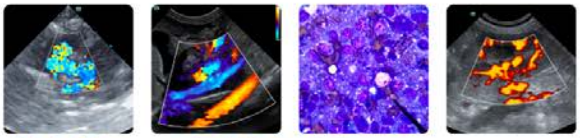


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Steven Doornekamp

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

74975

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Losing weight, BCS 3/9, has lost 1kg in 3 months. pu/pd Current Medications: Aventi Liver

Abnormal PE/Chem/CBC/UA Results: GLOB 56 g/L 28 - 51 HIGH 38 g/L ALB/GLOB 0.5 0.8 ALT 451 U/L 12 - 130 HIGH 67 U/L ALKP 372 U/L 14 - 111 HIGH 22 U/L GGT 5 U/L 0 - 4 HIGH 2 U/L TBIL 92 µmol/L 0 - 15 HIGH 2 µmol/L CHOL 6.24 mmol/L 1.68 - 5.81 HIGH Primary Question to Be Answered in This Exam evaluate liver structure/determine cause of elevated liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a large amount of suspended echogenic debris. 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 is a moderate amount of dependent sandy debris/small stones.

The left kidney has a normal shape and size (4.47 cm). The cortex is mildly increased in echogenicity, 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 (4.39 cm). The cortex is increased in echogenicity, 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 0.29 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.

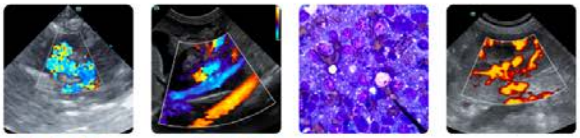
The right adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.84 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 large in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The gallbladder wall is hyperechoic and appears somewhat thickened, measuring at 0.23 cm. Luminal contents are mild and likely incidental at this time. No significant bile duct dilation is visualized.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.30 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 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. Prominent pancreatic duct noted in the left limb.

Free Abdomen

There is a scant amount of free fluid. There are occasional slightly prominent mesenteric lymph nodes, an example measures 0.47 cm x 1.1 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended and dependent echogenic/sandy debris visualized in the urinary bladder – Correlate with urinalysis and culture.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Thickened, hyperechoic gallbladder wall – Findings could be consistent with mild cholecystitis.
- Diffusely “ropey” small intestine with some areas exhibiting mildly thickened muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Occasional prominent/likely reactive mesenteric lymph nodes and scant free fluid.

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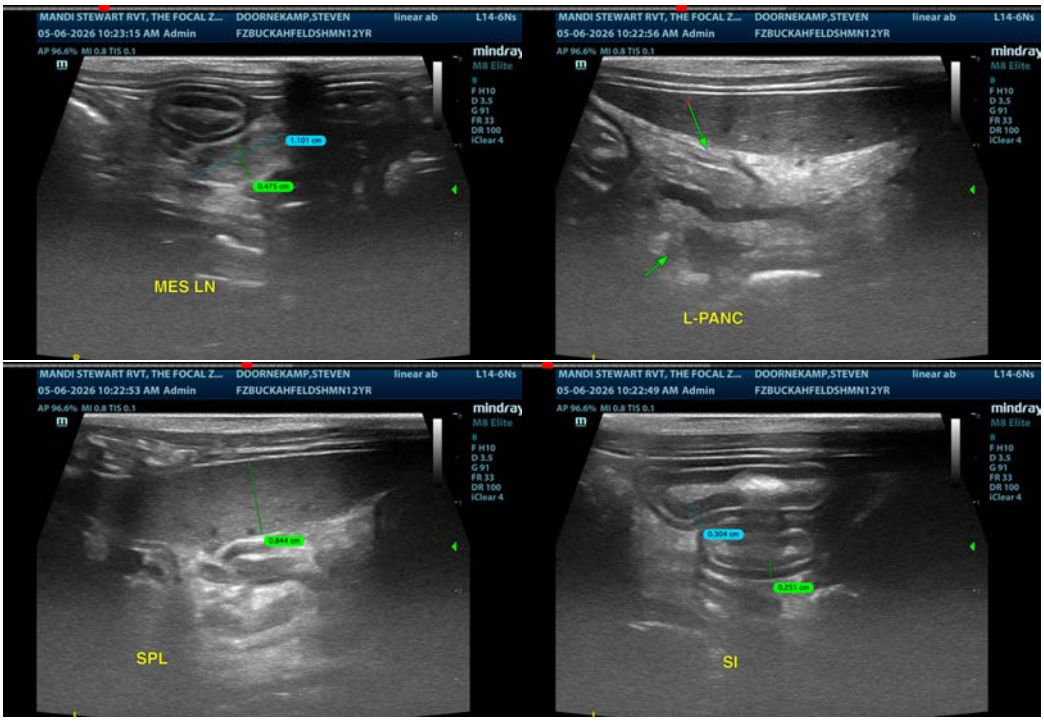
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver, but it is subjectively slightly hyperechoic and large. Additionally, the gallbladder wall appears somewhat thickened. Findings could be consistent with cholangiohepatitis, infiltrative neoplasia, less likely mild lipidosis, etc. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal) for further evaluation and concurrent treatment for cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics, and supportive care with close monitoring.

There is no evidence of significant bile duct dilation on today's exam. If the patient is not responding as expected to therapy, then consider repeat imaging, looking for progressive dilation of the bile duct.

The pancreas is prominent with a prominent pancreatic duct in the left limb. Correlate findings with a PLI level, looking for evidence of concurrent chronic pancreatitis. Additionally, some areas of small intestine appear somewhat ropey with a prominent muscularis layer, possibly consistent with mild inflammatory type change. Given the changes described in the GI tract, pancreas, and liver, mild/early Triaditis could be a possibility.

If liver cytology and empirical treatment is not effective, ultimately biopsies of the liver, GI tract and pancreas may be warranted. Repeat imaging (recheck ultrasound or contrast CT scan) should be considered prior to this, looking for any significant changes.



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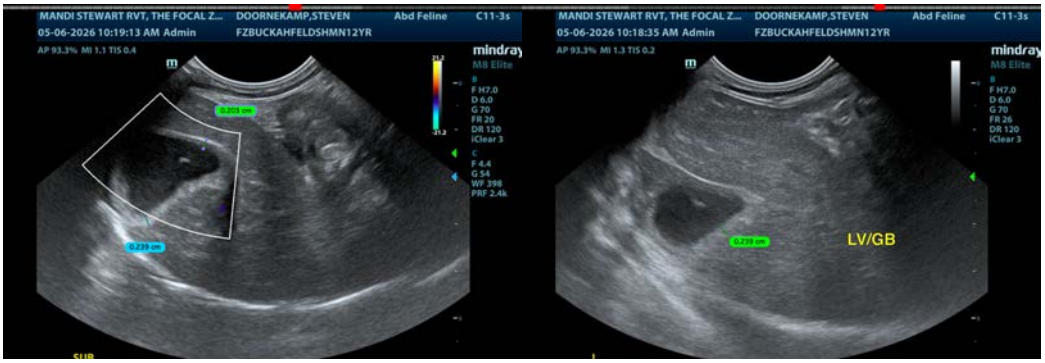

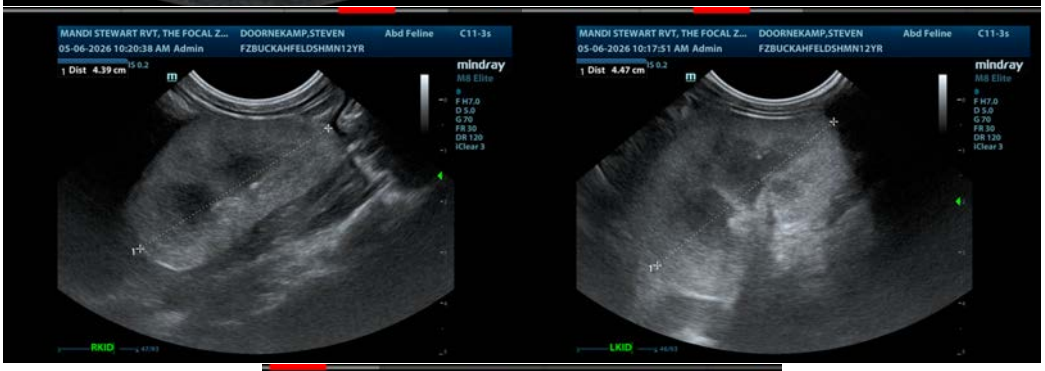

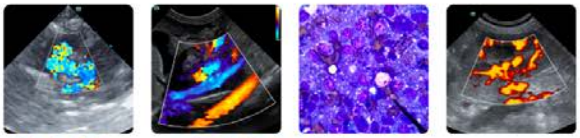

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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