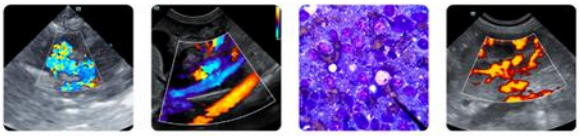


PATIENT
Erie Zuck

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
14yr

WEIGHT
11lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
The Veterinary Hospital

REFERRING VET
Dr Johnson

INVOICE
23371

DATE
12/26/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: chronic renal disease, emerging hepatic disease, initially there was some vomiting and inappetence but that has resolved ABNORMAL Labwork Values CBC - WNL, previous mild anemia resolved Chem - elevated Phos 6.4, GGT 13 (was 13) , ALT 378 (was 277) , BUN 35.6 (was39) Creat is WNL at 1.6 Current Medications Cerenia 8 mg PRN, Denamarin, cyclosporine 25 mg q 72 hours to manage cutaneous granulomas Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with dependent to 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 to borderline size was present in the kidneys with mild asymmetrical capsule contour and 1:3 cortex medulla ratio. Mild hyperechoic cortex with enhanced to indistinct corticomedullary border demarcation was present. Bilateral indistinct isoechoic medullary rim was present. No pyelectasia. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

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

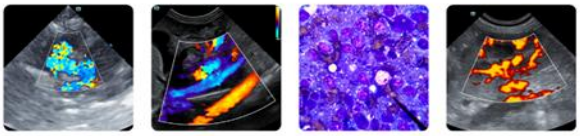
Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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 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.



SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

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The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.36 cm width.

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

Pancreas

The pancreas was normal in size with mild asymmetrical contour and mild heterogenous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.92 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder sediment.
- Chronic renal changes exhibiting indistinct medullary rim
- Hepatopathy with mild gallbladder debris
- Suspect mild chronic pancreatitis.
- Sonographically unremarkable gastrointestinal tract with semi-formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Hepatobiliary inflammation, i.e. cholangiohepatitis or similar is favored in conjunction with elevated ALT and presence of gallbladder debris. Further assessment may include assuming normal clotting status and using a 25ga needle, hepatic FNA cytology primarily to assess for inflammatory cell type. Triad disease may be of consideration if recurrent gastrointestinal signs or evidence of weight loss. Baseline GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

Empirical therapy for suspect cholangiohepatitis with clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy, azotemia, or recurrent gastrointestinal signs would be reasonable.

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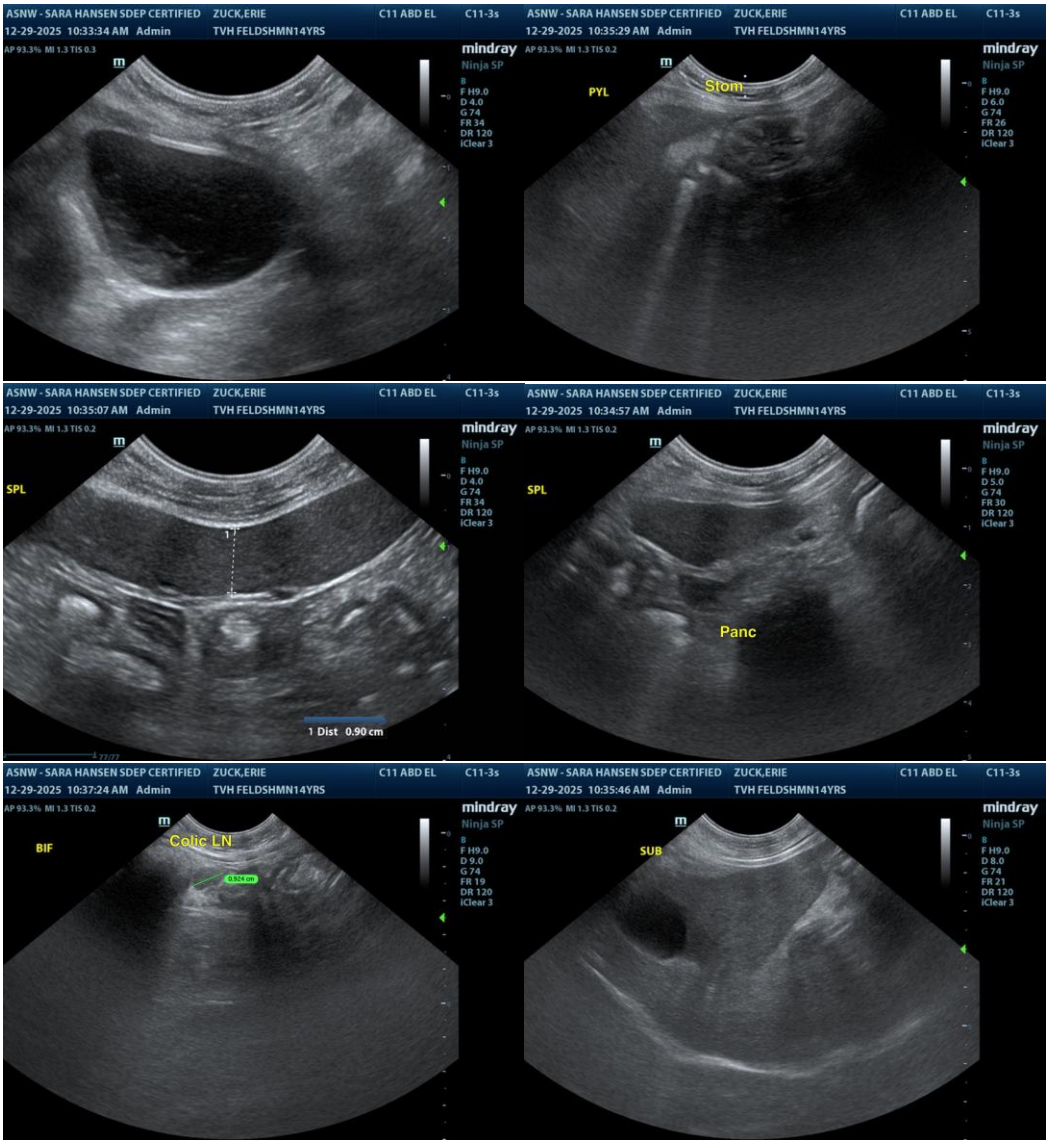

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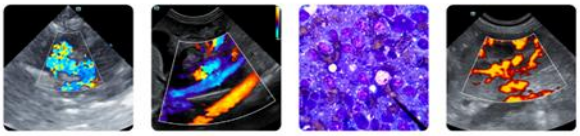

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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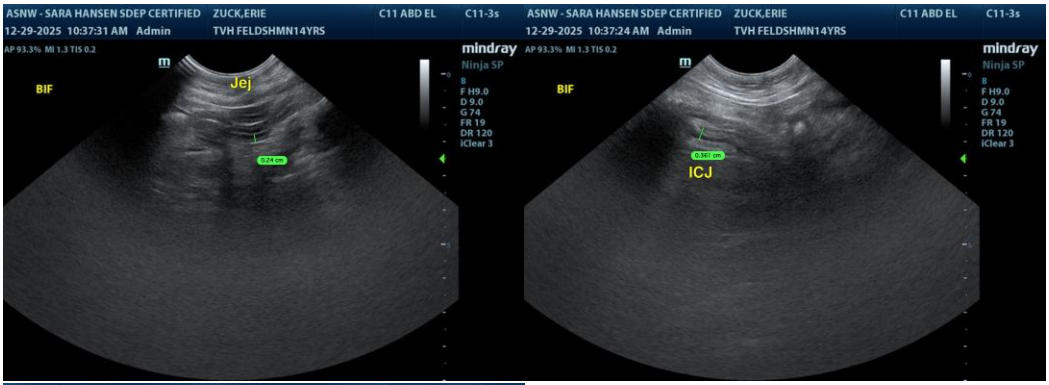

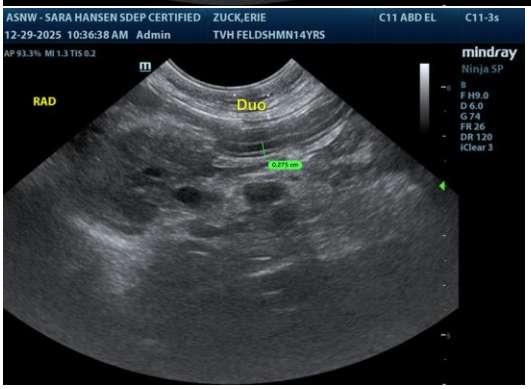

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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