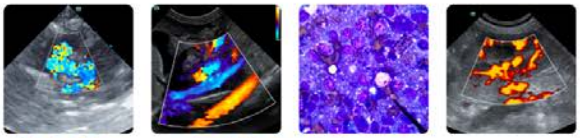

PATIENT

Sammy Travis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal Clinic

REFERRING VET

Dr. Gallagher

INVOICE

71627

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Hx of a PU in 8/2021 - Weight loss this past summer, but felt better with conservative therapy - Straining to urinate (o thought)/defecate - Vomiting white foam after straining - mild icterus with mm Abnormal PE/Chem/CBC/UA Results: - Hct 27.4% - ALT 542 - ALP 337 - GGT 6 - Tbil 1.2

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 (3.95 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 (4.3 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 0.34 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 0.38 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 large and somewhat scalloped in shape, measuring 1.4 cm. The blood flow through the hilus and splenic parenchyma appears normal. There is an isoechoic “bulge” visualized measuring approximately 1.24 cm in length and 0.43 cm in width. No discrete mass lesions are observed.

Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules in the parenchyma. Examples measure 0.48 cm and 1.1 cm. A large, hypoechoic nodule/small mass is visualized measuring 0.99 cm x 2.61 cm. A hyperechoic nodule is visualized measuring 1.05 cm.

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.

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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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.28 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. The distal colon wall appears slightly prominent, measuring at 0.26 cm with intact wall layering.

Pancreas

The pancreas is prominent and hypoechoic as 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 visualized between liver lobes. There is no significant lymphadenopathy. A prominent cranial abdominal lymph node visualized measures 1.04 cm x 0.92 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular spleen – Possible differentials include anatomic variation (big cat), congestion, splenitis, lymphoid hyperplasia, or infiltrative neoplasia.
- Pancreatic changes visualized in both limbs, most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, irregular, heterogeneous liver with ill-defined hypoechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The hypoechoic nodules could be consistent with a benign or neoplastic lesion.
- Occasional areas of segmental thickening of the muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent distal colon wall with intact wall layering – Findings could be consistent with mild colitis.
- Scant free abdominal fluid and a prominent cranial abdominal lymph node.

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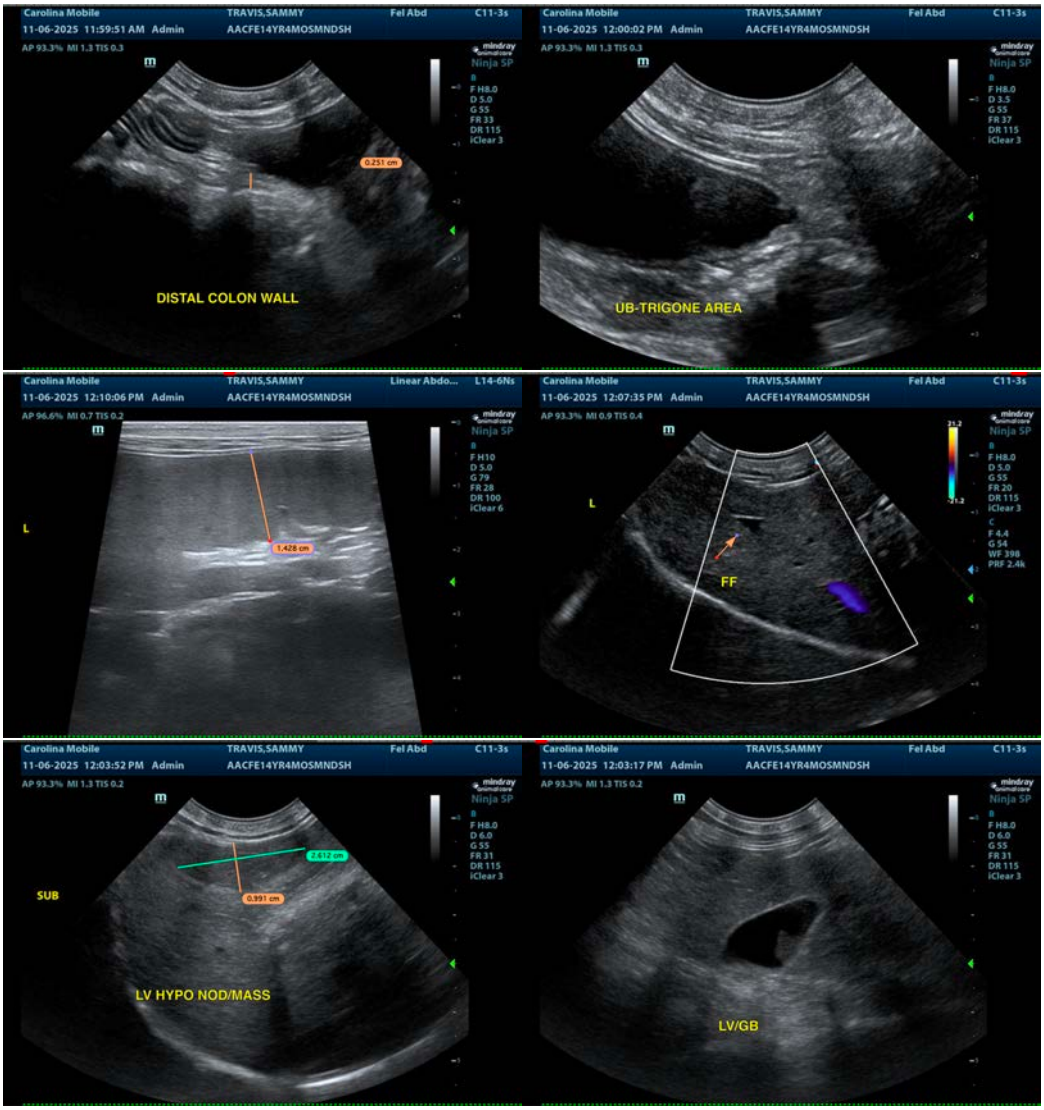
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, irregular and heterogeneous with some ill-defined hypoechoic nodules. Additionally, the spleen is large and irregular in shape with some scalloped "bulging" areas. Consider a fine needle aspirate of the liver and spleen for further evaluation. If a definitive diagnosis is not obtained based on aspirates, a biopsy of the liver may be necessary with samples for histopathology and cultures. Additionally, you could consider treatment for acute liver injury/cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics.

No obvious cause for the straining reported is observed. The distal colon wall appears slightly prominent. Consider the possibility of straining to defecate(?).

If there is concern for concurrent small intestinal disease, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If PLI levels are significantly elevated, concurrent treatment for chronic pancreatitis could be initiated.



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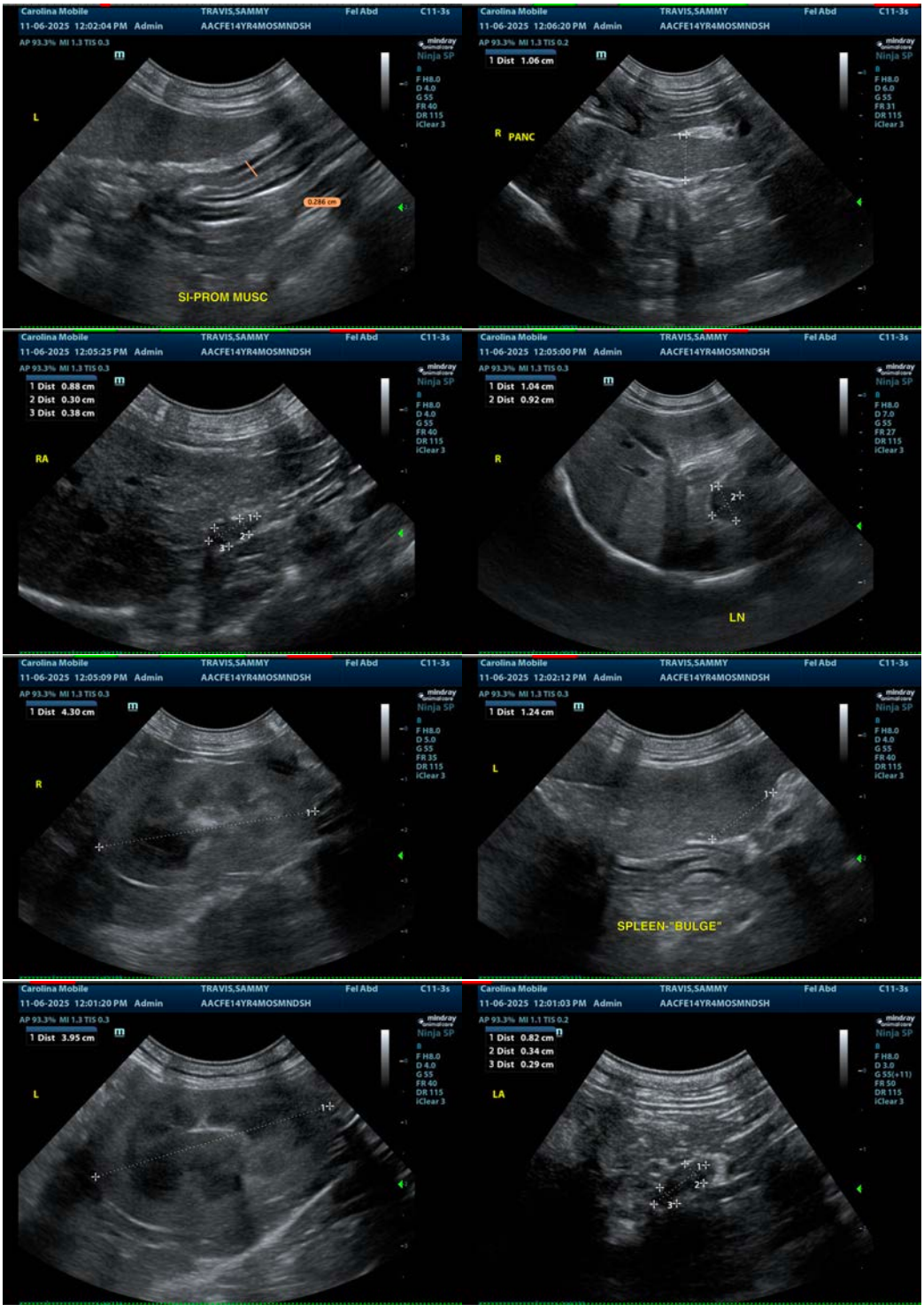

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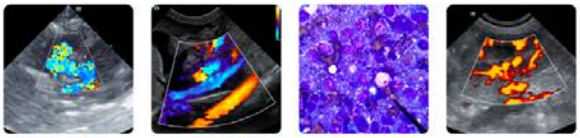

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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