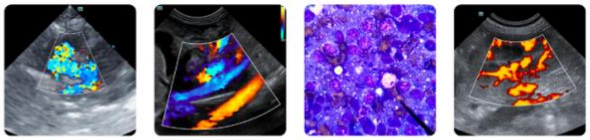

PATIENT

Navi Rench

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

13

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside Veterinary Clinic

REFERRING VET

Dr. Mack

INVOICE

12129

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Presented for not acting right, not eating or drinking

Abnormal PE/Chem/CBC/UA Results: TBIL 1.3 WBC 23.37 ALKP 550

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.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were 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.

Liver

The liver revealed generalized hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction.

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 thickened intact wall layers exhibiting altered to borderline inverted 1:3 muscularis / mucosa ratio owing to generalized thickened muscularis layer. The small intestine wall measured up to 0.32 cm wall width.

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

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

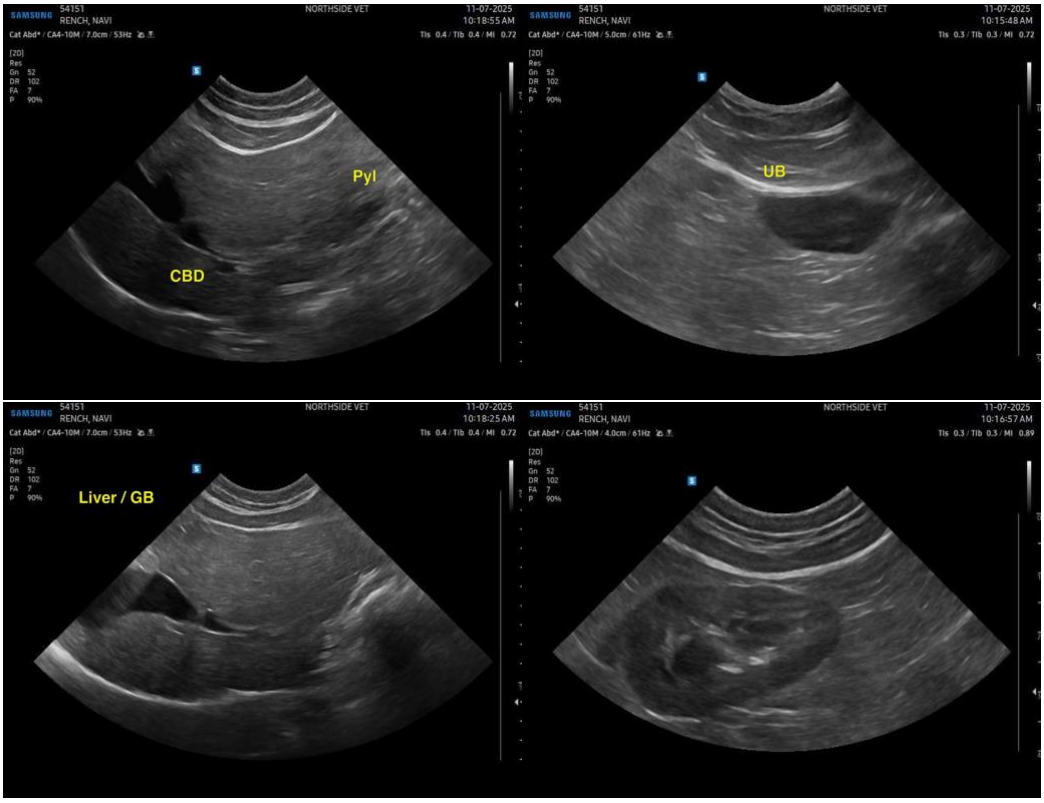
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened intact small intestine wall.
- Hepatomegaly.
- Normal gallbladder with nonobstructive common bile duct dilation.
- Sonographically normal stomach/area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy with emerging hepatic lipidosis given reported inappetence, hepatobiliary inflammation in conjunction with possible mild cholangitis and triaditis are primarily suspected. Intestinal round cell neoplasia i.e. lymphoma, mass cell neoplasia or emerging multicentric neoplasia involving the liver is thought less likely yet cannot be excluded. Assuming normal clotting status and using a 25-gauge needle with Vitamin K pre-treatment, hepatic FNA cytology is warranted for further clarification. Full thickness intestinal biopsies are required for a definitive diagnosis. Gastrointestinal support, empirical therapy for lipidosis/potential triaditis with clinical and as needed sonographic monitoring if continued evidence of hepatopathy, gastrointestinal signs or weight loss, would be reasonable.



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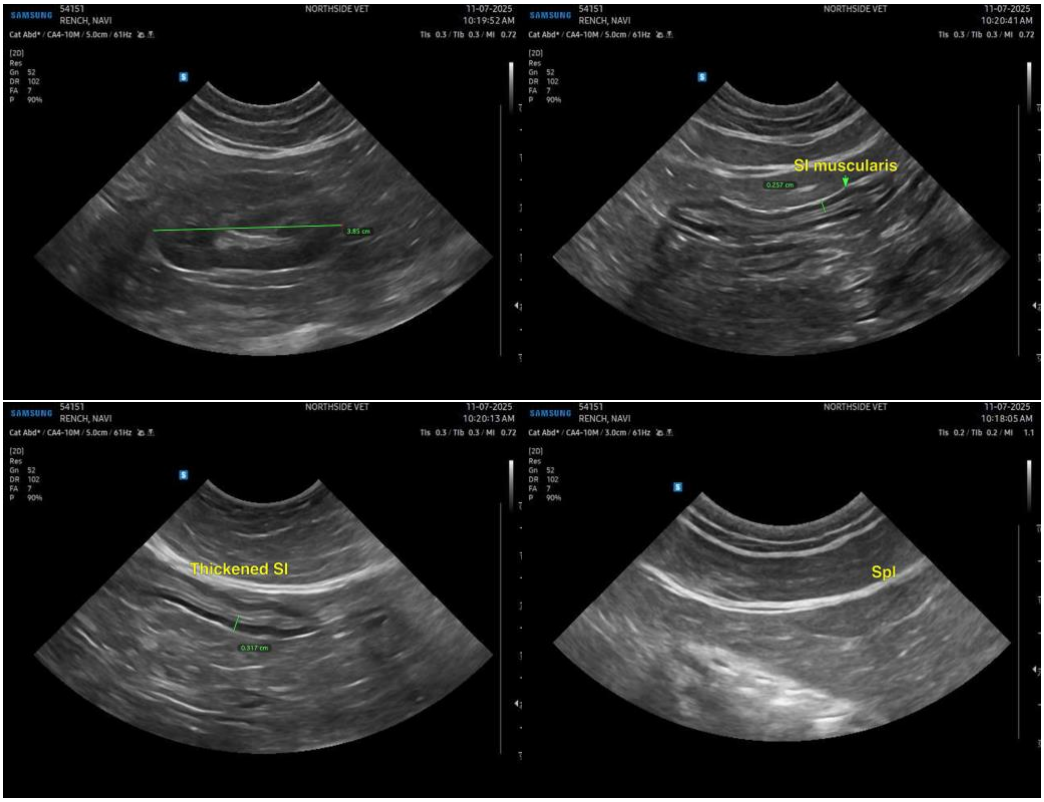

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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