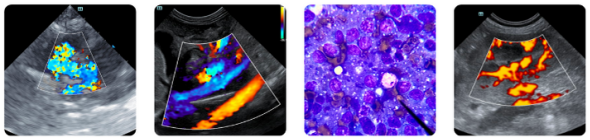


PATIENT

Ollie Lamp

SPECIES

Feline

BREED

Siberian

SEX

Male Neutered

AGE

10.5 y

WEIGHT

4.33 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Logan Law

INVOICE

12991

DATE

12/27/25

PRESENTING CLINICAL SIGNS

History: 2/15 called rdvm b/c P was not himself and had a decreased appetite. no other GI signs and P was still eating some so said it would be okay to monitor. 12/23 brought to rdvm for exam b/c stopped eating. had rads, but no BW b/c was all WNL in october. P ate a whole can of food that night and seemed like his normal active self but brought P back for recheck today (12/26) because regressed. he is normally a very social, affectionate cat but he is lethargic and hiding. in-house bw today showed elevated ATL, Alk phos, and cholesterol. no prior significant health concerns. admitted: ivf, cerenia, pantoprazole, metronidazole iv. *Concern for weight loss, anorexia/hyporexia, hepatopathy, primary gi disease vs other

Meds: did convenia, SQ fluids, and rx'd gabapentin, elura, metronidazole suspension, proviable.

Abnormal PE/Chem/CBC/UA Results: PE: thin BCS 4/9; muscle wasting *12/26 ALT 783 (normal Oct 2025), ALP 245 (normal Oct 2025), Chol 248 (was 261 Oct 2025), Neuts 1.89 dec (also dec Oct 2025) T4: 2.3 normal in October 2025 *AXR: gas in small intestines, suspected ileus; unequal kidney size *12/26 fpL: 3.6 suspect

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

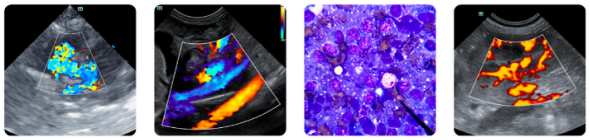
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm. The right adrenal gland measured 0.37 cm.

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 0.8 cm width left of the mid spleen.



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Liver

The liver was subjectively normal in size to possible borderline enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The proximal common bile duct was dilated and mildly tortuous not definitively visualized to the level of the duodenum.

Gastrointestinal

The stomach presented intact wall exhibiting overall maintained wall layer ratio with borderline mildly thickened intestinal wall. Duodenum wall measured 0.33 cm and jejunum wall measured 0.27 cm. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without 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 ileus, obstruction or foreign material.

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

Pancreas

The pancreas was subjective mildly prominent in size with mild capsule asymmetry exhibiting isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent omentum. Normal to mildly prominent pancreatic duct. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Hepatopathy
- Mild gallbladder debris, mild non-obstructive common bile duct dilation
- Mild gastric ingesta
- Intact borderline mildly thickened small intestinal wall
- Mild prominent heterogeneous pancreas

SECONDARY FINDINGS

- Age-related renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory hepatobiliary disease, i.e. cholangiohepatitis with potential for triaditis is suspected. Non-obvious to emerging intestinal to multicentric neoplasia thought less likely. Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology primarily to assess for inflammatory cell type. Combined with a GI panel to include PLI/TLI/Cobalamin/Folate, supportive care for cholangiohepatitis and triaditis with clinical analysis and as needed sonographic monitoring if evidence of progressive hepatopathy, gastrointestinal signs or weight loss would be appropriate. Definitive diagnosis would require biopsies for histopathology. No

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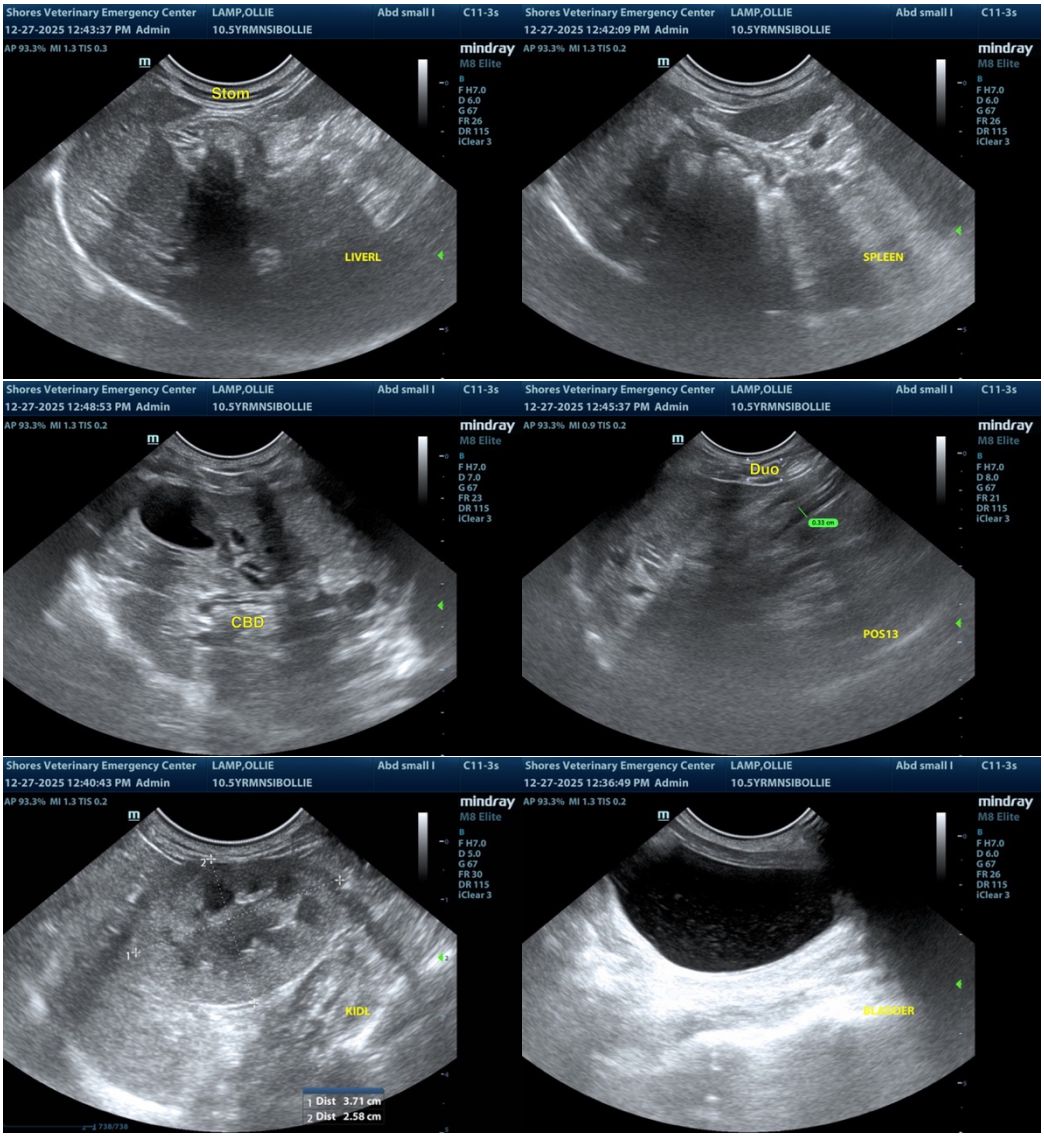
evidence of gastrointestinal foreign material with potential mild gastric ileus probable.



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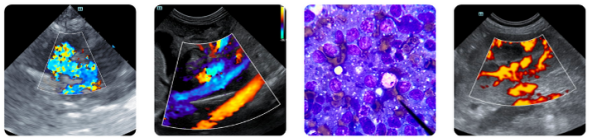

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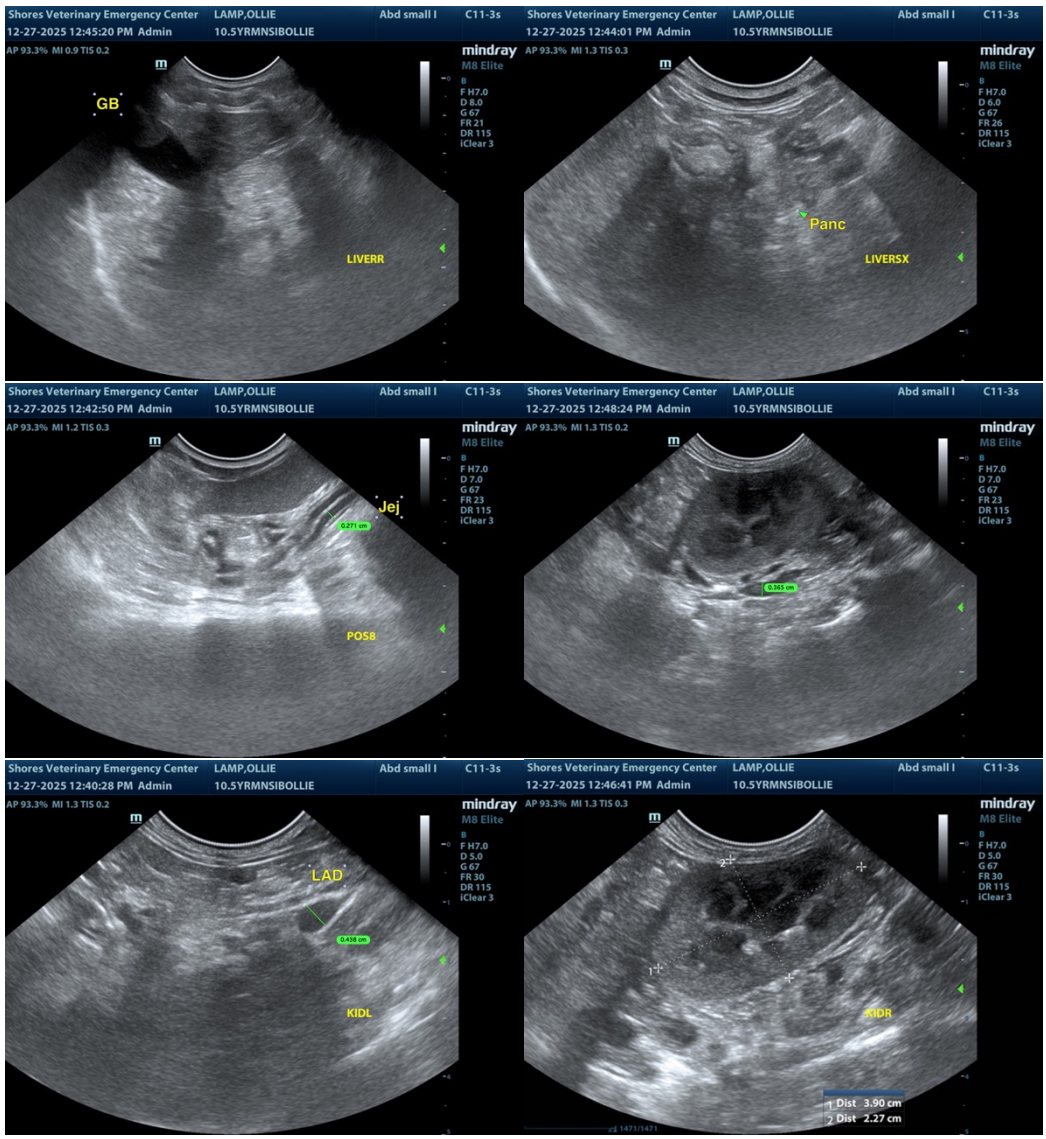

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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