is additional evidence for possible hemolysis/steroid responsive anemia. If coagulation parameters are normal, you could consider a fine needle aspirate of the liver for cytologic evaluation. Additionally recommend a pathologist review of a blood smear to further evaluate the anemia reported. If the patient is not eating, it is likely that a feeding tube and supportive care would be necessary. Additionally, consider sampling of the free abdominal fluid for fluid analysis and cytology. Further evaluation is warranted to try and determine if this is an anemia due to obstruction/hemolysis, lack of production, an anemia of chronic disease, blood loss, etc.



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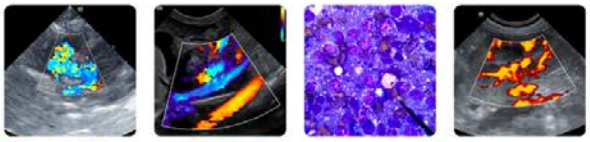

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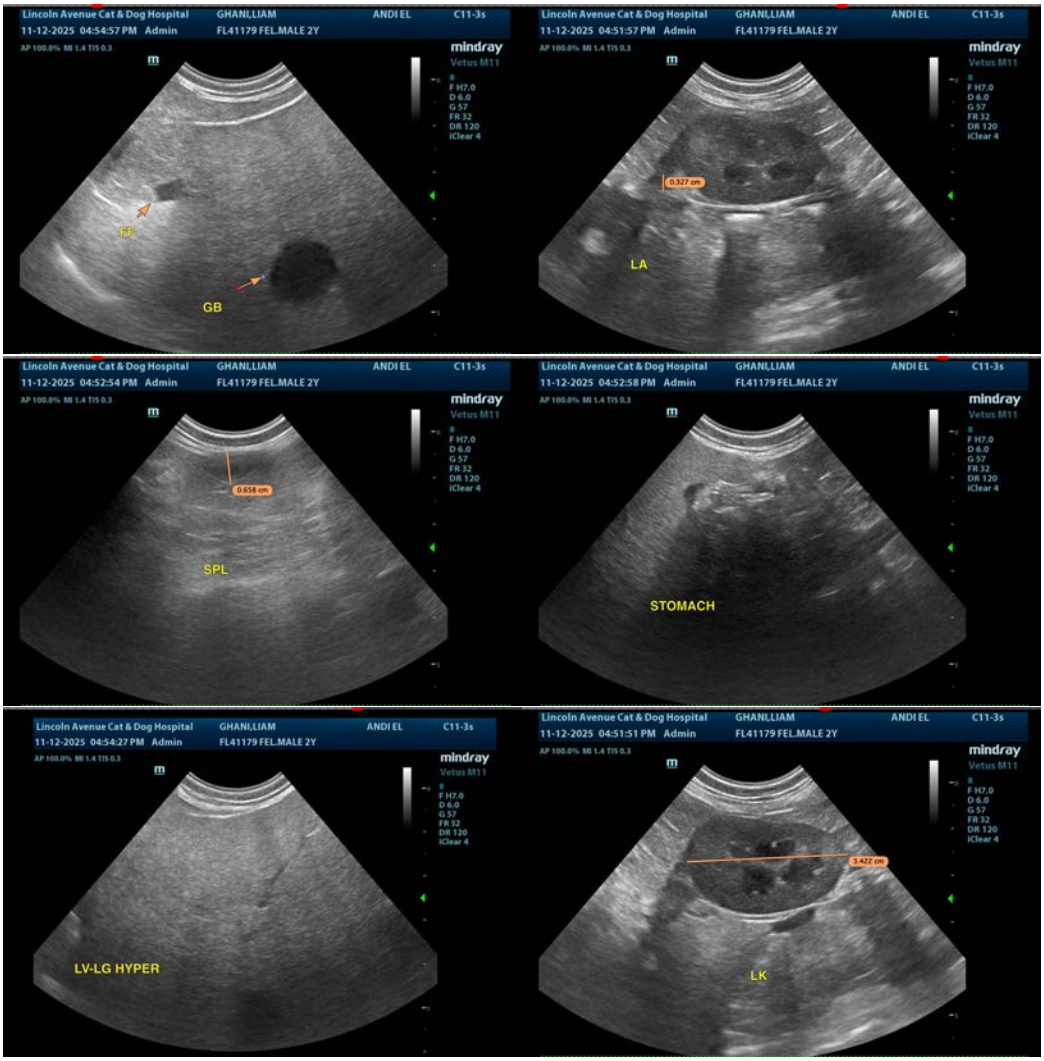

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com