PATIENT

Oba Lanier

SPECIES

Feline

BREED

Sphynx

SEX

MN

AGE

5 years 1 month

WEIGHT

7.32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline Animal Hospital

REFERRING VET

Dr. Smith

INVOICE

12065

DATE

6/3/2026

PRESENTING CLINICAL SIGNS

Sibling had echo last week and enlarged RA- No arrhytmia, no murmur-coughing= Vet Medin (pimobendan) 5 mg - Give 1 1/2 tablets by mouth in am and 1 tablet by mouth in pm.

Abnormal PE/Chem/CBC/UA Results: ALT 228 and increased to 428 in one month- repeated liver today w/ bile acids -Na/K ratio 30 Sysytolic BP 180 Abnormal proBNP.

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 (3.78 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 (4.2 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 0.47 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 (0.71 cm) The spleen echotexture is heterogenous and mottled/micronodular (when visualized with the high frequency probe), 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, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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 gallbladder has a bilobed configuration. 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 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. The duodenum measured 0.31 cm in diameter and the jejunum measured 0.23 cm in diameter. 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 in the left limb with a prominent pancreatic duct measuring 0.12 cm. 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 revealed scant free fluid. There is a mild/moderate mesenteric lymphadenopathy with hypoechoic rounded mesenteric lymph nodes. An example near the ileocecal junction measures 0.7 cm x 1.31 cm. A mesenteric lymph node measures 0.57 cm x 1.31 cm. Pyloroduodenal lymph node is visualized measuring 0.37 cm. The omentum is mildly hyperechoic in the region of the prominent lymph nodes.

PRIMARY FINDINGS

- Prominent, mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Segmentally “ropey” small intestine with some areas exhibiting a prominent 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.
- Scant free fluid and a mild/moderate mesenteric lymphadenopathy. Findings are most consistent with highly reactive lymph nodes or early neoplastic change.

SECONDARY FINDINGS

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- Bilobed gallbladder. This is likely an incidental finding.

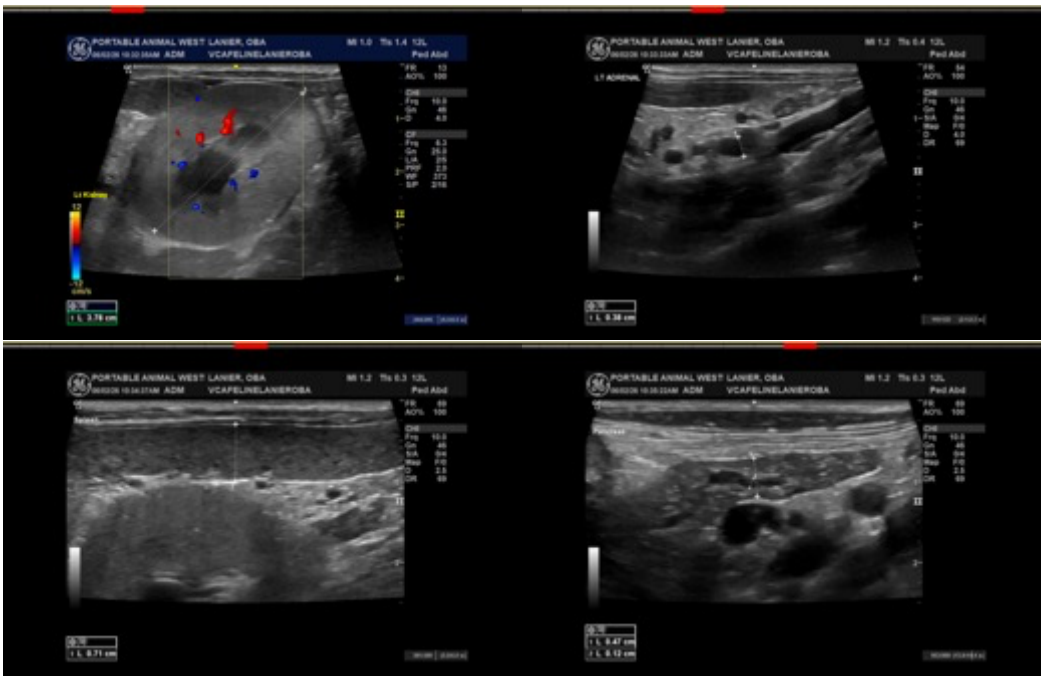
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears heterogenous. This is a non-specific finding. Your plan for assessment of bile acids/liver function is a good one. Additionally, you could consider fine needle aspirate of the liver (provided coagulation parameters are normal.) If not already done, recommend assessment of thyroid function as hyperthyroidism can cause liver enzyme elevations.

The pancreas is prominent and mottled, possibly consistent with chronic pancreatitis/pancreatic remodeling. Correlate with a PLI level.

The spleen is mottled when visualized with the high frequency probe. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

If an underlying enteropathy is suspected, you could consider changing to a hydrolyzed protein prescription diet. Additionally, a GI panel to Texas A&M for qualitative fPLI/TLI, cobalamin, and folate could further assess. Additionally, there are large lymph nodes in the abdomen. Some of these are borderline large enough to sample. If a safe window for sampling is available, a fine needle aspirate could be considered.



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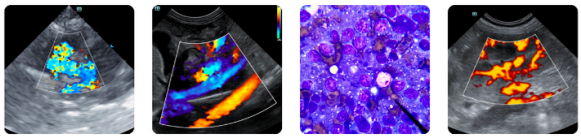
530-786-8340



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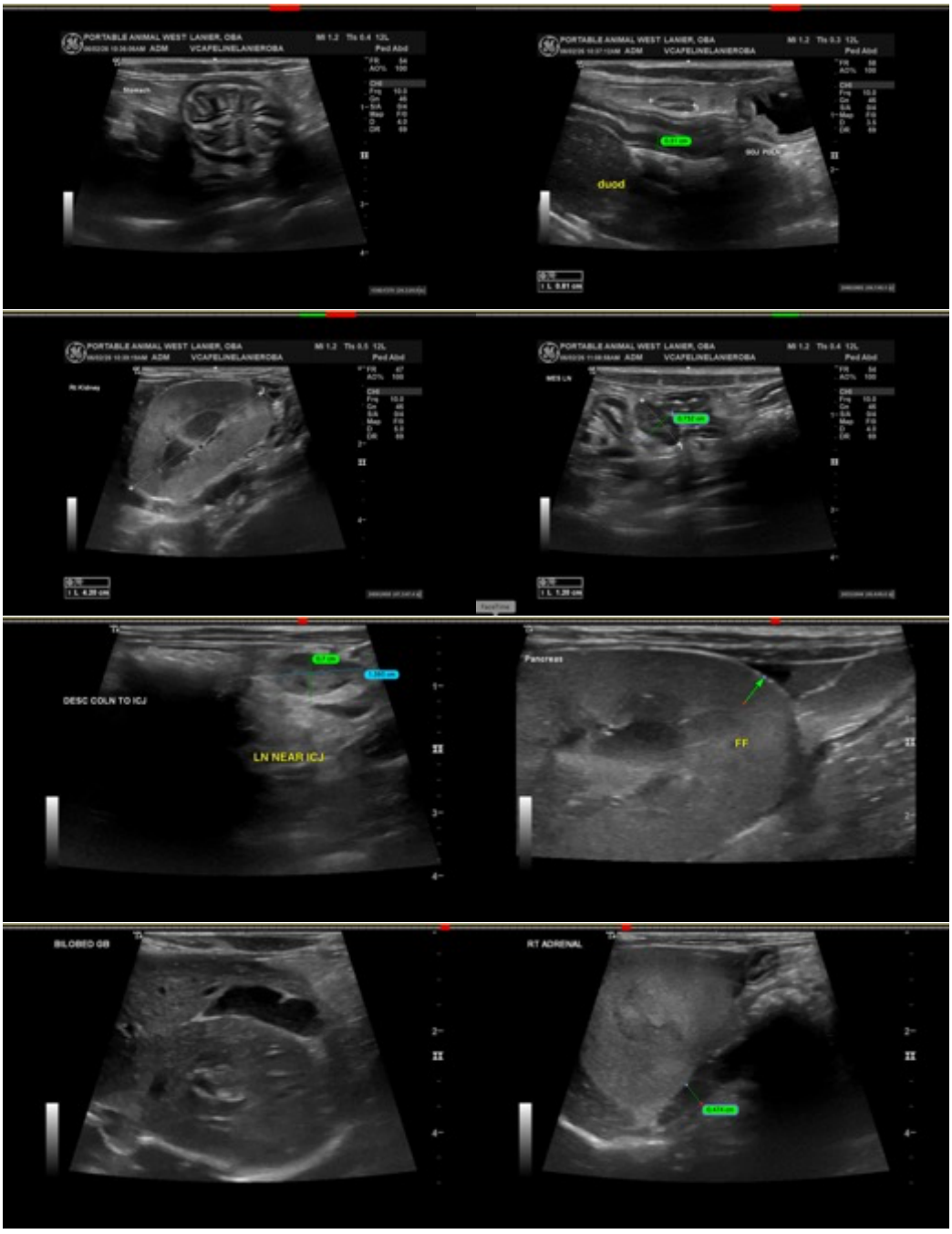

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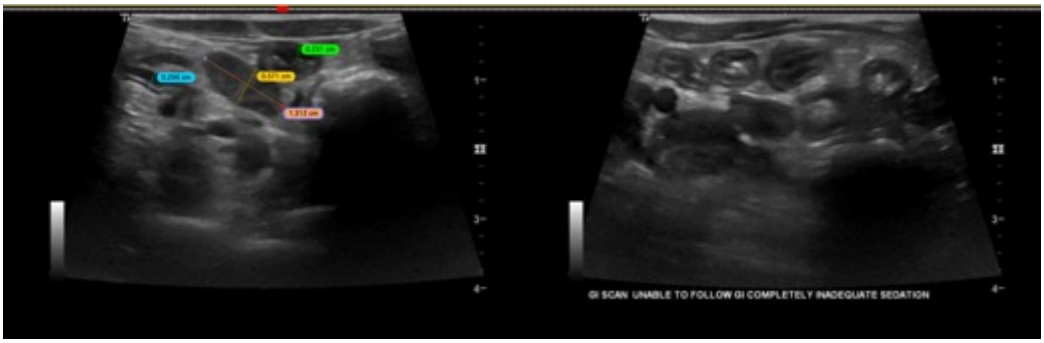

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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