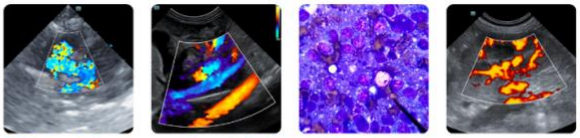


PATIENT

Kingchuck Gangelosi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Tyagi

INVOICE

12203

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Rechecking abd.

Abnormal PE/Chem/CBC/UA Results: ALT-159 rest wnl.

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. Primarily anechoic urine was present in the lumen. Dependent to nondependent particulate mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No evidence of pathology in the area of the left and right adrenal glands.

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

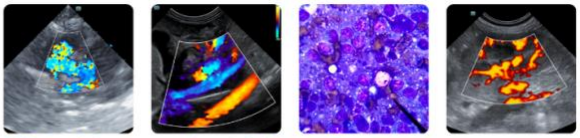
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A well demarcated, nondisruptive hyperechoic intraparenchymal nodule was visualized as well as a small nondisruptive intraparenchymal cyst to cystic nodule in the ventral liver. The nodule measured 0.92 cm in diameter. The cyst to cystic nodule measured 1.0 cm in diameter.

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 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.



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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

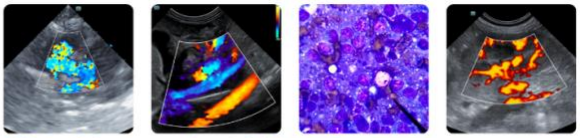
ULTRASONOGRAPHIC FINDINGS

- Urine sediment.
- Mild chronic renal changes.
- Intermittent hepatic intraparenchymal hyperechoic nodules to small cyst/cystic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic hyperechoic to cystic nodules, although nonspecific, are suggestive of benign criteria i.e. nodular hyperplasia, hepatic cysts or cystic biliary adenomas. Emerging to low-grade neoplastic nodules to cystic nodules i.e. emerging carcinoma, biliary cystadenocarcinoma considered less likely, however, sonographic monitoring for evidence of progression with initial recheck in 6 weeks would be ideal. Otherwise, largely mild geriatric abdomen. Correlation with urinalysis +/- urine culture/sensitivity if evidence of inflammatory sediment or UPC level if non-inflammatory proteinuria, is recommended.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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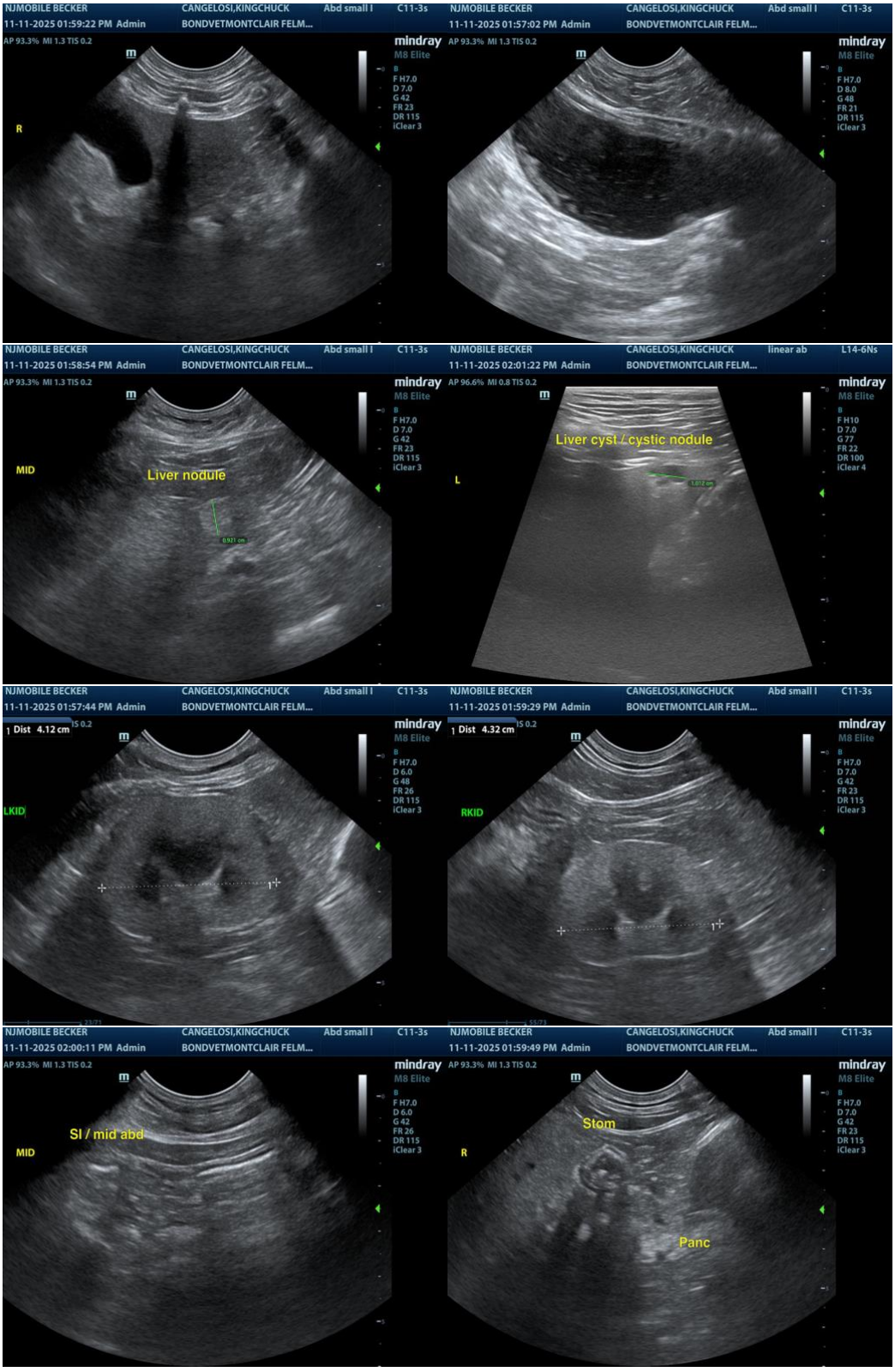

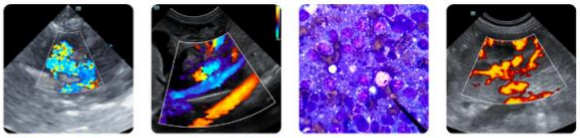

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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