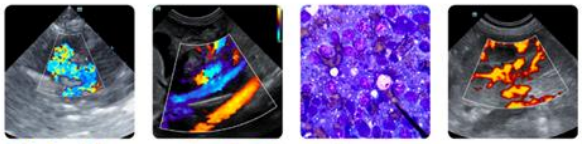

PATIENT

Pistol Moss

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

14.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

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INVOICE
23279

DATE
12/18/2025

PRESENTING CLINICAL SIGNS

Pt vomited aprrox 12 times on Sunday, hairball material but lots of food, was lethargic for about 36hrs but continued eating the entire time. Less lethargic the last 48 hours and eating well. sent off labs, which are attached ALT 556, AST 144

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 mild non-dependent particulate sediment. 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 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 4.3 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

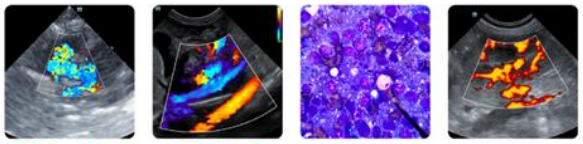
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.32 cm in diameter. The capsule 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. 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 subtle prominent edematous gallbladder wall. Mildly dilated, yet non-obstructive cystic duct was present. The gallbladder appeared to be divided into two separate compartments consistent with bilobed gallbladder which is a normal variant in a cat.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 small intestinal wall measured 0.22 cm in width. The ileocolic wall measured 0.33 cm in width.

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

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. The left pancreatic limb measured 0.72 cm in diameter.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Pancreatitis with peripancreatic reactive omentum /possible steatitis
- Hepatopathy
- Mild inflamed gallbladder with non-obstructive cystic duct dilation
- Sonographically normal gastrointestinal tract with non-shadowing gastric ingesta

Secondary

- Mild hyperechoic non-disruptive splenic nodules- suggestive of benign criteria, i.e. myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis, in combination with cholangiohepatitis, is suspected. Minor potential for occult hepato-pancreatic neoplasia thought less likely. Triaditis could be possible as concurrent underlying intestinal disease may present sonographically normal.

Further assessment may include assuming normal clotting status and using 25ga needle, hepatopancreatic FNA cytology and GI panel to include PLI/TLI/Cobalamin/Folate. Empirical therapy for pancreatitis and cholangiohepatitis with clinical and as needed sonographic monitoring would be reasonable.

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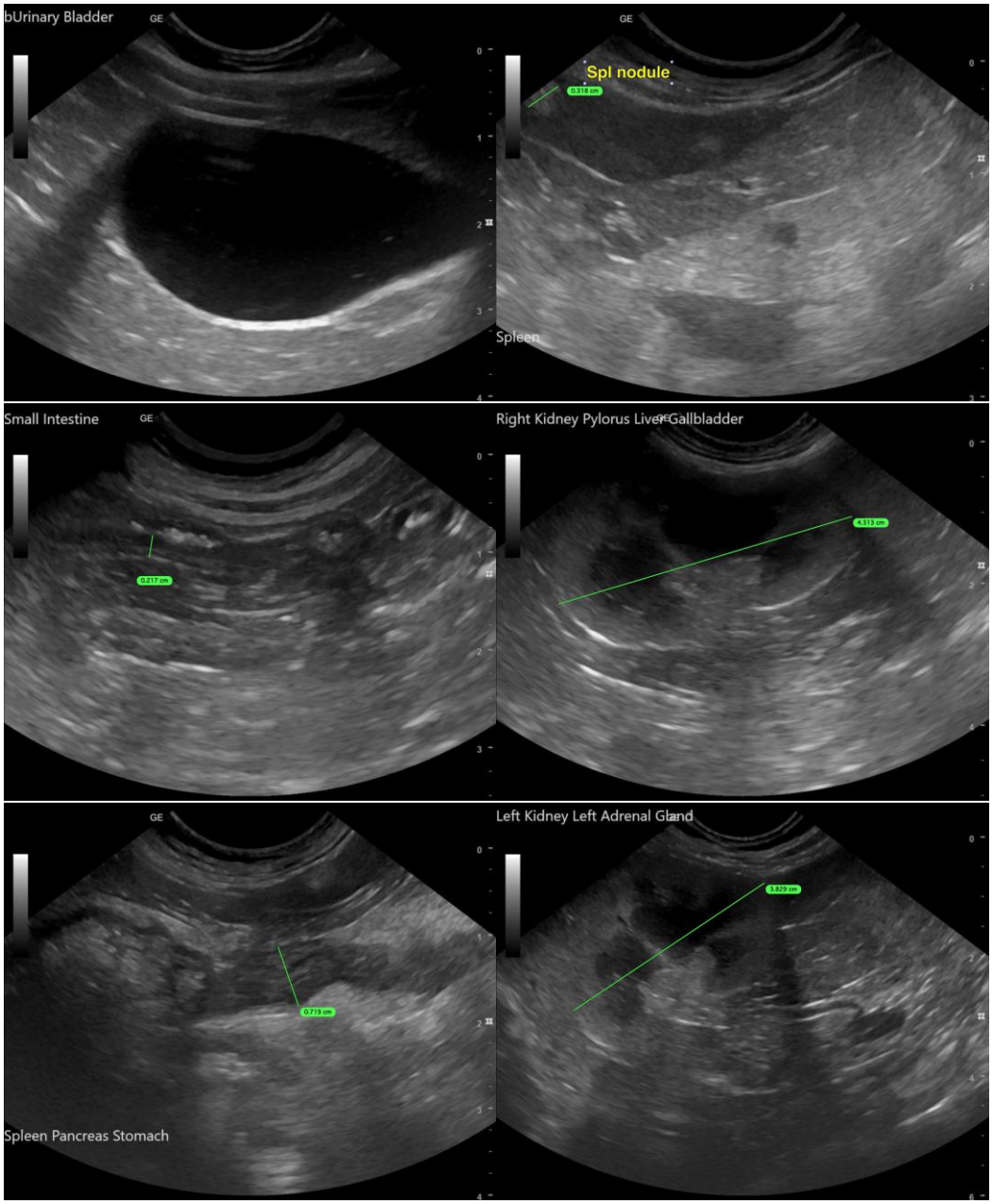

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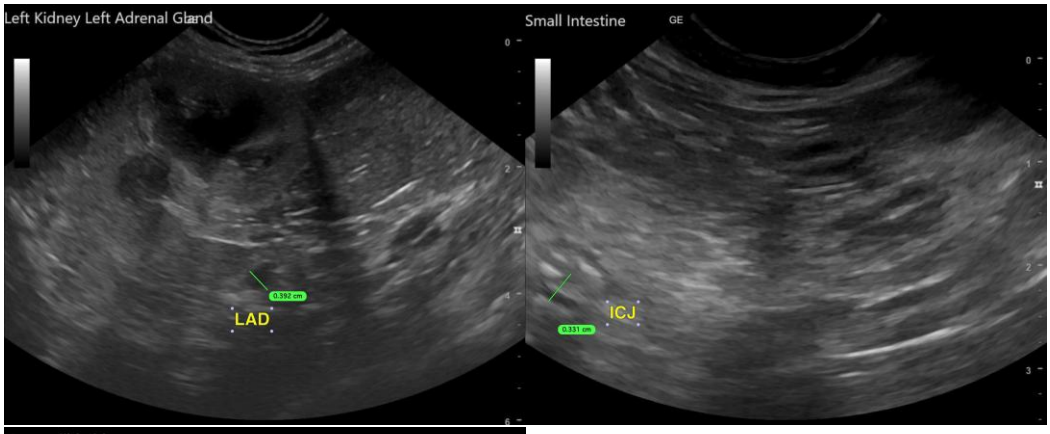

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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