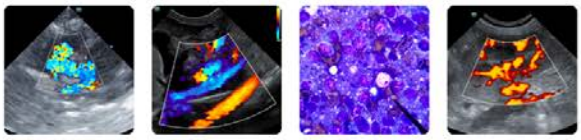


DATE

4/30/26

PATIENT

Mowgli Marani-Jones

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/1/19

WEIGHT

10 lbs

INTERPRETED BY

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

HOSPITAL NAME

Beltway Animal Hospital

REFERRING VET

Dr. Smith

INVOICE

74871

PRESENTING CLINICAL SIGNS

Patient History: Weight loss, PU/PD. Heart: Questionable area at the base of the heart

Current Medications: None at this time.
Labwork Results: Labwork not attached, reported as: ALT 315, ALKP 152.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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, or masses. In the dependent portion of the urinary bladder there are numerous shadowing mineralized foci most consistent with small stones forming a pile. Examples of stones visualized measure 0.32, 0.24, and 0.68 cm. There are at least three stones present. Correlate with radiographs.

The left kidney has a normal shape and size (4.13 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 (4.03 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 0.41 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. There are pinpoint hyperechoic foci/mineralizations visualized associated with the left adrenal gland.

The right adrenal gland is normal in size measuring 0.32 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. There are pinpoint hyperechoic foci/mineralizations visualized associated with the right adrenal gland.

Spleen

The spleen is subjectively normal in size (0.91 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 large in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and heterogeneous in 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. There is a moderate amount of non-organized echogenic debris. Some of the debris appears to be stranding. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.22 cm 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 0.28 cm. Jejunum wall measures 0.19 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 visible and slightly hypoechoic in both limbs. 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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Cystic calculi visualized within the urinary bladder – Correlate with urinalysis +/- culture and radiographs to better assess the number and size of stones present.
- Subjectively large, mildly hyperechoic, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate debris in the gallbladder – Findings could be consistent with mild cholecystitis.

SECONDARY FINDINGS

- Pinpoint mineralizations in both adrenals – This is likely an incidental finding.
- Pancreatic changes most consistent with mild pancreatic remodeling.

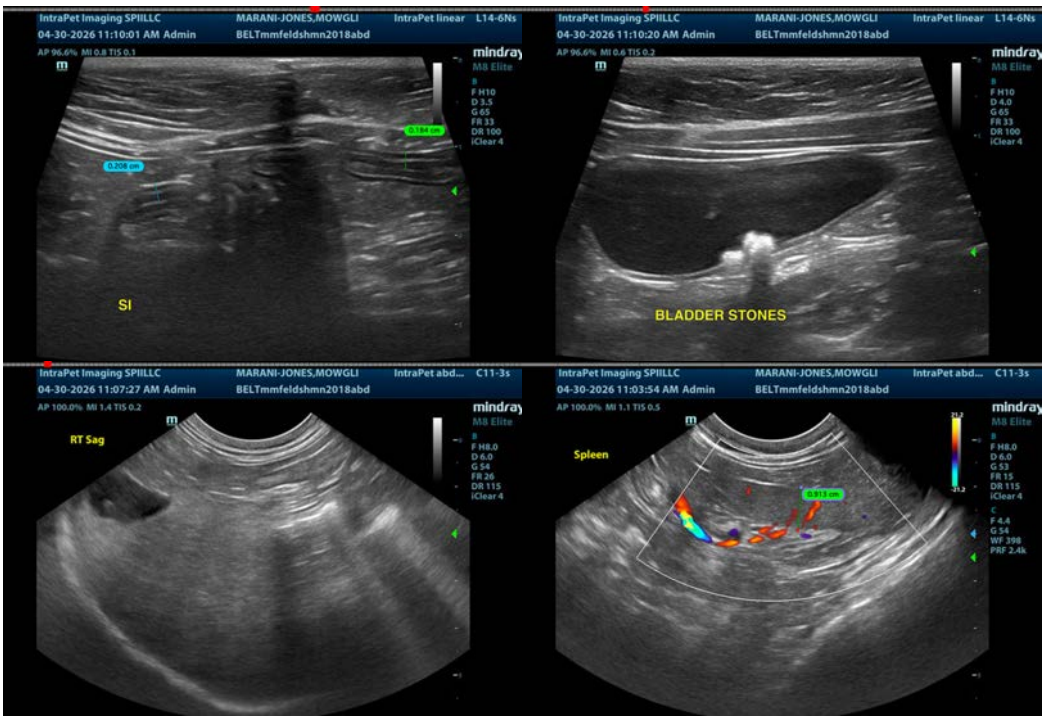
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

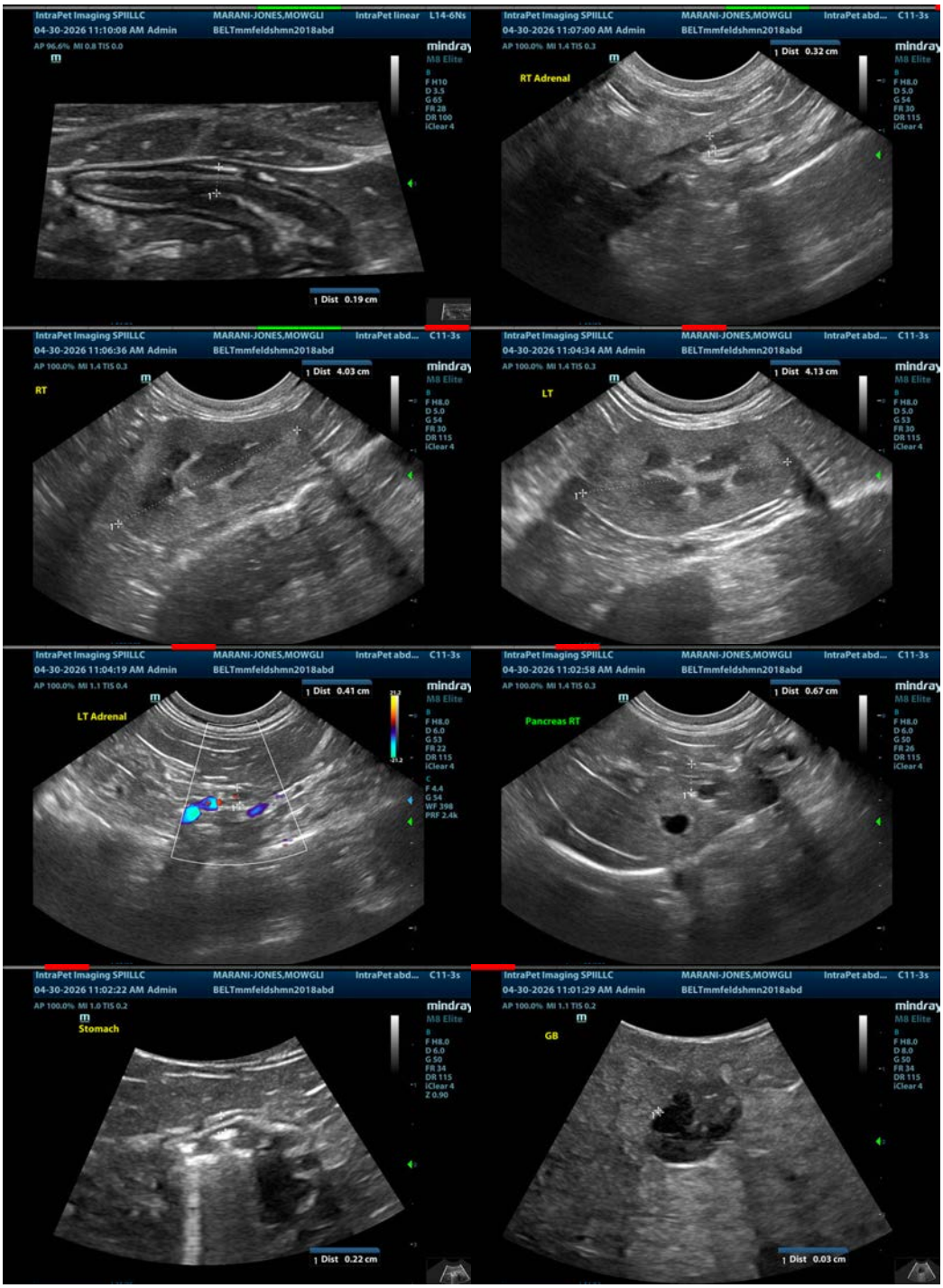
The liver appears subjectively large and heterogeneous. The parenchyma is slightly hyperechoic compared to the spleen. This is a non-specific finding but most consistent with a primary hepatopathy. Additionally, there is some debris in the gallbladder, concerning for possible concurrent cholecystitis, although there is no apparent inflammation around the gallbladder.

Recommend pre- and post-prandial bile acids to assess liver function as well as a fine needle aspirate of the liver (provided coagulation parameters are normal). While awaiting cytology results, you could consider empirical treatment for cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics. If there is no improvement with this therapy, and cytology is not diagnostic, then consider biopsies of the liver with samples for histopathology and cultures.

There are numerous shadowing stones visualized within the urinary bladder. Correlate with radiographs to better assess the size and number of stones present. Additionally recommend a urinalysis and culture.

You could consider cystotomy with the intention to biopsy the liver at the same time. If this is pursued and there is any concern for concurrent gastrointestinal disease, biopsies of the small intestine could be considered.

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RT Adrenal
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LT Adrenal
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Pancreas RT
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Stomach
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MARANI-JONES,MOWGLI
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GB
Dist 0.03 cm

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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