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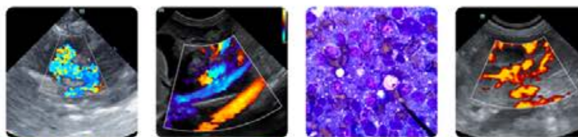


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

River Snyder

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

5.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Laura Wojcik, DVM

INVOICE

74989

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Patient presented for chronic diarrhea, weight loss and decreased eating. CBC: increased WBCs with neutrophilia, otherwise WNL; Chem: increased ALT, increased amylase, positive Antech renal tech index, otherwise WNL; T4: WNL; UA: mild hematuria. AUS to evaluate for any structural abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (2.98 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 (3.39 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 0.27 cm in width. 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. Pinpoint mineralized foci present, most consistent with an incidental finding.

The right adrenal gland is normal in size measuring 0.35 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.

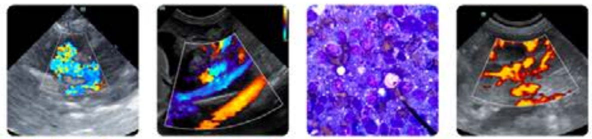
Spleen

The spleen is normal in size and shape, measuring 0.64 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic nodule in the spleen measuring 0.41 cm, most consistent with a benign myelolipoma.

Liver

The liver is subjectively normal in size, and 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. 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. 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 mild fluid. 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. There is a small focal non-obstructive shadowing structure possibly consistent with a pill or similar in the stomach.

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 0.27 cm. Jejunum wall measures 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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and mottled 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

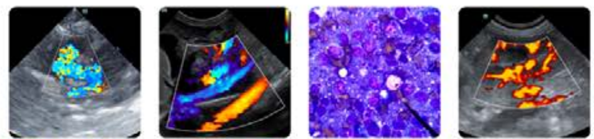
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Hyperechoic nodule in the spleen – This has an appearance most consistent with a benign lesion such as a myelolipoma. Recommend close continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Areas of prominent/ropey small intestine – Findings could be consistent with mild inflammatory type change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. No significant lesions are visualized associated with the gallbladder. A primary hepatopathy would be suspected. Consider the following:



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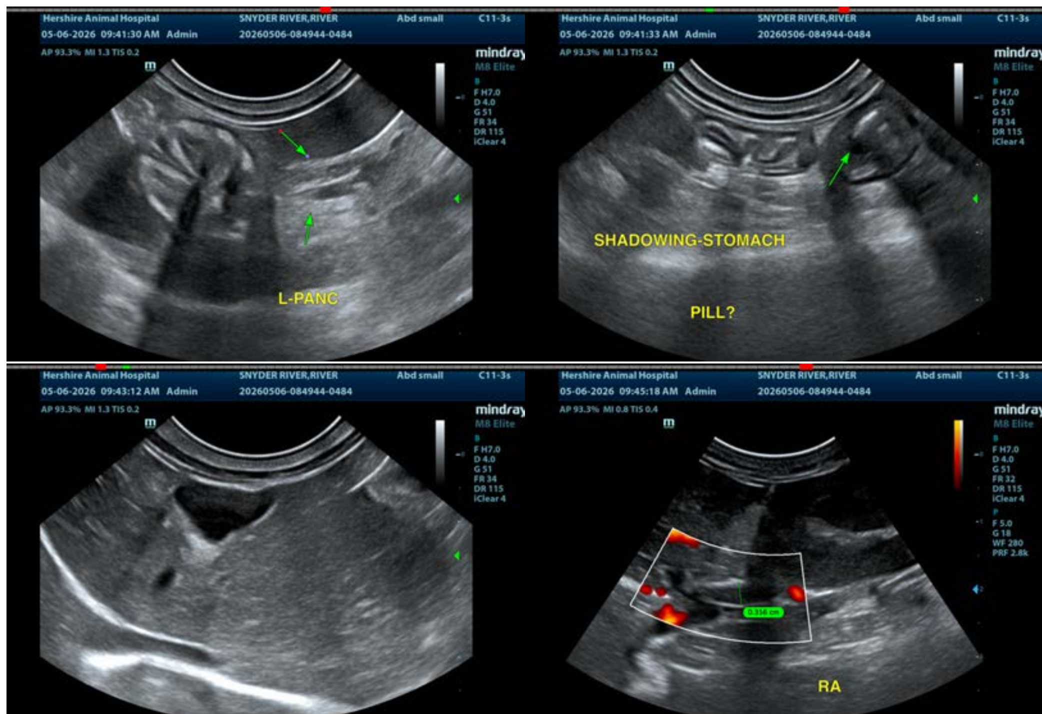
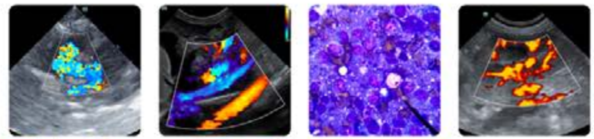
- Recommend pre- and post-prandial bile acids to assess liver function.
- Consider a fine needle aspirate of the liver, looking for evidence of underlying round cell neoplasia or similar.
- If clinically appropriate, consider screening for toxoplasmosis.
- Correlate with medication history, thyroid levels, etc., looking for other causes of an ALT elevation.

While awaiting cytology results, you could consider empirical treatment for cholangiohepatitis/acute liver injury with a course of Ursodiol, Denamarin, and antibiotics. If liver enzyme elevations are persistent and significant, particularly if liver function is abnormal, ultimately biopsies of the liver may be warranted with samples for histopathology and cultures.

The left limb of the pancreas is prominent and mottled. Correlate with a PLI level. If significant elevations are present, consider concurrent treatment for chronic pancreatitis.

Some areas of small intestine appear mildly “ropey” with an enteritis type pattern. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence of underlying small intestinal disease. If this is strongly suspected, further evaluation may be warranted.





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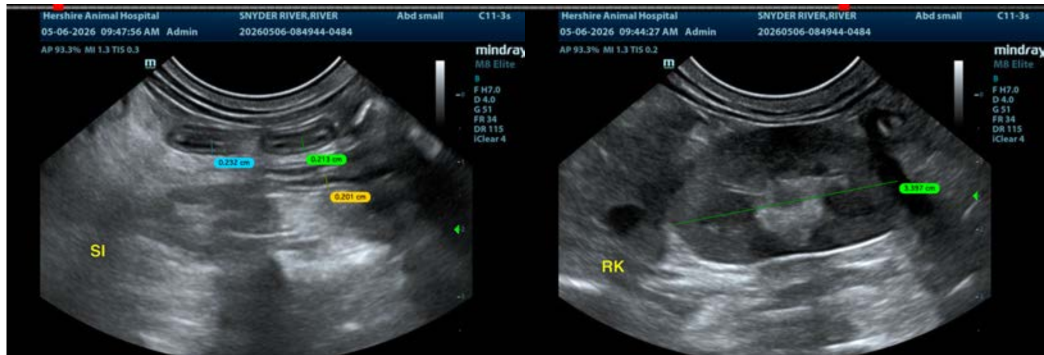

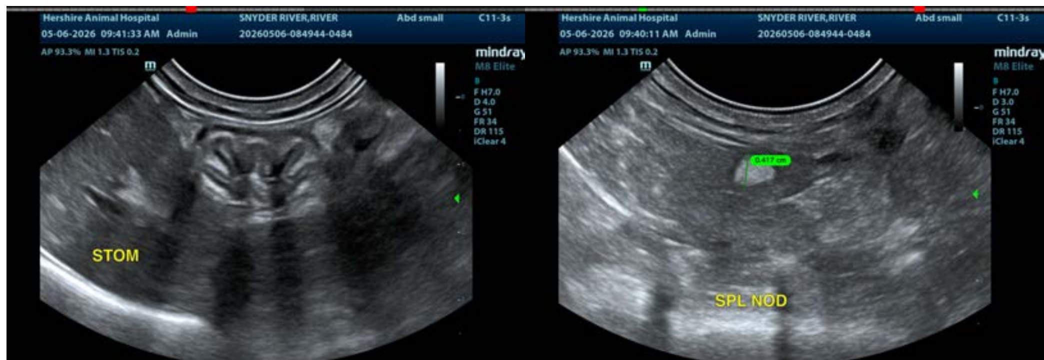

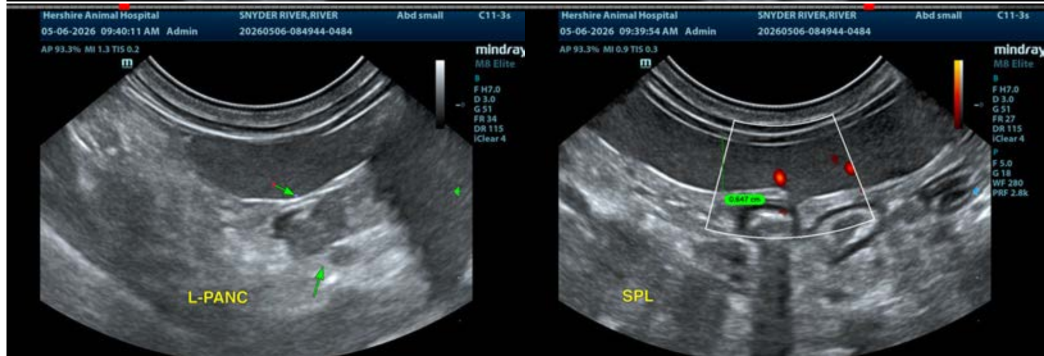

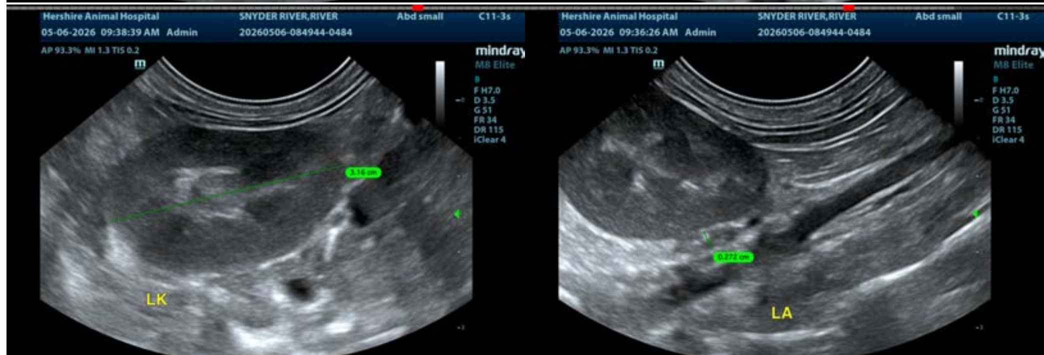

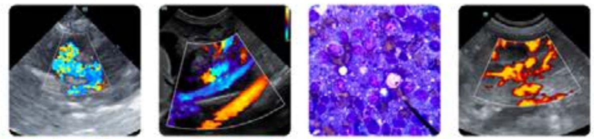

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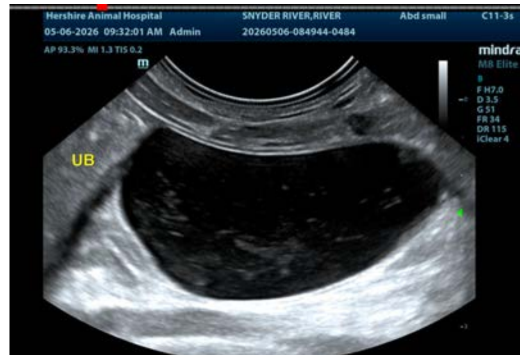

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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