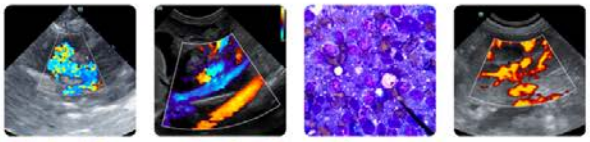


PATIENT

Brasil Watts

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15

WEIGHT

8 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

72142

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Progressive inappetence, lethargy and weight loss. Chronic history of hypert4 managed with transdermal methimazole.

Abnormal PE/Chem/CBC/UA Results: Recent chem: BUN 59, Crea 4.1, ALT 279

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left measured 3.3 cm. Right measured 3.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.34 cm. Right measured 0.37 cm.

Spleen

The spleen was normal in size measuring 0.60 cm in width at the level of the mid spleen. It exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, subtle, hyperechoic, non-capsule deforming nodules noted, example measures 0.47 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

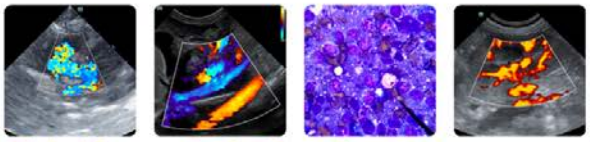
Liver

Generalized hepatomegaly noted, exhibiting symmetrical to rounded hepatic capsular contour. Non-homogeneous, hyperechoic hepatic parenchyma noted exhibiting moderate to variable coarse echotexture. Normal vascular volume, as well as normal portal vein, which measured approximately 0.58 cm in diameter. The portal vein exhibited subjective similar size to the caudal vena cava and visible aorta. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact, borderline to segmentally mildly thickened wall exhibiting minor altered wall layer ratio owing to propensity for borderline to mildly prominent muscularis layer.



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Duodenum wall measured 0.32 cm. Jejunum wall measured 0.25-0.27 cm. Empty intestinal lumen with mild segmental gas to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size with mild capsule asymmetry and isoechoic, mildly heterogeneous, remodeled parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

No visualized significant omental lymphadenopathy. No free fluid.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, non-homogeneous, hyperechoic liver – non-specific inflammatory disease i.e., cholangiohepatitis, hyperplasia, lipidosis, fibrosis, vacuolar changes/cholestasis, neoplasia all potentials.
- Normal gallbladder and common bile duct.
- Pancreatic remodeling, possible chronic pancreatitis.
- Normal empty stomach.
- Borderline to mildly thickened intact small intestinal wall – patient variant, IBD or other inflammatory enteropathy. Emerging to low-grade intestinal round cell neoplasia i.e., lymphoma not excluded yet thought less likely.
- Mild chronic renal changes.
- Subtle hyperechoic splenic nodules – suggestive of benign criteria i.e., subtle myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, further assessment may include (using 25-gauge needle and suggested Vitamin K pre-treatment) hepatic FNA cytology and correlation with GI panel to include PLI, TLI, cobalamin and folate. Triaditis is a consideration in this patient, although hepatic or possible emerging multicentric neoplasia is not excluded. 3-view chest radiographs and correlation of azotemia with urinary workup including analysis, culture and sensitivity +/- UPC level if non-inflammatory urinary sediment, is recommended.

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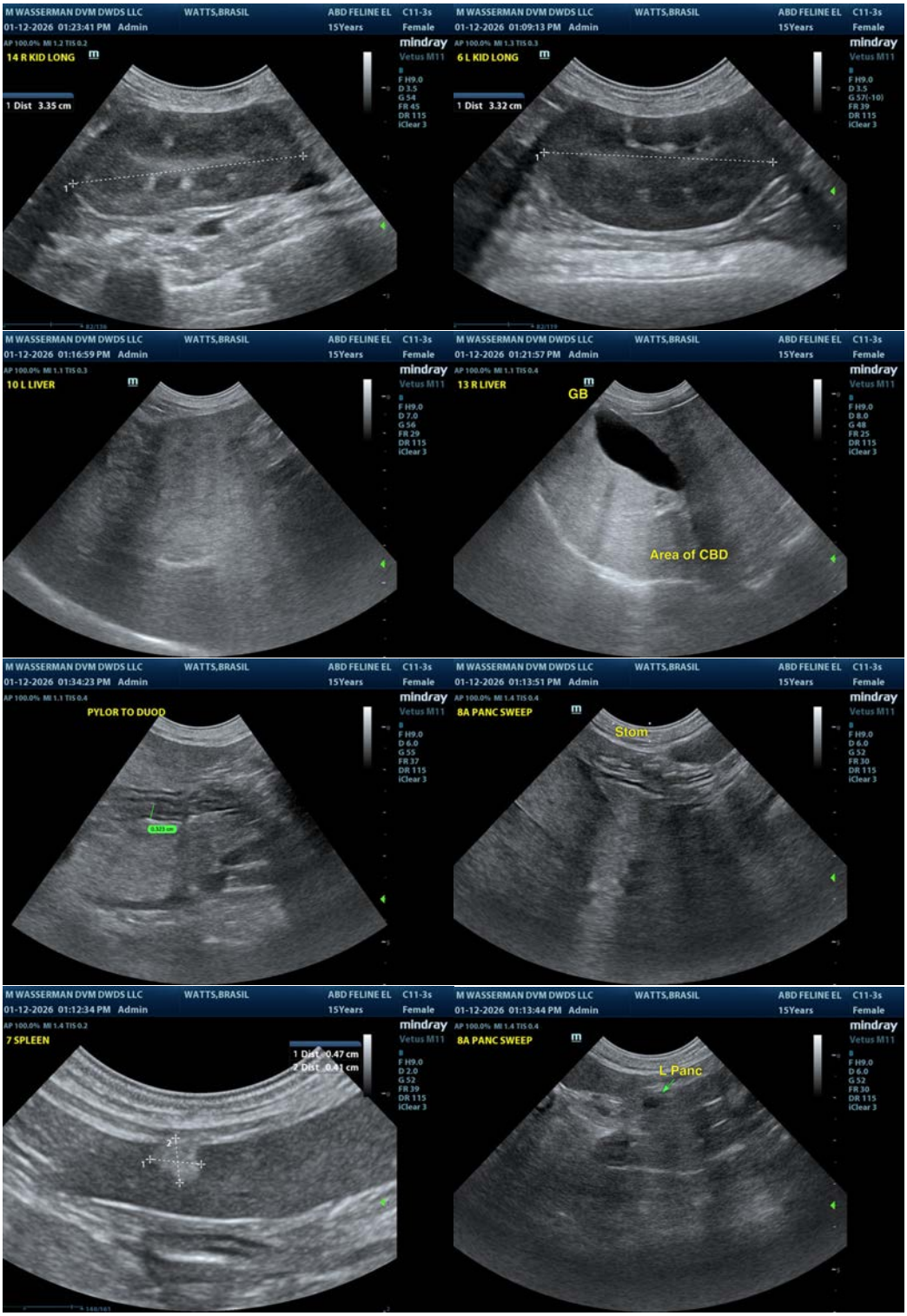

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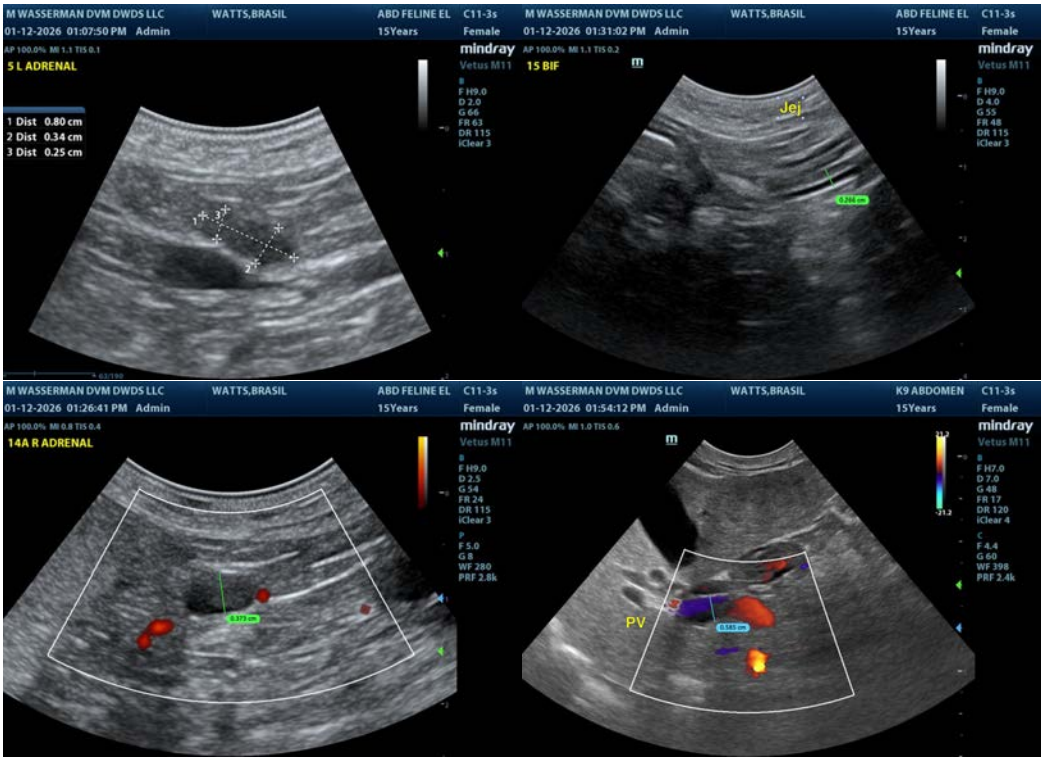

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com