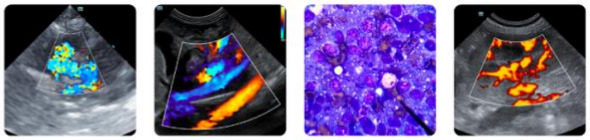


PATIENT

Alma Beasley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

Kathleen A. Sennello DVM, MS, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Casey Siljestrom, DVM

INVOICE

35956

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Patient has been hospitalized for cholangiohepatitis for a few days with minimal improvement. Labwork and medical plan attached.

Abnormal PE/Chem/CBC/UA Results: ALP 650 ALT 700 GGT 37 Tbili 12.2

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.74 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.4 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 0.27 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.

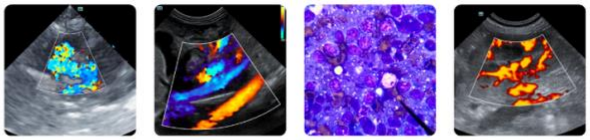
Spleen

The spleen is subjectively normal in size (0.66 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 echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature appears normal. The intrahepatic bile ducts appear tortuous and dilated. There is a hyperechoic structure visualized in the region of the gallbladder, measuring 1.09 cm x 0.75 cm. This could represent gallbladder, mineralization, a hyperechoic parenchymal lesion, etc.

The gallbladder is difficult to discern from the dilated tortuous intrahepatic bile ducts. The common bile duct is also dilated, measuring at 0.51 cm, but is lost to visualization distally. A definitive obstruction is not visualized.



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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and 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 layering 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 (0.39 cm in wall thickness) and the jejunum measured as normal (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 pancreas is large and hypoechoic in both limbs to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with (mild/moderate or severe) pancreatitis.

Free Abdomen

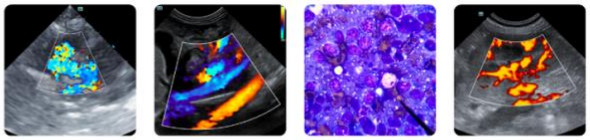
There is scant free fluid. No significant lymphadenopathy is noted. The omentum is diffusely hyperechoic particularly in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatitis in both limbs.
- Heterogenous liver with dilated intrahepatic bile ducts, as well as a dilated tortuous common 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 (i.e., choledocholith, bile duct tumor, pancreatic disease, other).
- Scant free abdominal fluid and cranial abdominal inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intrahepatic bile ducts and the extrahepatic bile duct appear dilated and tortuous. The appearance is concerning for an obstructive process. The gallbladder is not readily discerned from the dilated bile ducts. There is a hyperechoic structure visualized within the liver, which could represent a mineralized gallbladder or similar. Findings would be suggestive of a mechanical obstruction of the distal bile duct, although this is not visualized. A functional issue, such as underlying neoplasia or similar cannot be ruled out. The next step would be a fine needle aspirate of the liver (provided coagulation parameters are normal) and a contrast CT scan to better evaluate and determine if surgical options are present. The current treatment covers steroids, antibiotics, ursodiol, etc. I'm not aware of any other treatment strategies, unless a more definitive diagnosis is obtained.



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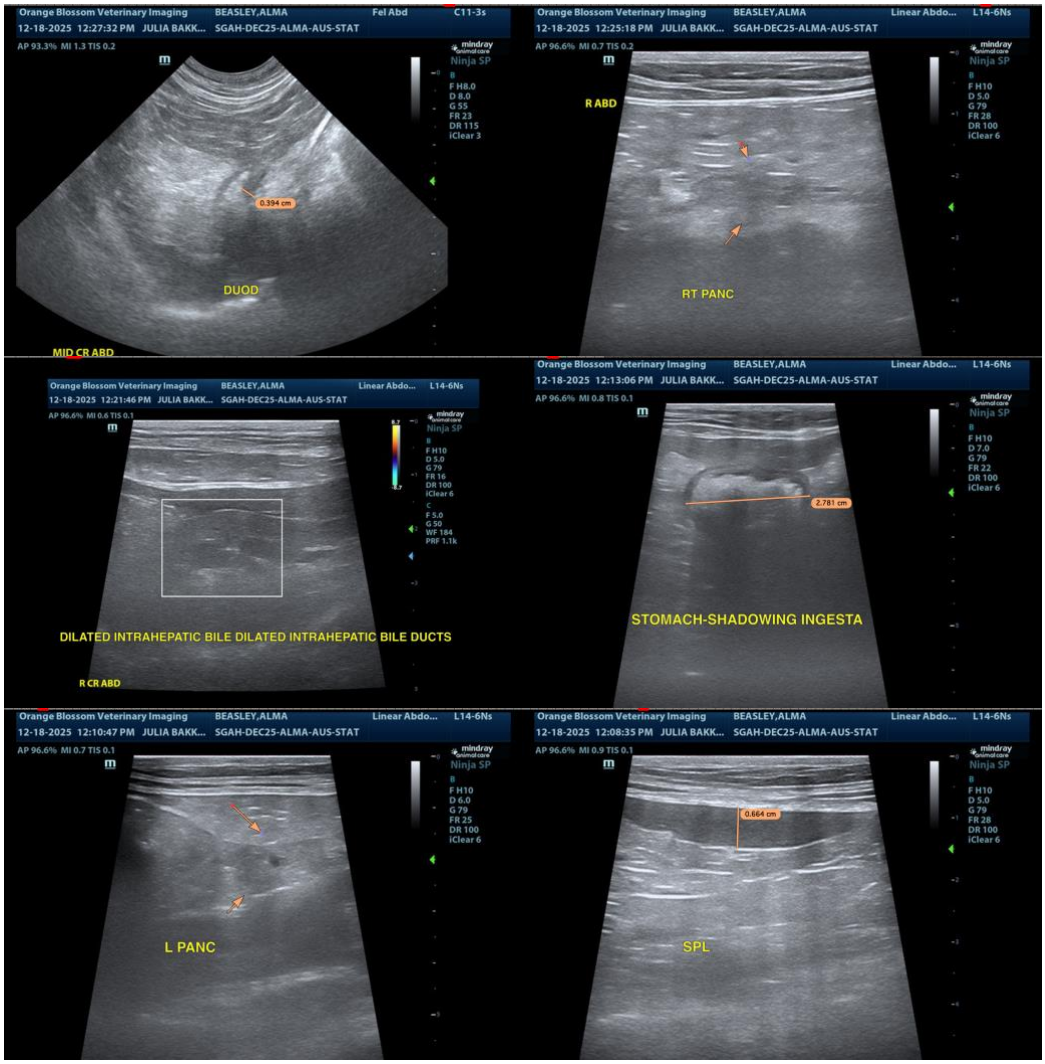

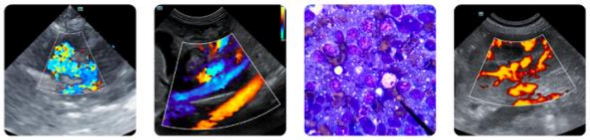

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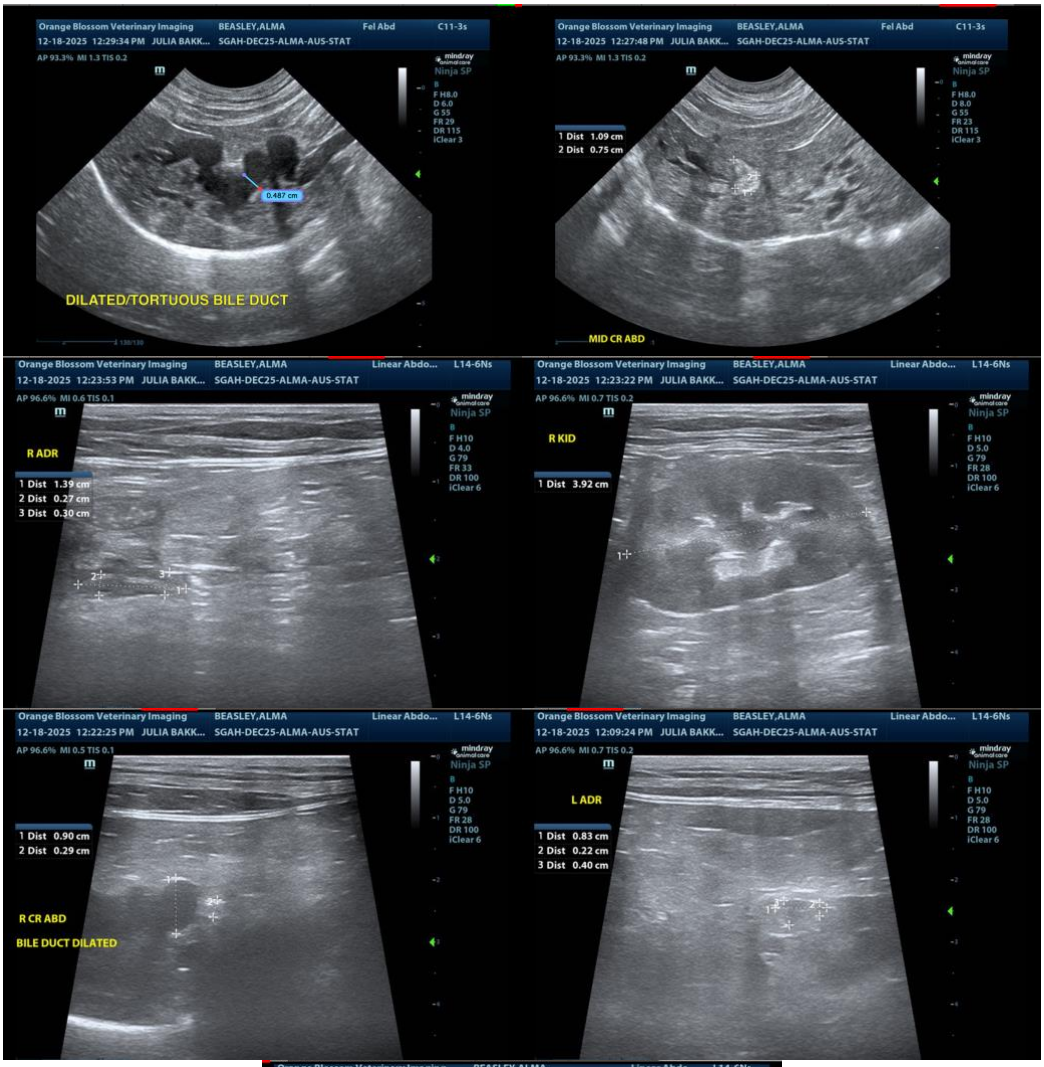

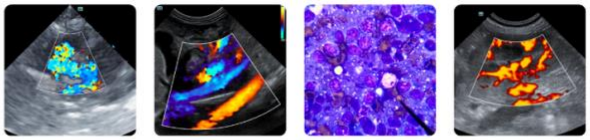

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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