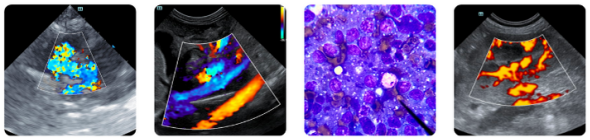


PATIENT

Purr Galarza

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

6.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. David Munoz

INVOICE

11566

DATE

3/26/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to Hx of weight loss with no apparent symptoms.
- Owner reports that they first noticed that Px seemed skinnier than normal around 6 months ago.
- Px is active, is eating/drinking as per usual.
- Owner reports that Px used to be at 10lbs and is now 6.6lbs. CBC/Chem/T4 panel performed by rDVM all seem to be WNL.
- No coughing, vomiting, or diarrhea reported.
- Px is indoor only, Vx and preventatives are not utd, lives with other cats who are also indoor only.
- FNA of some prominent LNs was performed and results are still pending.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

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 (3.26 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 (3.41 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.

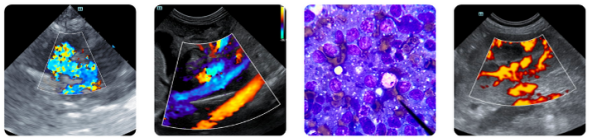
Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.39 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 (0.81 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a mixed echogenicity cystic/almost moth eaten appearing lesion visualized in the liver measuring 1.18 cm x 0.91 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is hyperechoic and slightly prominent measuring 0.2 cm. Luminal contents are mild and likely incidental at this time. The bile duct is dilated and tortuous. Proximally, the cystic duct measures 0.25 cm distally. The common bile duct measures 0.33 cm. No evidence of a focal obstruction is visualized. The wall appears mildly thickened.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. The duodenum measured as normal (0.3 cm in wall thickness) and the jejunum measured as normal (0.21 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 descending colon wall appears slightly prominent measuring 0.25 cm with intact wall layering.

Pancreas

The pancreas is visible/mildly mottled. 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. There are occasional prominent hypoechoic mesenteric lymph nodes. A gastric lymph node is visualized measuring 0.72 cm x 1.32 cm. A mesenteric lymph node is visualized measuring 0.45 cm. The omentum is hyperechoic around the prominent lymph nodes and the bile duct.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Irregular cystic/moth eaten appearing hypoechoic lesion in the liver. Findings could be consistent with benign hepatic cysts, a cystadenoma, less likely a cystadenocarcinoma. Recommend continued monitoring.
- Hyperechoic prominent gall bladder wall with a dilated/tortuous bile duct. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic

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disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

- Prominent/mildly thickened descending colon wall with intact wall layering. Findings could be consistent with mild colitis.

- Prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes. Although early metastatic lymph nodes can't be ruled out.

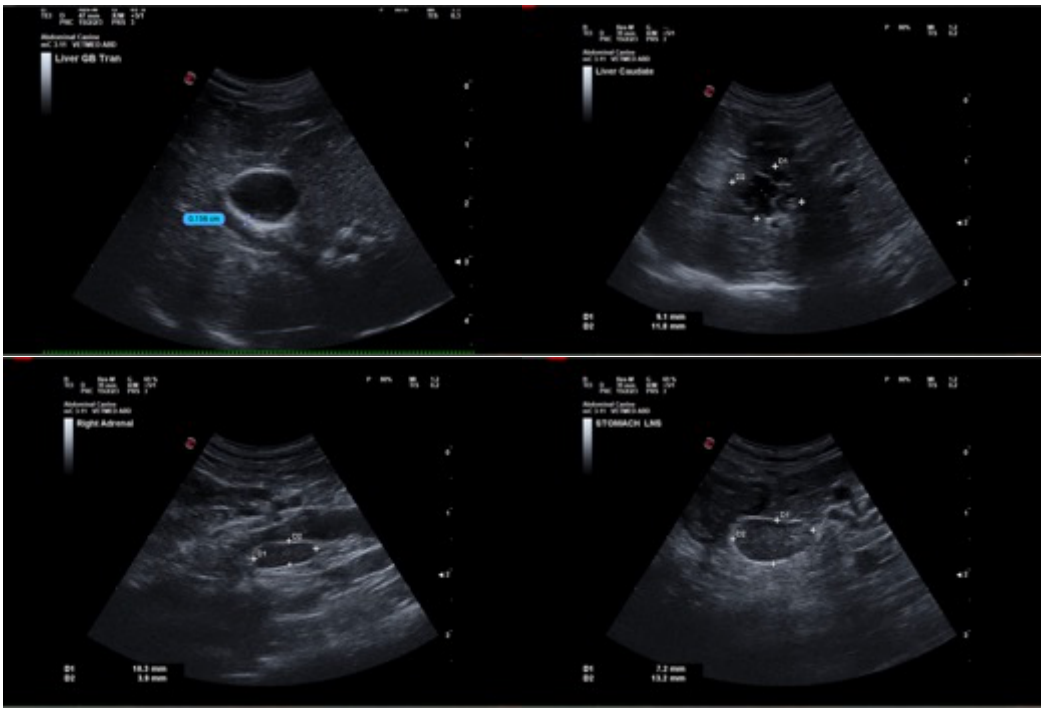
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is slightly prominent with a hyperechoic wall, and the bile duct is tortuous and dilated. Findings are concerning for possible cholecystitis/cholangiohepatitis. Although typically this is associated with liver enzyme elevations. In the absence of other causes for the weight loss, you could consider starting ursodiol therapy +/- a course of antibiotics and continued monitoring of the bile duct for progressive. If liver enzyme elevations develop, a fine needle aspirate of the liver should be considered.

The descending colon appears mildly thickened in the absence of diarrhea or straining. The significance of this is uncertain. Recommend continued monitoring.

There is the possibility of underlying gastrointestinal disease despite no GI symptoms. Consider a GI Panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate looking for additional evidence of underlying gastrointestinal disease. Additionally, you could consider a hydrolyzed protein prescription diet and close continued monitoring.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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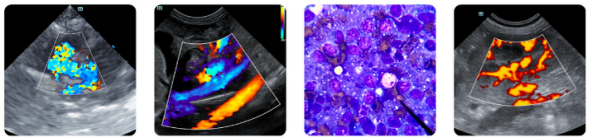

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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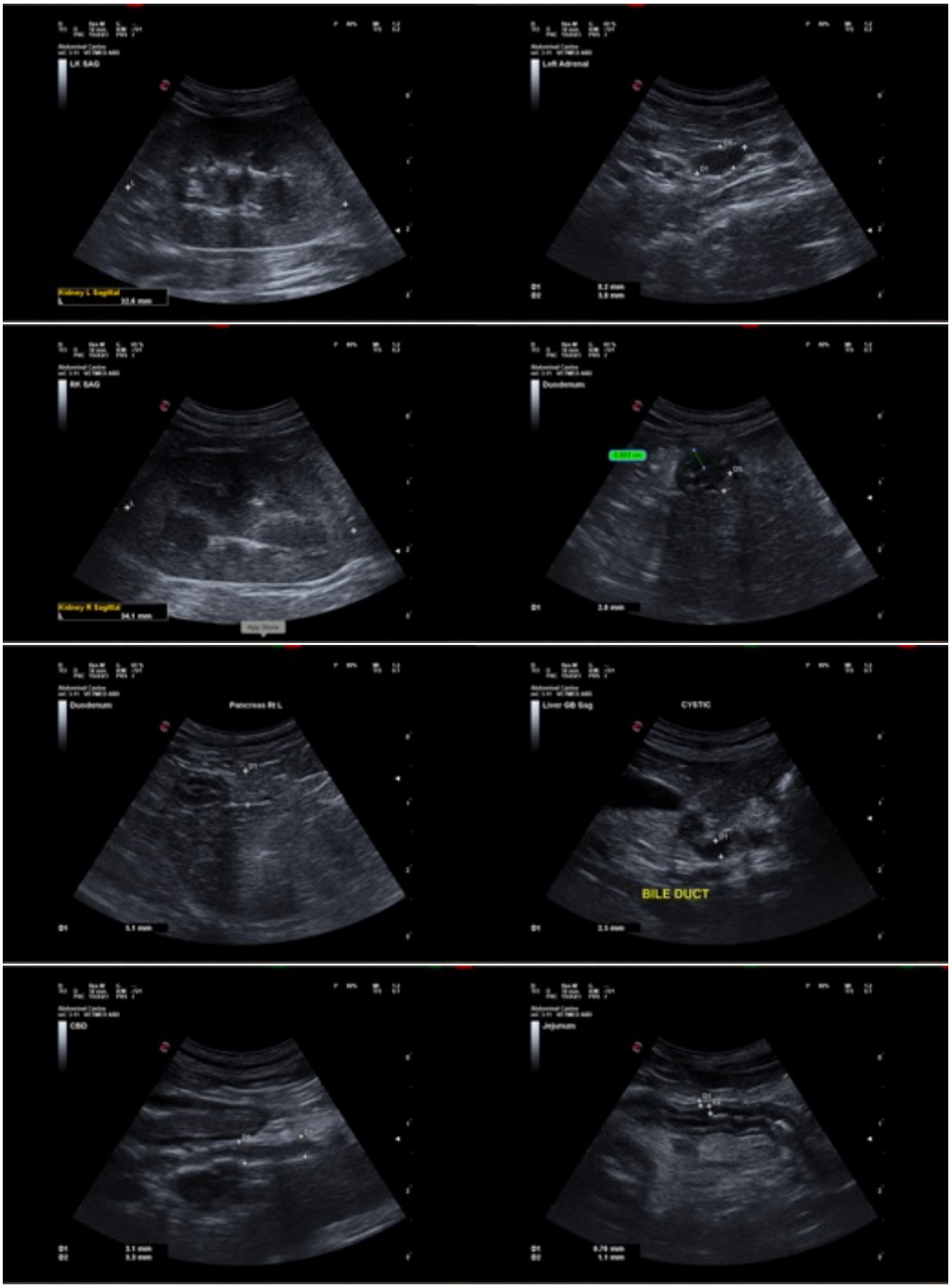

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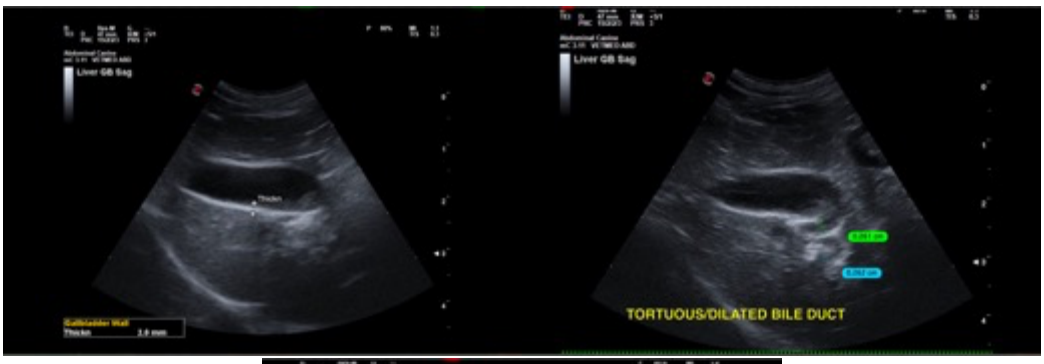

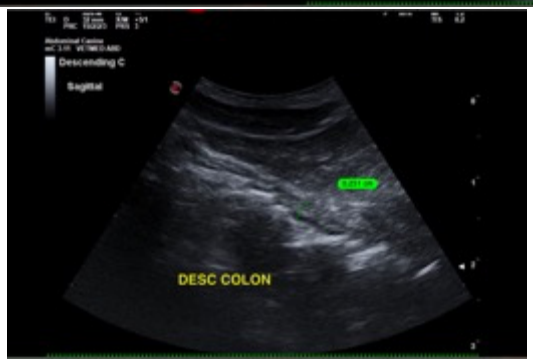

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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