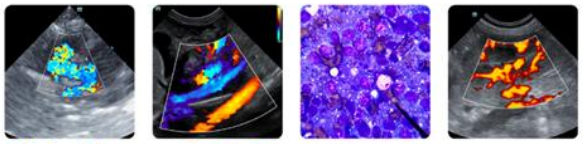


PATIENT

Taz Bartholomew

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
23177

DATE
12/9/2025

PRESENTING CLINICAL SIGNS

hepatopathy lethargy, febrile, Hx of diabetes and pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 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 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

The liver was mildly enlarged with symmetrical contour, mild non-homogenous parenchyma. Mild to moderate coarse echotexture was present. No visualized masses or nodules were present. 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.

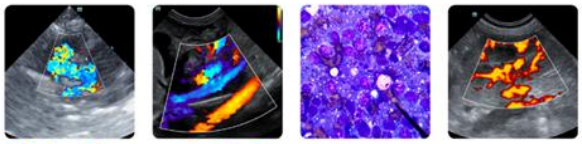
Gastrointestinal

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

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

Pancreas



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The left pancreas was normal in size with mild asymmetrical contour and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild urine sediment.
- Chronic renal changes.
- IBD intestinal pattern.
- Hepatopathy-subjective benign.
- Gallbladder debris.
- Probable left limb chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Triaditis may be a potential in this patient. Emerging to low-grade intestinal to potential emerging multicentric neoplasia, i.e. lymphoma, which may present in similar sonographic manner as IBD, is thought less likely yet not definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Supportive care, including gastrointestinal and hepatic support with empirical therapy for chronic pancreatitis and clinical monitoring with as needed sonographic reassessment is recommended.

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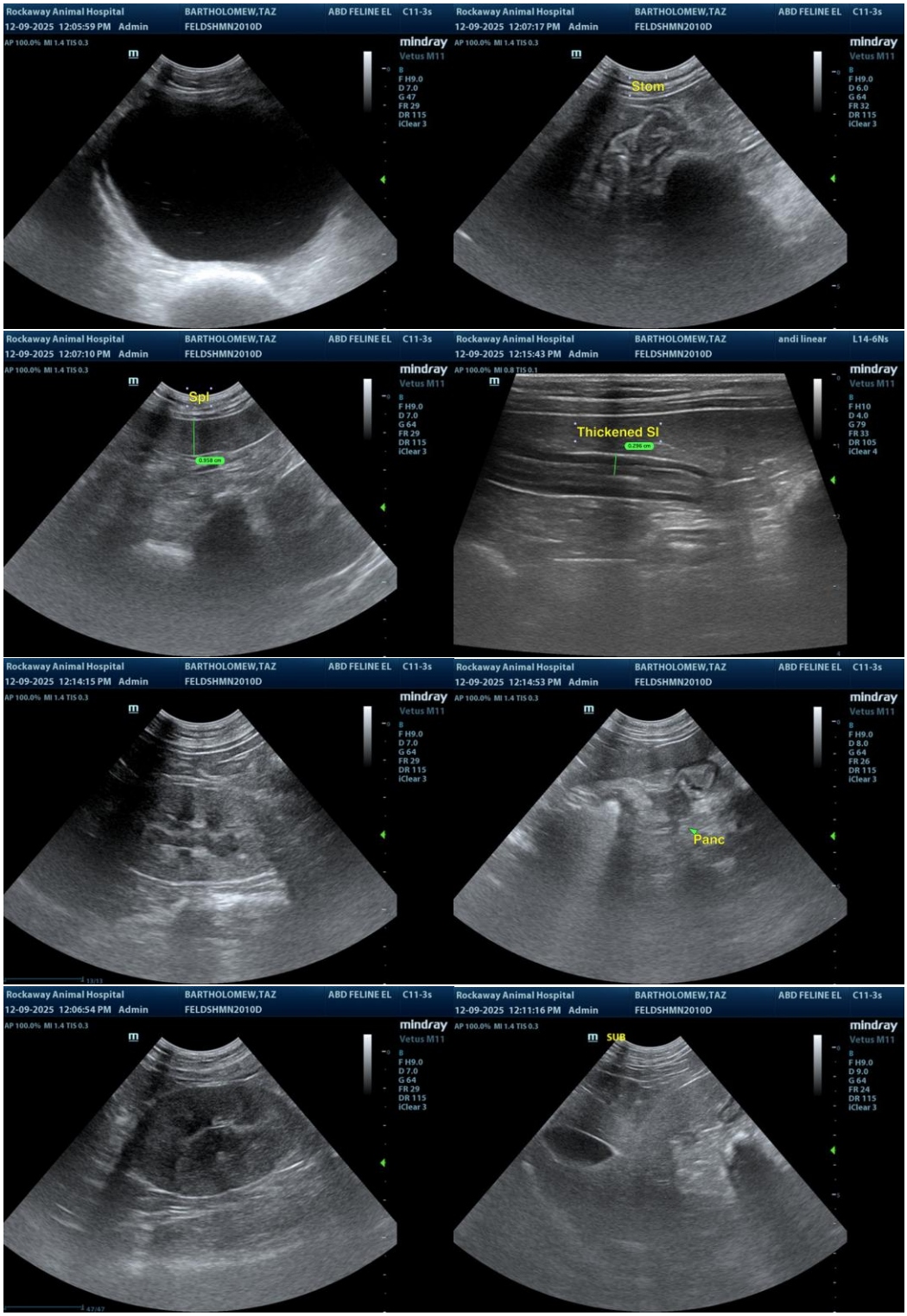
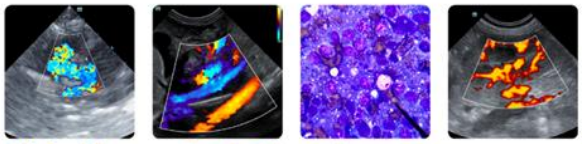


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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