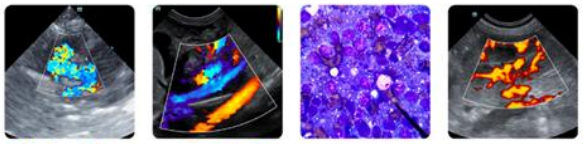


PATIENT

Pepper Agront

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

8.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr Dodson

INVOICE
23727

DATE
01/30/2026

PRESENTING CLINICAL SIGNS

- Pet has a history of liver issues came in on mon 1/26 for jaundice appearance.

Abnormal PE/Chem/CBC/UA Results: ALT 707, ALKP 358, AST 248, CA 11.4, CHOL 332, TBIL 10.4, MONOS 5%, RBC 10.7, HEMATOCRIT 52%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

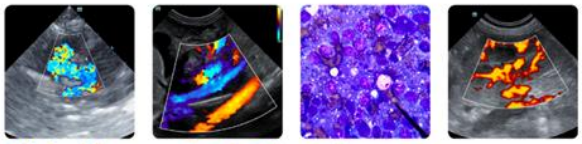
Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. Lobar biliary tree dilation was present. The gallbladder was indistinctly visualized owing to subnormal size with a mild amount of non-organized bile sediment. The common bile duct was indistinctly visualized compared to lobar biliary tree dilation.

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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



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

Pancreas

The pancreas was normal in size and contour with heterogeneous to hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Suspect chronic cholangiohepatitis pattern with lobar biliary tree dilation
- Non-distended gallbladder with mild bile sediment
- Possible mild chronic pancreatitis
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of current post-hepatic obstruction. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered to assess for inflammatory cell type. Occult hepatic neoplasia considered less likely. If gastrointestinal signs or weight loss are present, a GI panel to include PLI/TLI/cobalamin or folate to correlate with the pancreas and assess for non-structural intestinal disease or triaditis is recommended.

Empirical therapy for cholangiohepatitis with clinical and sonographic monitoring indicated if progressive hepatopathy or jaundice.

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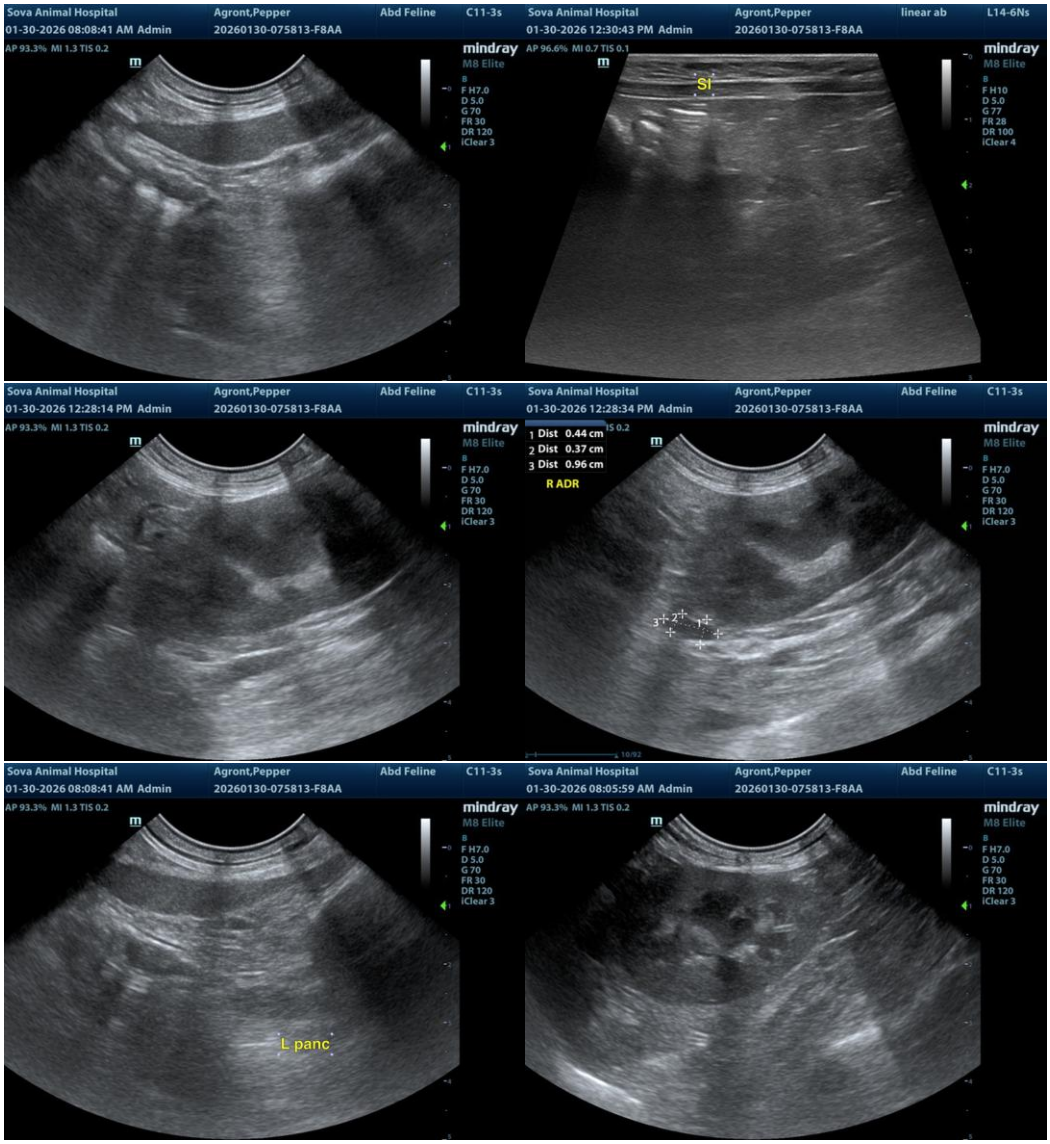

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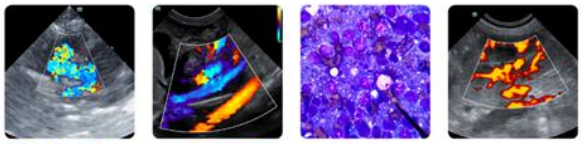

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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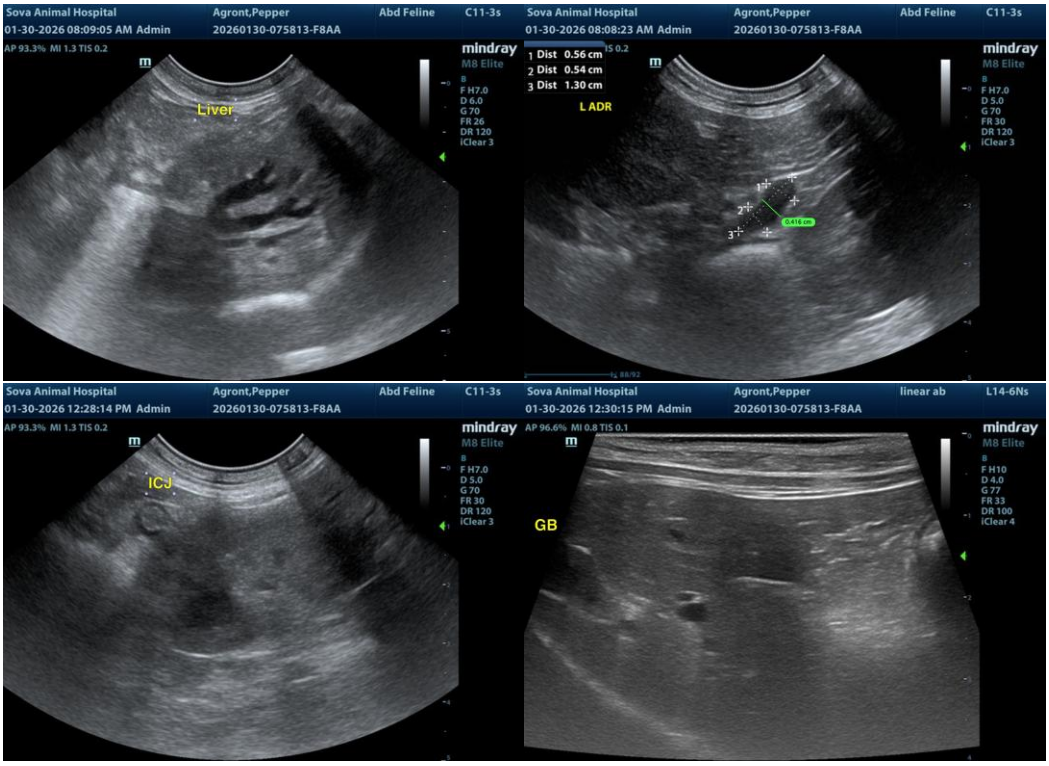

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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