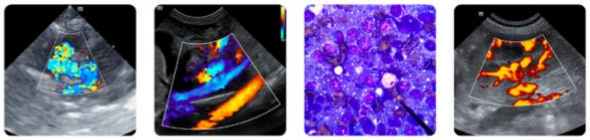


PATIENT

Piper King

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

5 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Catherine Alexander LVT

HOSPITAL NAME

NorthStar Veterinary Sonography PLLC

REFERRING VET

Dr. Williams

INVOICE

12102

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Dx yesterday with Tbili=1.1 and ALP=314 after 3 days of not eating. Suspect at least 2 lbs weight loss. Today still not eating, progressive weight loss. Tbili increase to 3.3 and ALP and ALT similar. Still BAR cat. Neg FeLv/FIV/HW. Normal fPLi, normal CBC. No intake despite 1 day of hosp IVF, cerenia, mirtaz etc. E-tube placed today

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. Minor asymmetrical yet nonthickened ventral apical wall which is nonspecific yet not consistent with urinary bladder wall pathology or neoplastic criteria.

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 3.3 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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.

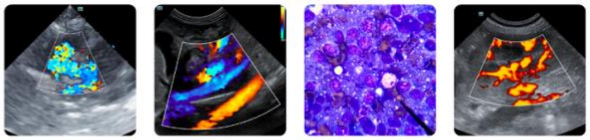
Liver

The liver revealed generalized hepatomegaly, symmetrical rounded hepatic capsule contour and mild nonhomogenous hyperechoic hepatic parenchyma comparable to the spleen. No mass or nodules were evident. Normal vascular volume was maintained.

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.



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The small intestine presented intact borderline thickened wall exhibiting propensity for prominent muscularis layer. Small intestine wall measured 0.25 cm wall width. The ileocolic wall measured 0.30 cm wall width.

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

Scant perihepatic free fluid was evident. Intermittent mildly prominent jejunocolic 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).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged mildly hyperechoic liver- lipidosis, nonobstructive cholestasis or inflammation with potential combination probable, occult hepatic neoplasia thought less likely.
- Sonographically normal gallbladder and area of the common bile duct- no evidence of posthepatic obstruction.
- Normal pancreas.
- Borderline thickened small intestine with mildly prominent muscularis layer- suggestive of mild inflammatory enteropathy, potential for patient variant or less likely emerging to occult intestinal round cell neoplasia i.e. lymphoma.
- Mild subjective benign jejunocolic lymphadenopathy.
- Scant perihepatic effusion.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle with Vitamin K pre-treatment, hepatic FNA cytology could be considered for further clarification. A GI panel to include PLI, TLI, cobalamin and folate and screening three view chest radiographs if not done to rule out thoracic pathology as a contributing factor is recommended. Hepatogastrointestinal support, monitoring of clinical response following esophageal tube placement and sonographic monitoring or reassessment if progressive hepatopathy or weight loss is recommended.

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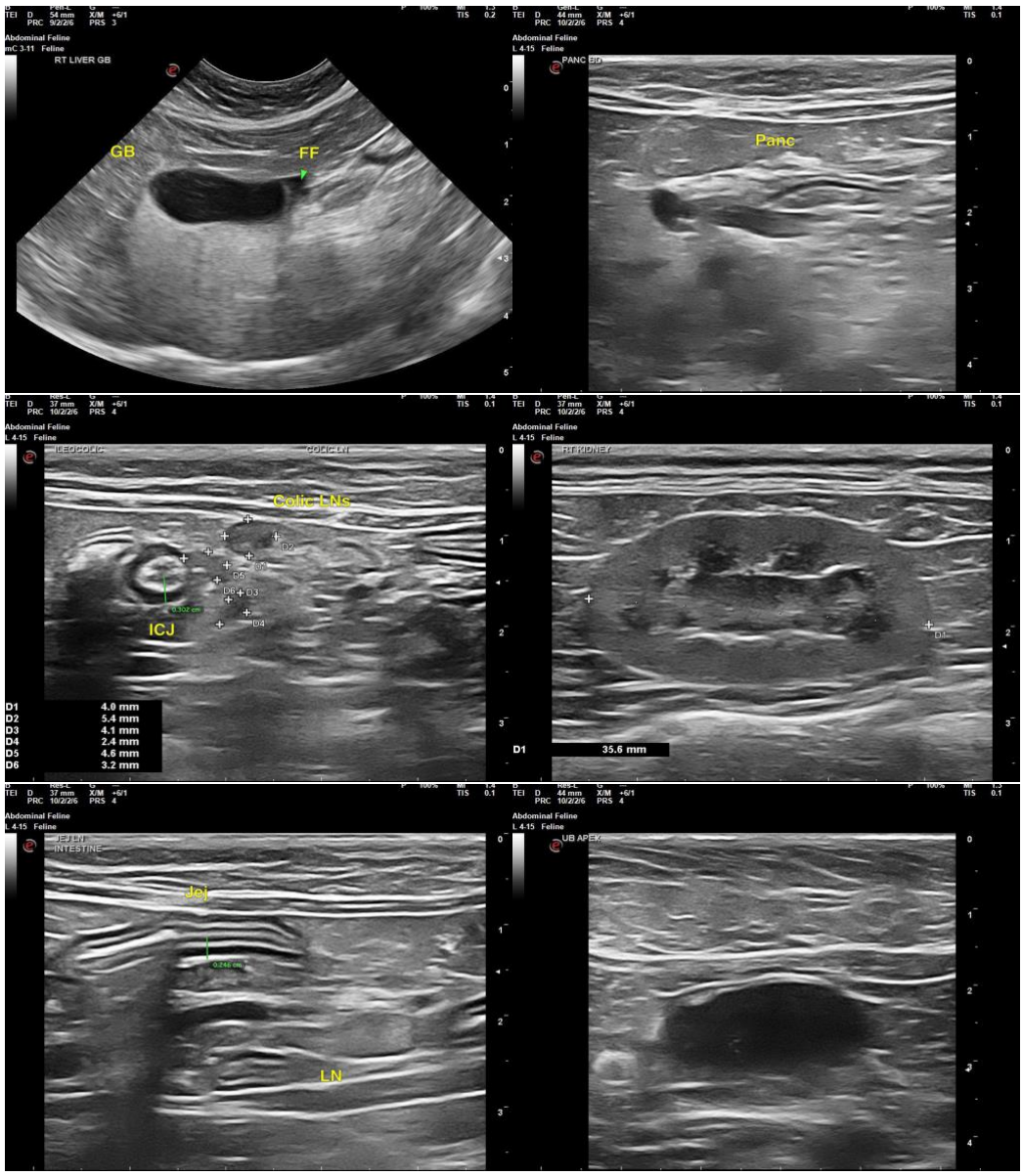

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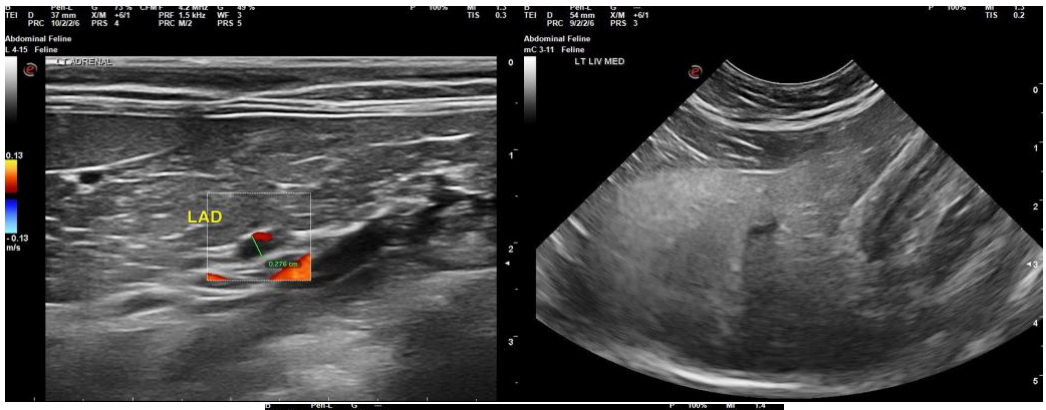

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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