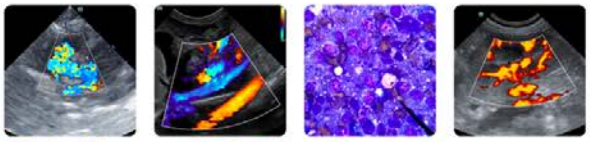


PATIENT

Alec Helfrich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Ballantyne

INVOICE

72885

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Chronic poaliuria , stranguria, positive culture (E coli) in Sept 2025. No other GIT signs
Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is suspended echogenic debris visualized and some hyperechoic irregularity in the apical ventral region of the bladder wall, measuring at 0.43 cm. The region of the trigone, ureteral papillae and proximal urethra appear normal with no evidence of calculi or a mass effect. In the region of the more distal urethra there is suspected thickening measuring at approximately 0.70 cm.

The left kidney has a normal shape and size (4.21 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.34 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.38 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 0.44 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.

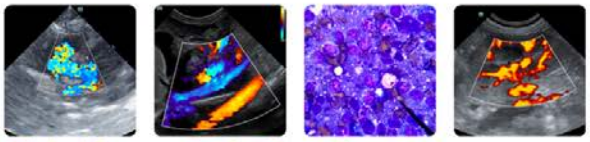
Spleen

The spleen is borderline large but normal in shape and appearance otherwise, measuring 1.27 cm in height at the level of the hilus. 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are two irregular hyperechoic, somewhat cystic lesions visualized in the right side of the liver. One measures 0.52 cm x 1.14 cm. The other in the caudate lobe measures 0.71 cm x 1.21 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 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 0.22 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 large, prominent and mottled in both limbs. There are diffuse, somewhat poorly defined irregular hypoechoic nodules throughout both limbs. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. There is no significant lymphadenopathy. An isoechoic sublumbar lymph node is visualized measuring 0.59 cm x 0.79 cm.

PRIMARY FINDINGS

- Moderate amount of suspended echogenic debris in the urinary bladder with focal apical ventral wall thickening and thickening of the distal urethra – Findings could be consistent with cystitis (sterile versus bacterial) or even early neoplastic change. Urethral changes could be consistent with severe urethritis, infiltrative neoplasia, etc.
- Large, mottled pancreas with diffuse hypoechoic nodules – Findings are most consistent with chronic pancreatic remodeling and pancreatic nodular hyperplasia.
- Hyperechoic, irregular cystic appearing lesions visualized in the liver – Findings are most consistent with benign hepatic cyst/cystadenomas. Early cystadenocarcinomas cannot be ruled out. Recommend continued monitoring.
- Prominent sublumbar lymph node – Findings are most consistent with a reactive or early neoplastic lymph node.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Large spleen – The appearance is relatively normal. Possible differentials include anatomic variation (large cat). Other differentials could include congestion, lymphoid hyperplasia, splenitis, less likely neoplastic infiltration.

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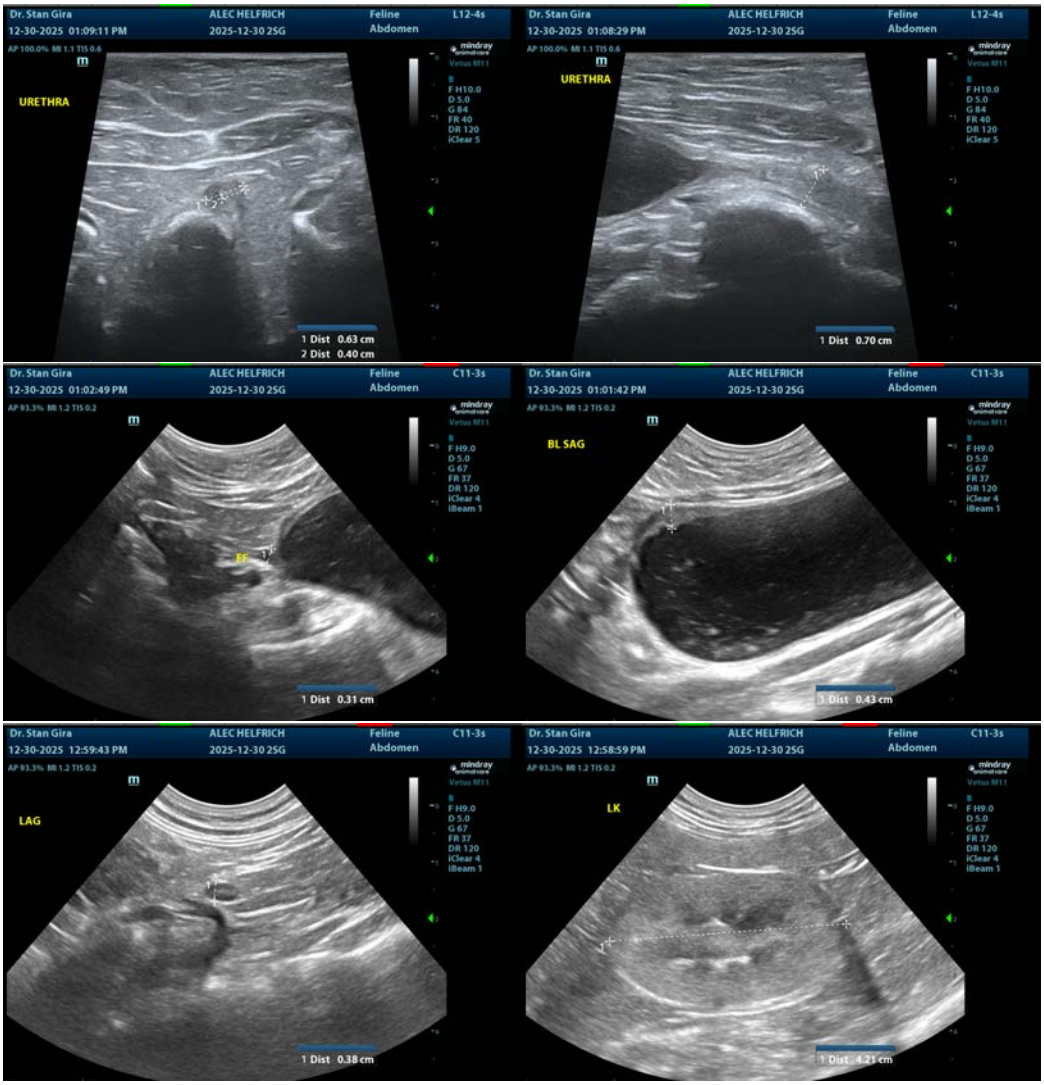
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some suspended echogenic debris in the urinary bladder and some irregular thickening at the apical wall. The location and appearance could be consistent with focal cystitis (bacterial or sterile). In the absence of clinical symptoms, this is typically a benign finding, and continued monitoring is warranted.

The spleen is normal in appearance, but measures slightly enlarged. This is a large cat, so this could be normal for this individual. Consider a fine needle aspirate if there is concern for splenic disease.



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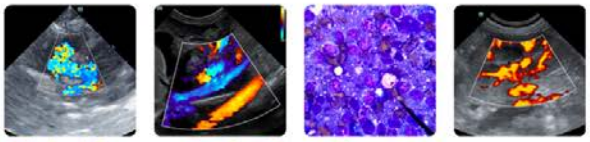

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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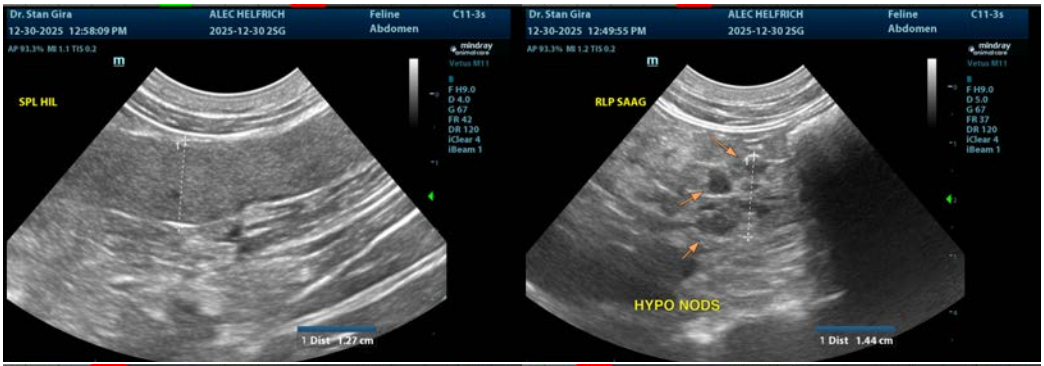

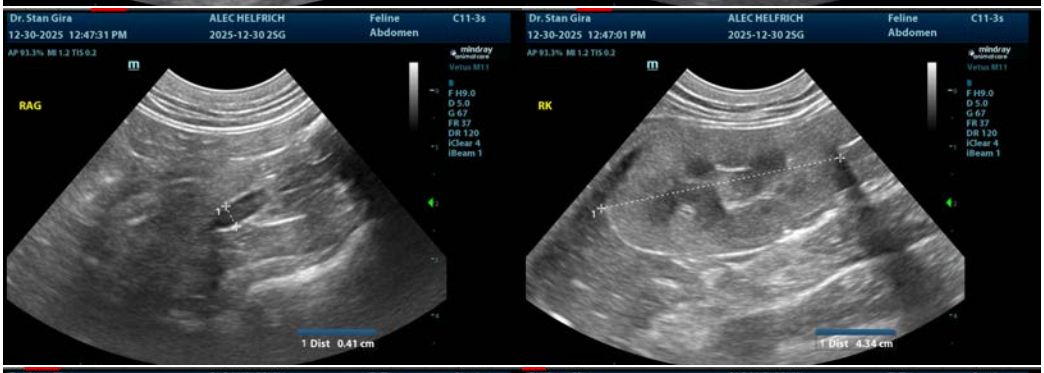

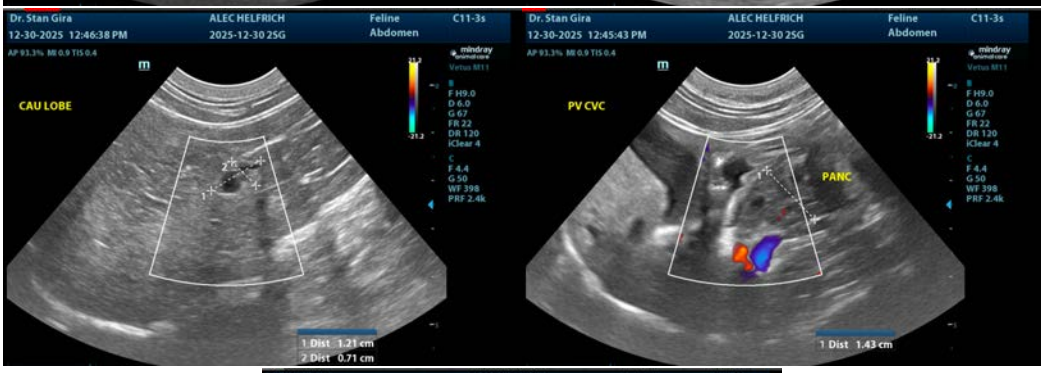

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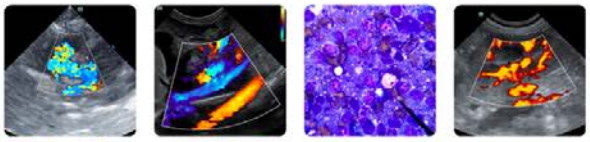

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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