

DATE PRESENTING CLINICAL SIGNS

11/25/25

Patient History: Presented 11/14/25 for routine PE, 1lb weight loss without any changes at home noted in the past year. No vomiting, diarrhea or changes in appetite. PE: mild tartar/calculus otherwise unremarkable PE

PATIENT

Blaze Darrell

Current Medications: None.

Labwork Results: Labwork not attached, reported as: 11/14/25: CBC- Hct (L) 30.8, MCHC (H) 39. CHEM 27-ALT (H) 453, AST (H) 121, ALKP (H) 124, Bili (H) 0.5. T4 WNL 2.6. UA- to follow

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder is moderately distended with a moderate amount of suspended and dependent debris present. The dependent debris appears hyperechoic and shadowing, most consistent with sandy mineralized debris. In some views this is extending into the trigone region and proximal urethra. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

AGE

3/1/18

WEIGHT

10.4 lbs

The left kidney has a normal shape and size (3.6 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (3.75 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.

HOSPITAL NAME

Perry Hall Animal
Hospital

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 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.

REFERRING VET

Dr. Baer

The right adrenal gland is normal in size measuring 0.37 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.

INVOICE

72097

Spleen

The spleen is borderline large/rounded and mottled, measuring 1.1 cm. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined, small, hypoechoic lesion at the periphery of the spleen measuring 0.24 cm in diameter.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous 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 mild shadowing ingesta and some gas. 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 0.20 cm. Jejunum wall measures 0.17 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 prominent and mildly 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

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

- Suspended and dependent echogenic/mineralized debris visualized in the urinary bladder – Correlate with urinalysis +/- culture.
- “Plump” mildly mottled spleen with a focal hypoechoic nodule – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with mild pancreatic remodeling.

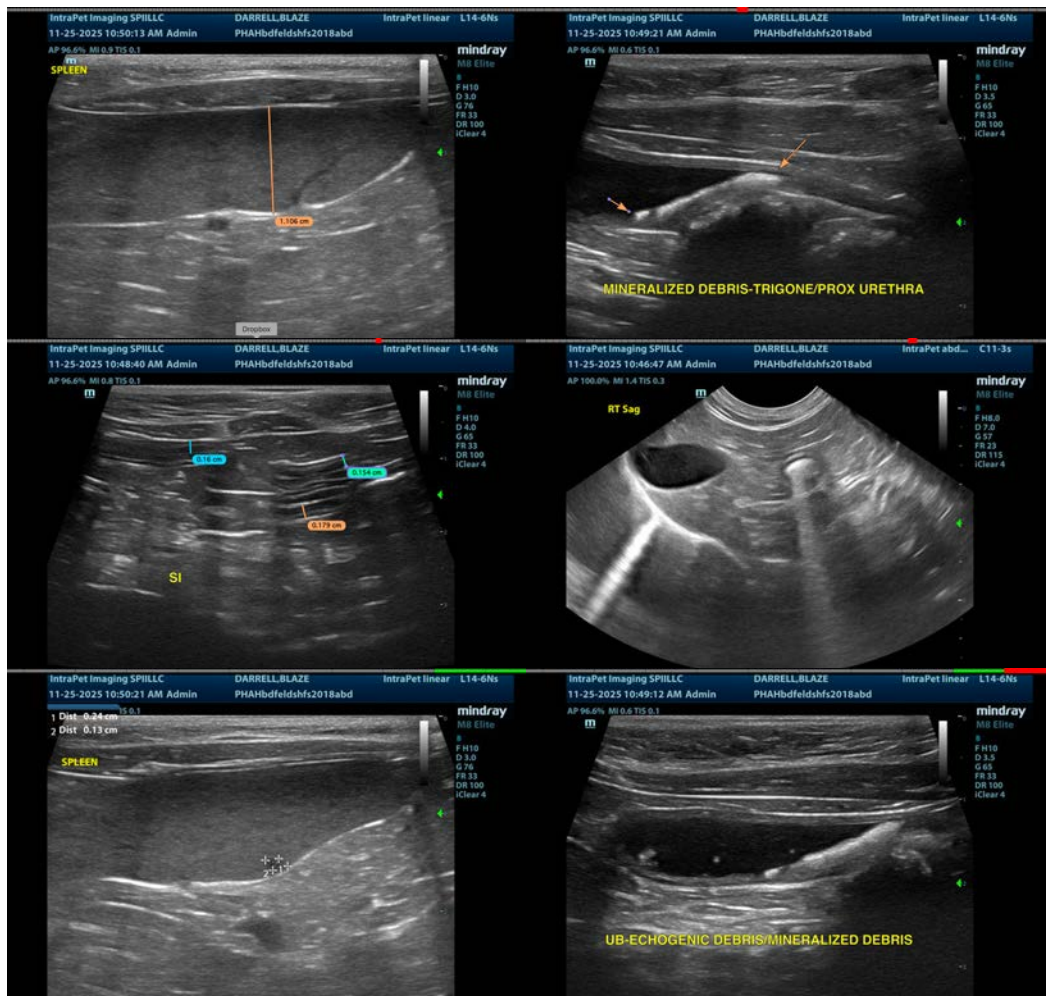
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

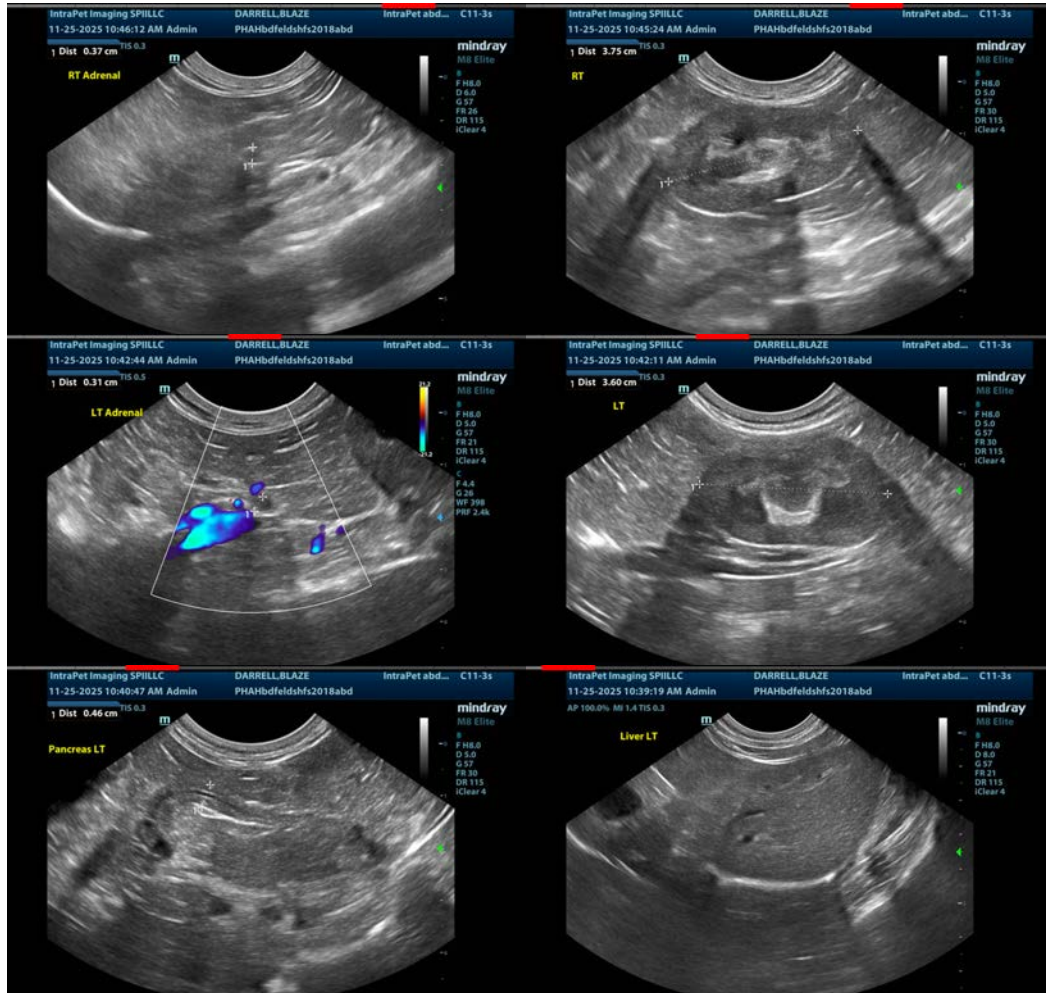
Subjectively, the liver appears relatively normal. No focal lesions are observed. Unfortunately, there are many causes for an increase in ALT that cannot be definitively diagnosed by ultrasound alone (metabolic, toxin, inflammatory, less likely neoplastic type change). Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- You could consider empirical treatment for acute liver injury/cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics.
- If liver enzyme elevations are persistently elevated, it is likely that a biopsy of the liver would be needed for pathology and culture to fully diagnose. Fine needle aspirate could be considered, although this would have limited diagnostic utility.

Recommend the aforementioned urinalysis +/- culture. There is mineralized debris visualized in the proximal urethra. Continued monitoring for lower urinary tract symptoms (less likely an obstruction in a female) should be considered.

The spleen is “plump” and mildly mottled. A fine needle aspirate could be considered to further evaluate. Additionally, there is a small nodule, which is likely too small to easily sample but should be monitored.





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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