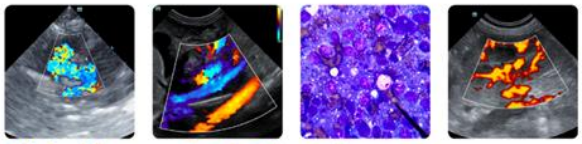


PATIENT

Orangelat Milgram

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14

WEIGHT

9.45

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Klein

HOSPITAL NAME

Alison Animal Hospital

REFERRING VET

Dr Vinitsky

INVOICE
23263

DATE
12/17/2025

PRESENTING CLINICAL SIGNS

Pt was presented for weightloss and occasional vomiting. BW abnormalaties from 12/9 are as followed: RBC 5.98 (Normal 6.5-11.53), HGB 7.7 (10.6-16.7), HCT 25.6 (31-51), ALT 204 (27-158), AST 156 (16-67), ALP 118 (12-59), Total Bil 0.5 (0.0-0.3)

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 no evidence of urine/lumen sediment, mineral, or 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 were 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. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

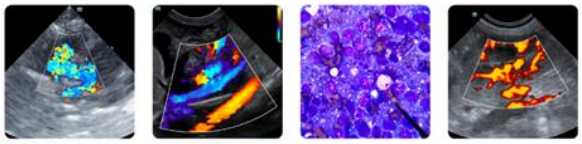
The spleen exhibited subnormal size (0.56 cm at the mid spleen) and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

Generalized hepatomegaly with symmetrical rounded contour. Mild heterogeneous parenchyma and indistinct portal vascular borders were present. Subjective normal vascular volume without overt congestion. No visualized masses or nodules were present. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The proximal 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.



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The small intestine presented intact generalized thickened wall with mildly altered wall layer ratio owing to propensity for mildly thickened muscularis and minor thickened mucosa layers. The ileocolic wall measured 0.47 cm in width. The small intestinal wall measured 0.34 cm in width.

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

Pancreas

The left pancreas was normal in size with capsule asymmetry. Mild non-homogenous to hypoechoic parenchyma compared to adjacent mildly hyperechoic omentum.

Free Abdomen

No obvious visualized significant omental lymphadenopathy.

Mild volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild gallbladder debris, mild non-obstructive common bile duct dilation
- Intact thickened small intestine wall
- Mild non-homogenous hypoechoic left pancreas.
- Mild volume peritoneal effusion.

Secondary

- Bilateral chronic renal changes
- Suspect volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations include IBD or other inflammatory enteropathy in conjunction with potential chronic pancreatitis and cholangitis /cholangiohepatitis pattern, triaditis, while potential for neoplasia cannot be excluded. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Effusion analysis and A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support and empirical therapy for triaditis would be reasonable.

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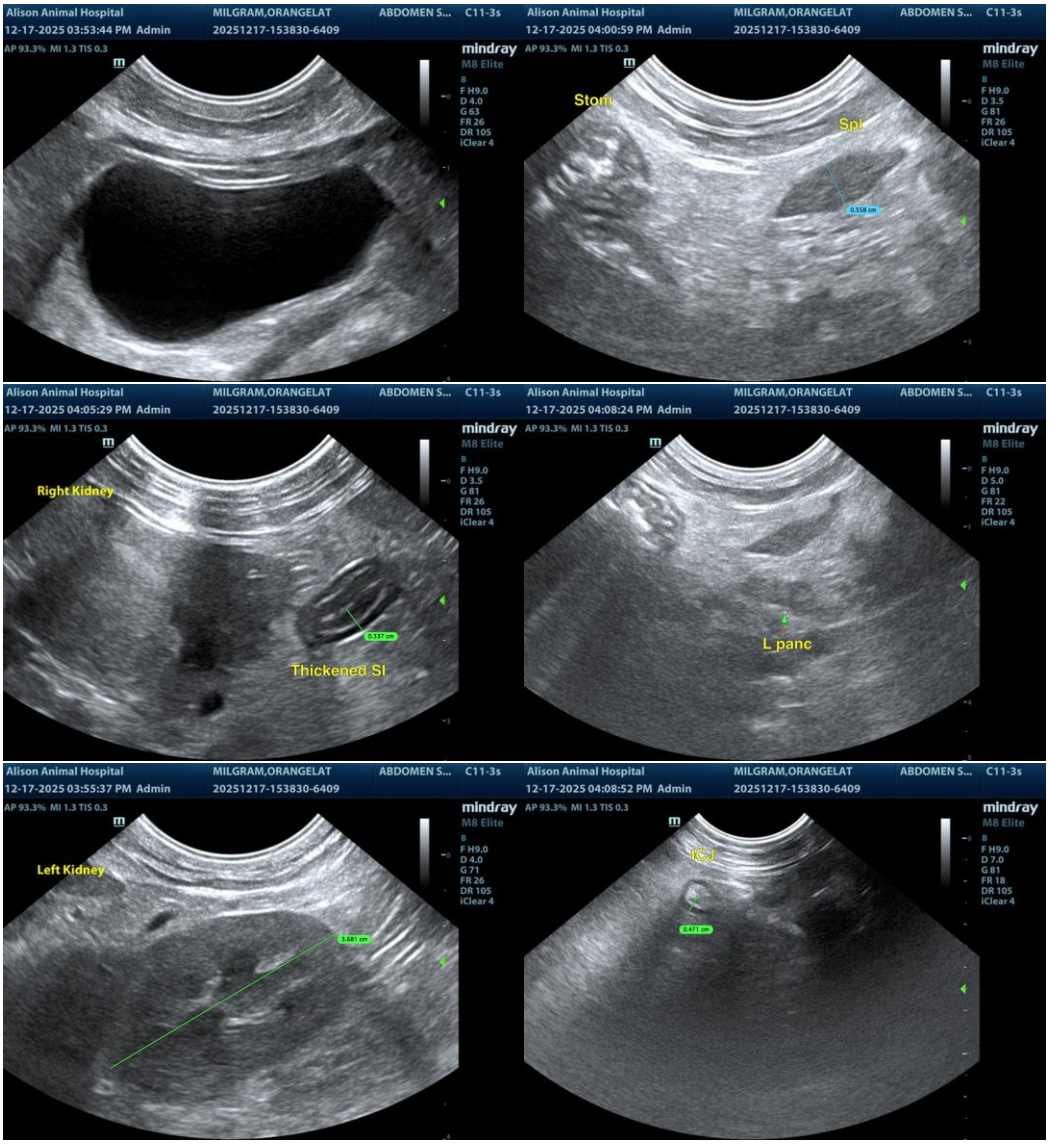

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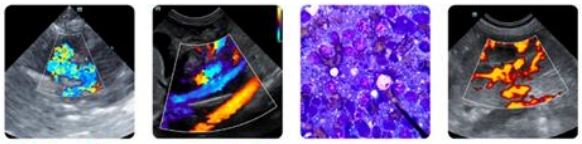

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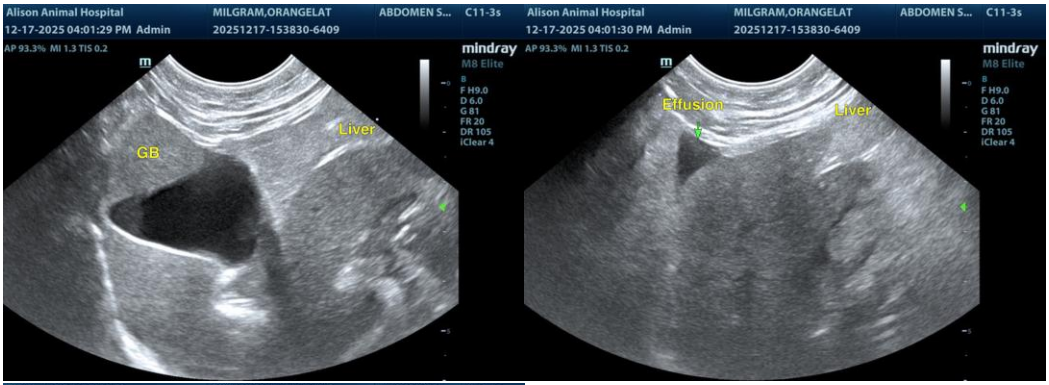

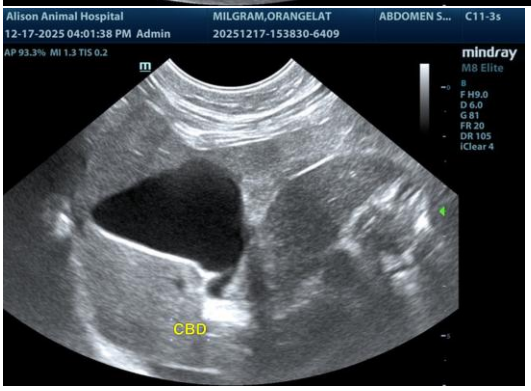

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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