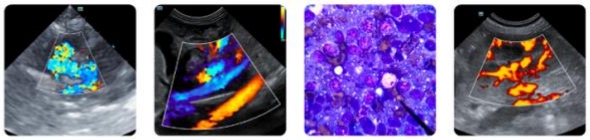


PATIENT

Shelley Azevedo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

20 Years

WEIGHT

8.25 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health Veterinary Clinic

REFERRING VET

Dr. Readdy

INVOICE

13006

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

P had bloodwork done 10/2024 and 5/2025 and had elevated ALT (2024 - 208, 2025 - 126) - P is hyperthyroid and is on Methimazole daily (well controlled) - P presented 1/6/26 for vomiting and drinking a lot, bloodwork done and ultrasound ordered - P has been slowly losing weight - P started on Cerenia today due to continuing to vomit daily

Abnormal PE/Chem/CBC/UA Results: 10/2024 - ALT - 208, all other values WNL 5/2025 - ALT - 126, BUN - 37, all other values WNL 1/6/26 - AST - 328, ALT - 1032, ALKP- 450, Total Bili - 2.3, Amylase - 1332

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width.

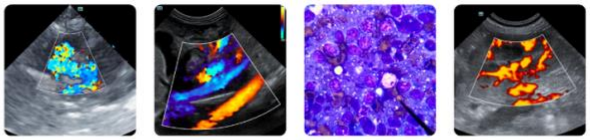
The right adrenal gland was not definitively visualized.

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. The spleen measured 0.74 cm width level of the mid spleen.

Liver & Gallbladder

The liver revealed subjective mild hepatomegaly with areas of mild asymmetrical hepatic capsule contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent noncapsule distorting nonhomogenous hyperechoic intraparenchymal nodules were visualized along with intermittent small intraparenchymal cysts. The nodules measure up to 1.8 cm in diameter.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The proximal common bile duct was minor dilated to tortuous without overt post hepatic obstruction. Not definitively visualized to the level of the duodenum.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric nonshadowing chyme 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 ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width.

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

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. A mildly prominent pancreatic duct was visualized.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged generalized nonhomogenous liver exhibiting intraparenchymal nodules/small cysts.
- Gallbladder debris with minor nonobstructive proximal common bile duct dilation.
- Chronic pancreatitis.
- Overall, sonographically normal gastrointestinal tract.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the liver may include chronic inflammatory disease i.e. cholangiohepatitis, areas of nodular hyperplasia, fibrosis and potential hepatic neoplasia (not excluded). Nonobvious chronic triad disease is also a potential in this patient.

Further assessment may include (assuming normal clotting status and using 25-gauge needle), hepatic FNA cytology, a GI panel to include PLI, TLI, cobalamin, and folate, and if not done, three view chest radiographs. No evidence of post-hepatic obstruction. Empirical therapy for cholangiohepatitis or possible triad disease with clinical and as needed sonographic monitoring would be reasonable.

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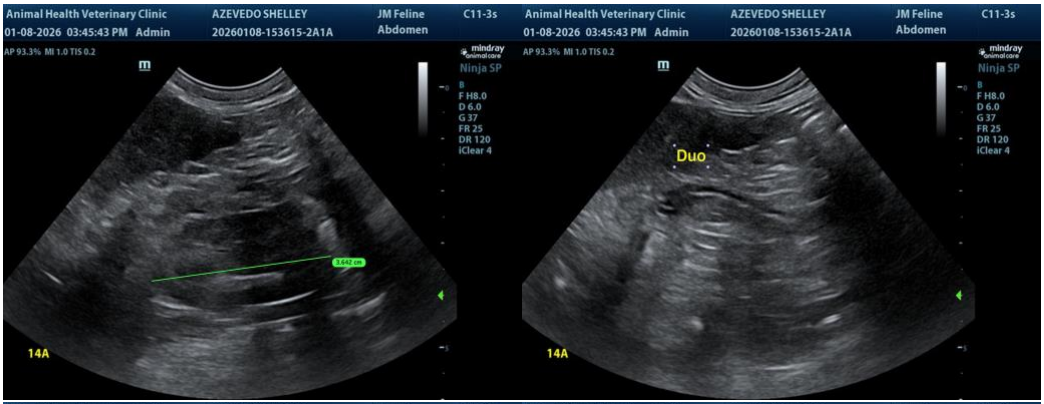

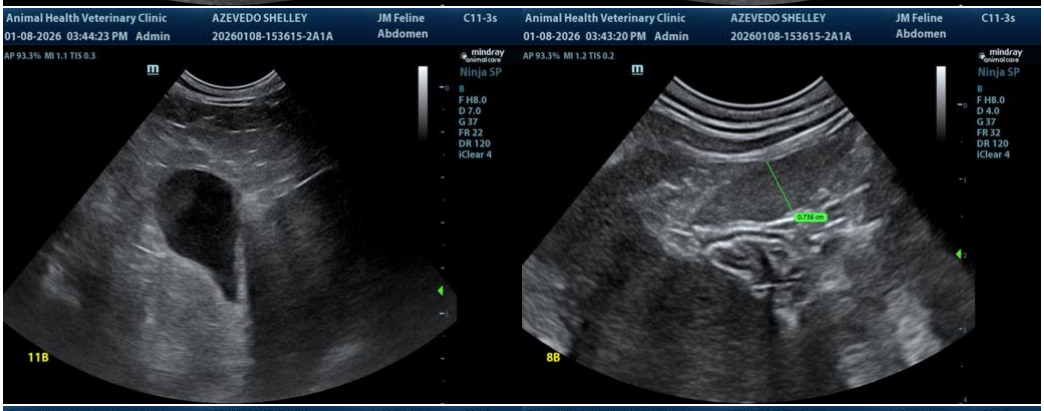

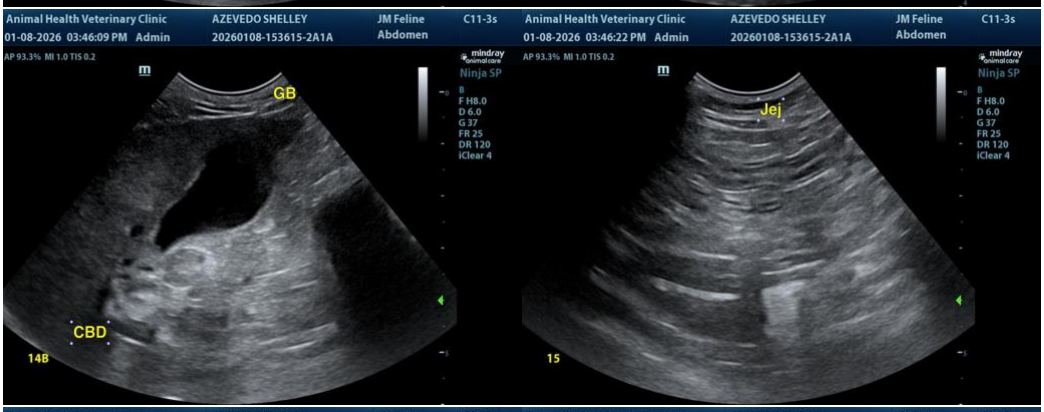

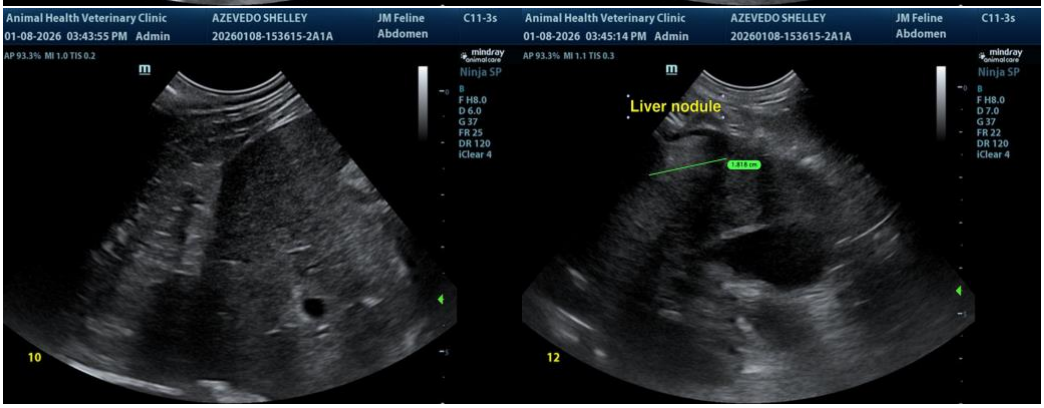

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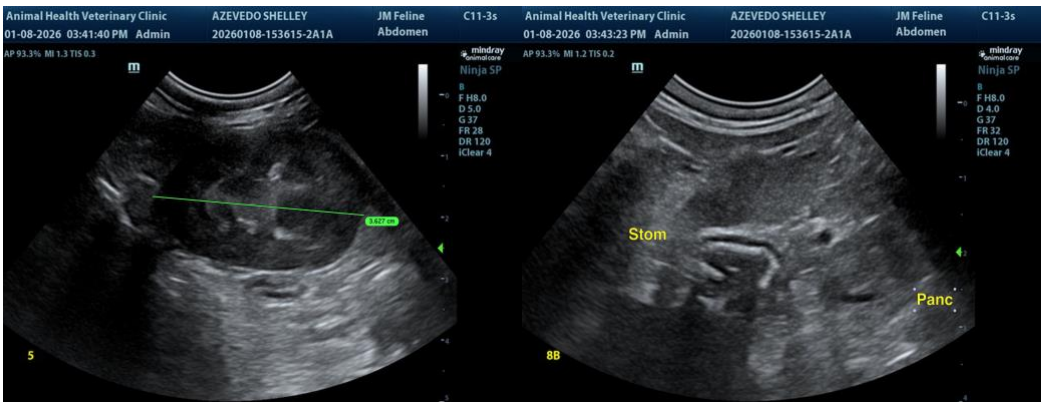

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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