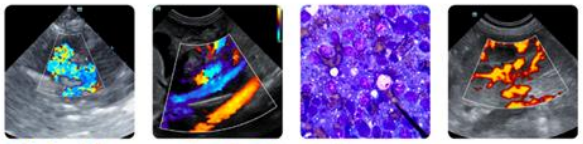


PATIENT

Bullet Kreutzer

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

8yr

WEIGHT

9.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills Veterinary Hospital

REFERRING VET

Jonathan Moss

INVOICE
23246

DATE
12/17/2025

PRESENTING CLINICAL SIGNS

Pt is one of my technicians cats. previous triaditis, was treated with pred, metro, Denamarin, Cerenia and was improving. consult with internist rec'd increasing pred dose and d/c metro. Pt has lost significant amount of weight, stopped eating as well and diarrhea was much worse. decreased pred dose and restarted metro and pt did improve.

Abnormal PE/Chem/CBC/UA Results: weight loss, diarrhea-mildly improved

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with dependent lumen mineral to multiple small 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 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The right kidney measured 3.5 cm in length. The left kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The area of the left and right adrenal glands were free of pathology. Probable adrenal suppression secondary to steroid therapy.

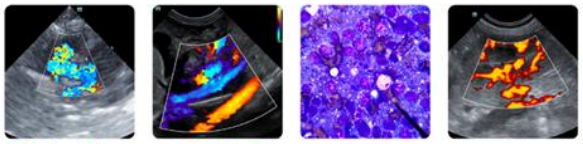
Spleen

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 0.60 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively enlarged in size with homogenous mild increased hepatic parenchyma echogenicity exhibiting mild coarse echotexture. Normal vascular volume. No visualized masses or nodules were present. 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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal



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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.21 cm width.

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

Pancreas

The pancreas was variably enlarged in size with asymmetrical capsule contour and non-homogenous hypoechoic parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum. Possible regional left pancreatic limb parenchymal expansion to possible indistinct emerging mass present measuring 1.1 cm in diameter.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder dependent lumen mineral / multiple small calculi
- Bilateral nonspecific renal medullary rim sign
- Enlarged hyperechoic liver
- Normal gallbladder with non-obstructive proximal common bile duct dilation
- Structurally unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient history, suppression of intestinal mural changes owing to steroid therapy with chronic pancreatitis, concurrent hepatic lipidosis and inflammation are all potentials with emerging pancreatic to possible multicentric neoplasia not definitively excluded.

Further assessment may include assuming normal clotting status and using a 25ga needle a left pancreatic limb parenchymal expansion and screening hepatic FNA cytology warranted for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Continued current empirical therapy with clinical monitoring and sonographic reassessment of the pancreas and liver in 3-4 weeks would be more conservative approach. A urinary workup is recommended.

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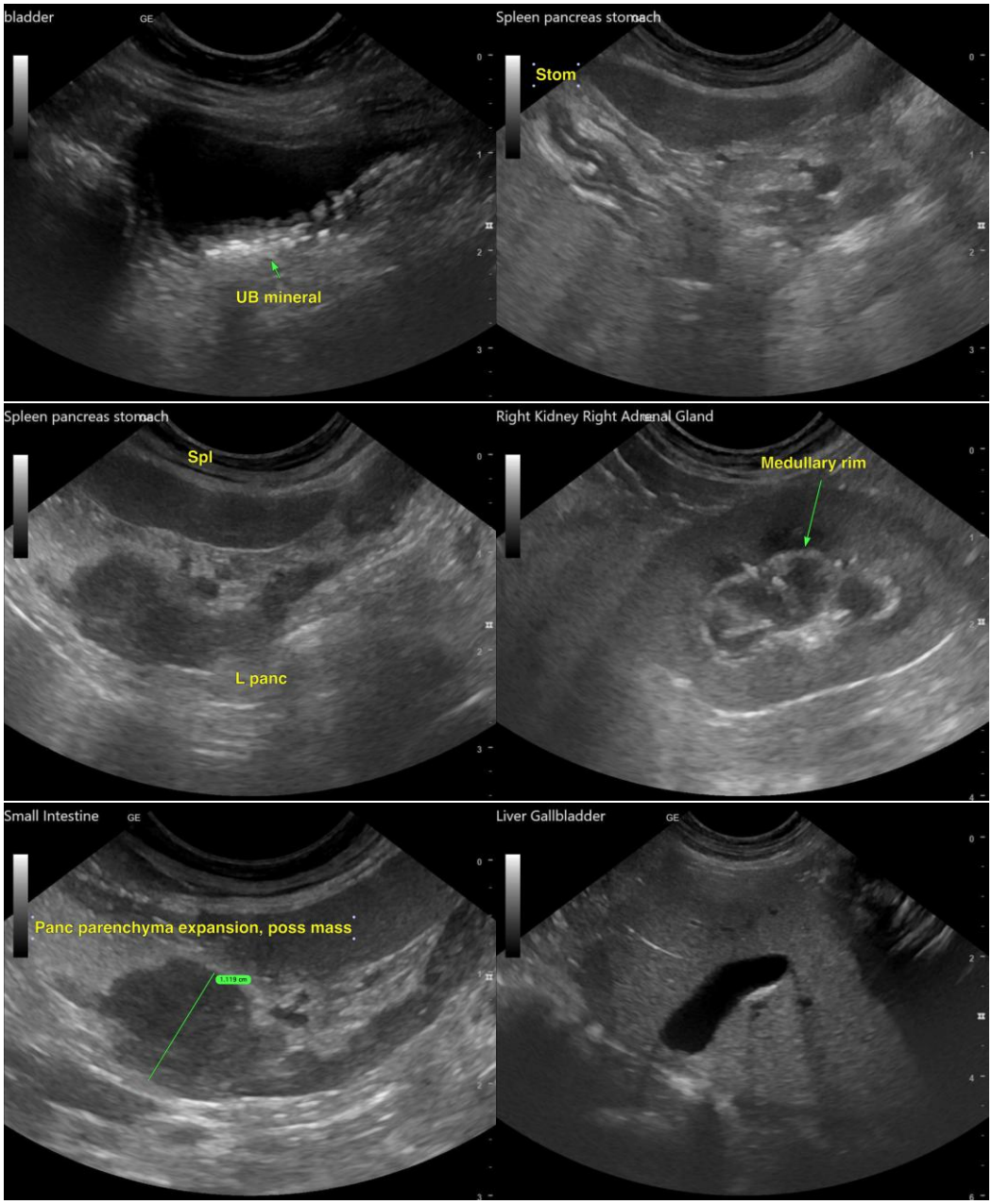

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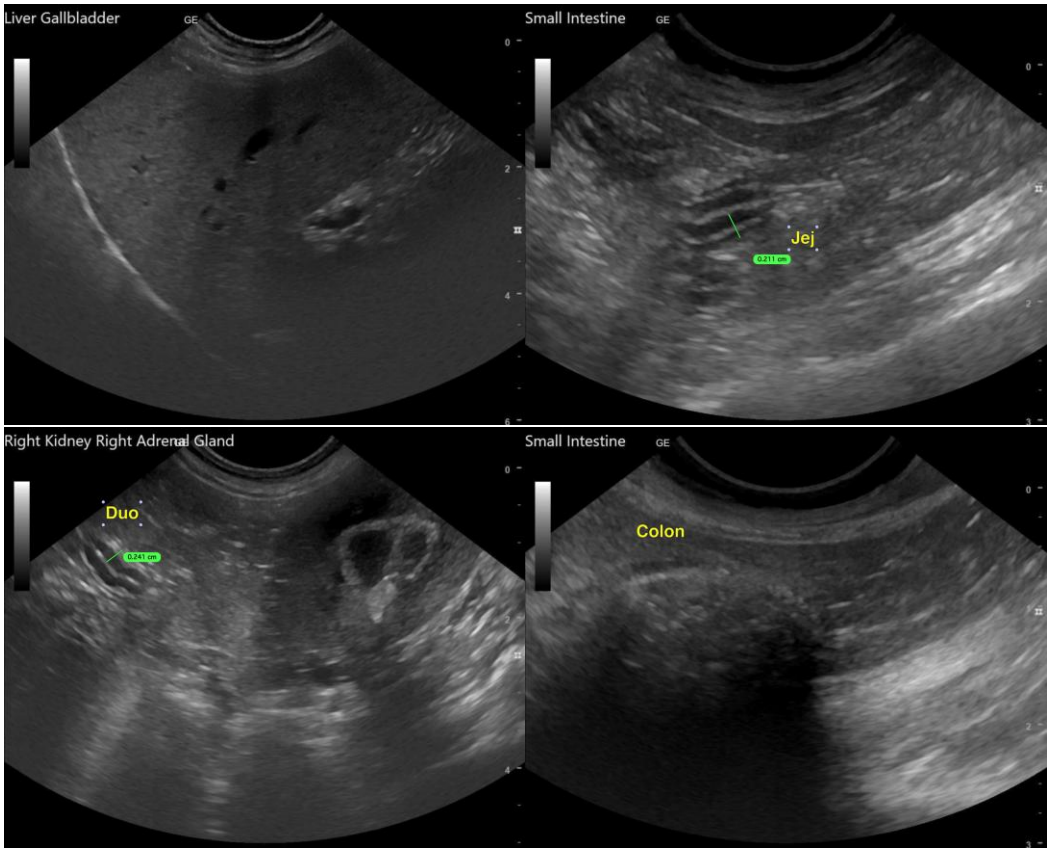

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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