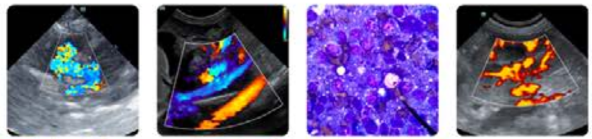


PATIENT
Link Barlow

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2 Years

WEIGHT
3.61 kg

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

IMAGING PERFORMED BY
Lindsay Powell, CVT

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Shally Gastelu

INVOICE
72814

DATE
12/29/25

PRESENTING CLINICAL SIGNS

Acute onset of jaundice - no known v/d, inappetence or toxin ingestion.

Abnormal PE/Chem/CBC/UA Results: mm light pink/jaundice, tacky Jaundice all over Thin CHEM: BUN (11) ALT (193) ALP (747) tbili (4.8) CBC: MCV (34.4) RDW (31.2) Reticulocytes (2.7) Reticulocyte HGB (12.2) Eos (0.07) Platelets (21) MPV (11.3) Plateletcrit (0.02) Pancreatic lipase (2.1) EPOC: Na (146) Lactate (4.82) BUN (20) iCa (1.16) Radiographs: unremarkable

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. Moderate non-dependent 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 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. 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 interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. Left kidney measured 4.2 cm. Right kidney measured 4.2 cm.

Adrenal Glands

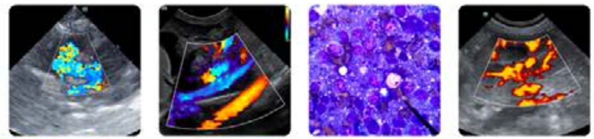
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

Spleen

The spleen measured 0.82 cm in width at the level of the mid spleen. It 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.

Liver

The liver was subjectively mildly enlarged. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal to non-distended in size with mild, echogenic, nonmineralized biliary sludge. Normal wall without evidence of inflammation or edema. Mildly dilated cystic duct with normal non-dilated common bile duct to the level of the duodenum.



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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 ileus, obstruction or foreign material. Small intestinal wall measures 0.24 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Scant perihepatic effusion. No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, hyperechoic liver.
- Non-distended gallbladder with mild bile debris, mildly dilated cystic duct with normal common bile duct to the level of the duodenum.
- Sonographically normal gastrointestinal tract/pancreas.
- Non-specific bilateral renal medullary rim sign.
- Scant perihepatic effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the hyperechoic liver include inflammation, non-obstructive cholestasis, lipidosis, or occult round cell neoplasia.

Assuming normal clotting status and using 25-gauge needle with suggested Vitamin K pretreatment, hepatic FNA cytology could be considered for further clarification. Lipidosis criteria favored, with potential combined inflammatory disease, given primarily elevated ALP, with mild ALT elevation. No evidence of post-hepatic obstruction or gastrointestinal/pancreatic disease as contributing factor. GI panel to include PLI, TLI, cobalamin and folate to assess for occult intestinal or pancreatic disease may be considered.

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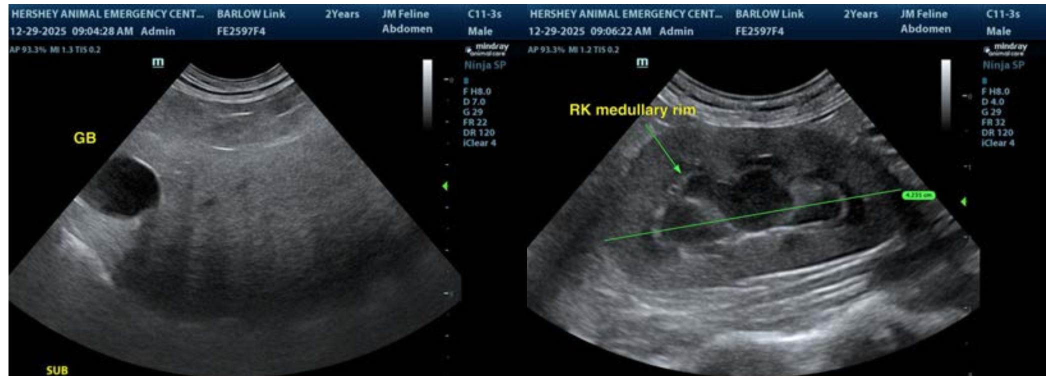

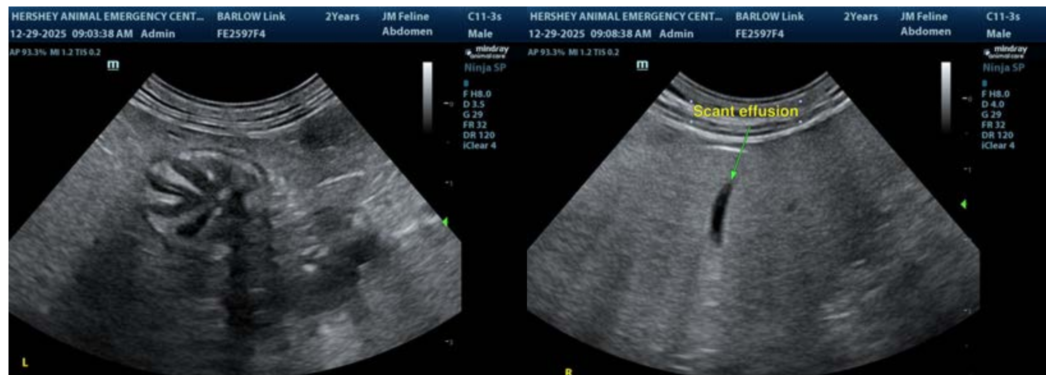

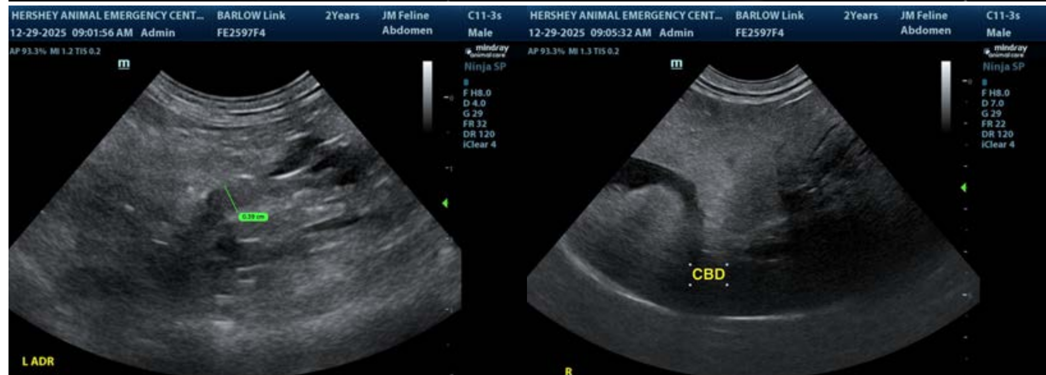

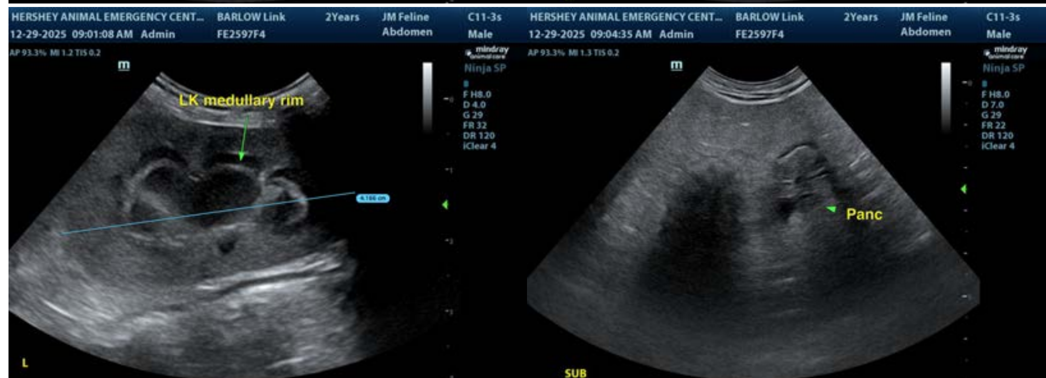

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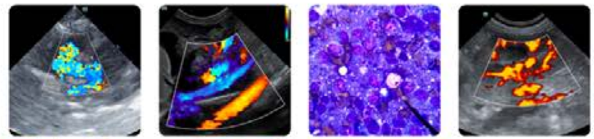

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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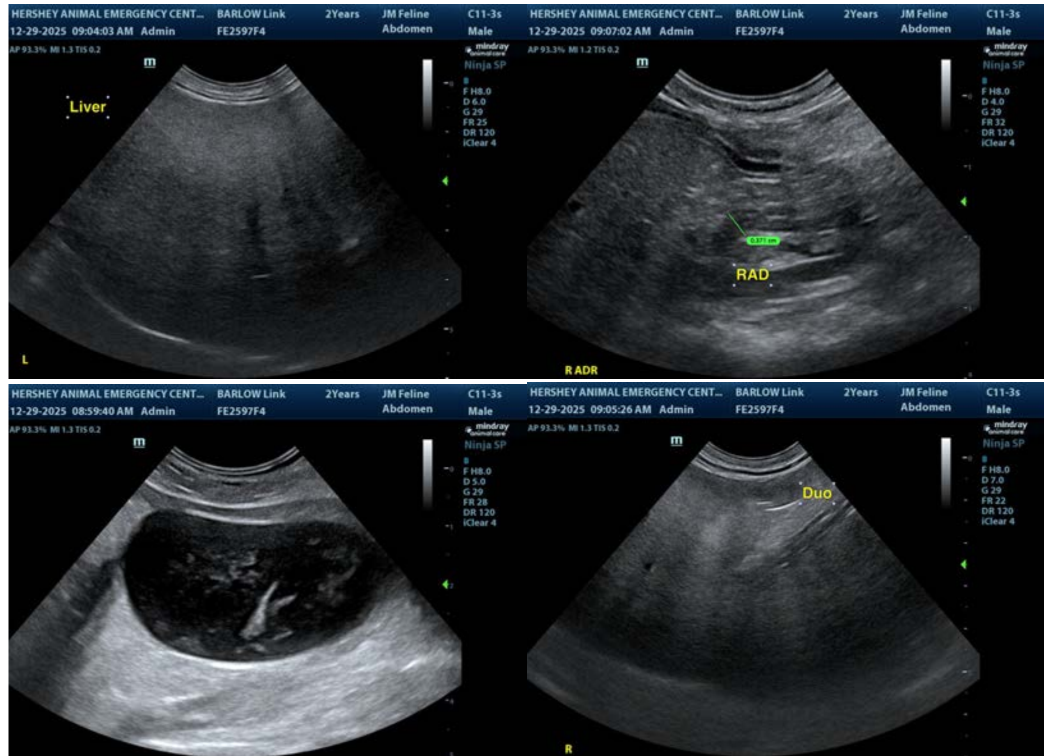

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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