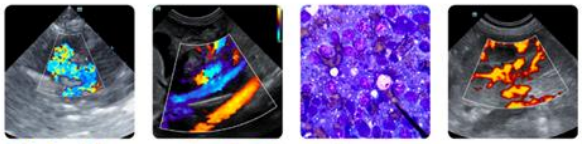




**PATIENT**

Lucy Colloca

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8yr

**WEIGHT**

7.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sreenivasa Maddineni

**HOSPITAL NAME**

West Babylon Animal Hospital

**REFERRING VET**

Sreenivasa Maddineni

**INVOICE**
23419

**DATE**
01/04/2026

## PRESENTING CLINICAL SIGNS

Loss of weight and elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Most recent bw attached.

## 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 3.6 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width at the caudal pole The right adrenal gland measured 0.37 cm width at the caudal pole.

### *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*

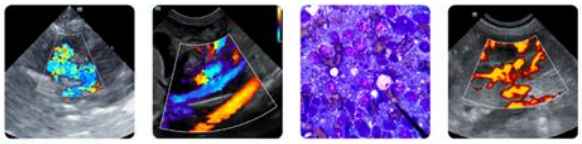
The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 intestinal walls demonstrated intact wall layers with mild thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.27 cm in width.

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





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### *Pancreas*

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

### *Free Abdomen*

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.0 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Benign hepatopathy pattern with mild gallbladder debris.
- Mild heterogeneous pancreas.
- IBD intestinal pattern
- Intermittent mild mesenteric lymphadenopathy- subjective benign.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy and triaditis are probable. Mild potential for emerging intestinal round cell neoplasia, such as lymphoma or multicentric neoplasia is thought less likely. Further assessment may include assuming normal clotting status and using 25ga needle, hepatic FNA cytology, primarily to assess for inflammation and a GI panel.

A definitive diagnosis would require biopsies for histopathology. Empirical therapy for probable triaditis with clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy, gastrointestinal signs or weight loss may be considered.

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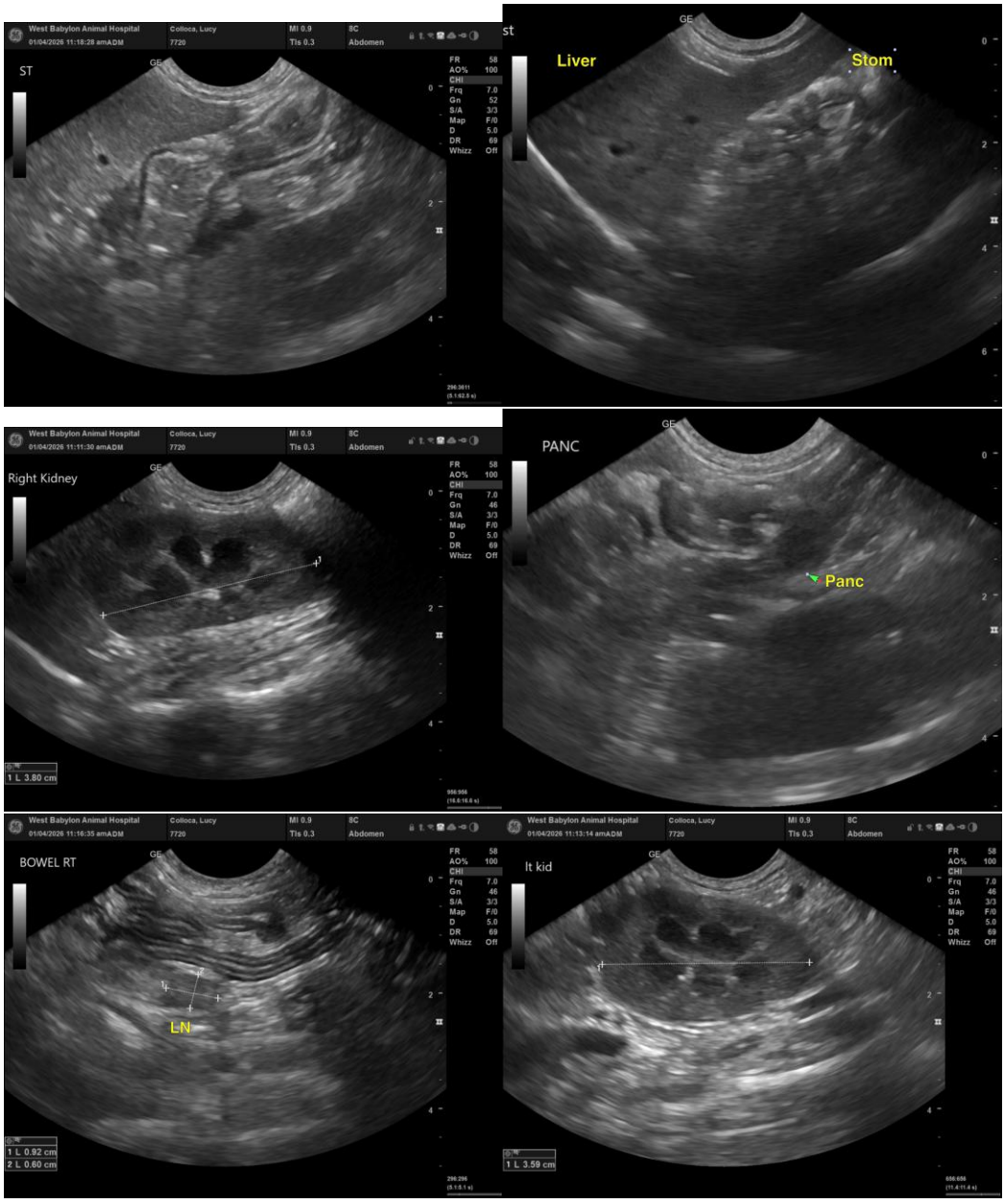

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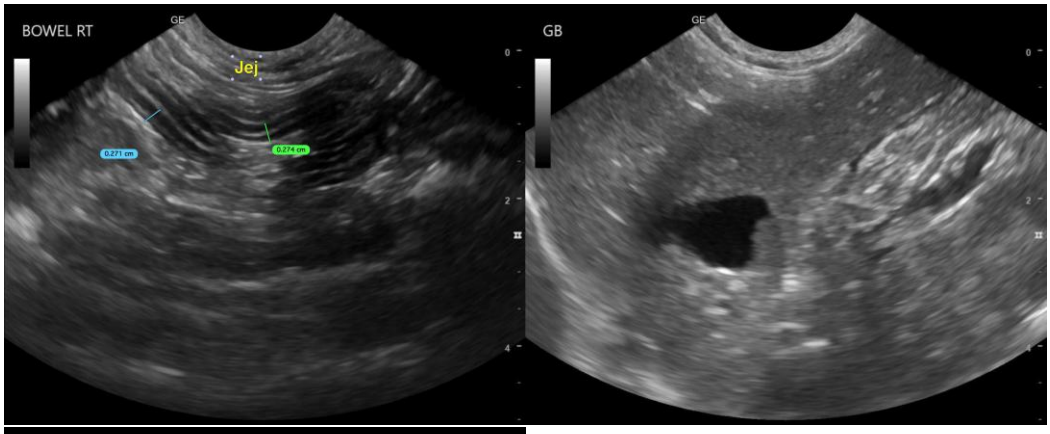


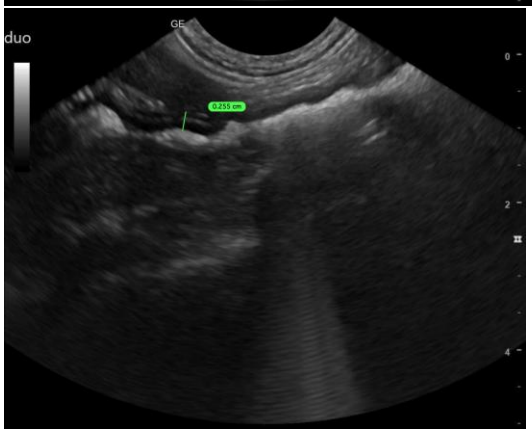


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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