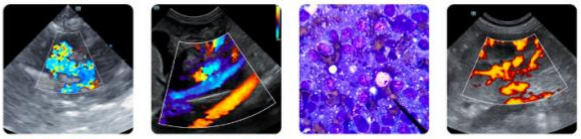


PATIENT

Finnegan Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

9.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

13863

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Referral from Bakken Mobile Veterinary Services
- Hx of liver values elevation
- Recent vomiting: single episode this morning, bile only.
- Appetite improved; remains a picky eater.
- Medications: Prednisolone 5mg/ml PO tapering dose, Denamarin administered intermittently, had also been administered Convenia and B12 in Bakken Mobile
- Seen at WVC in Oct 2025 - suspected cholangitis vs cholangiohepatitis

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. Echogenic to particulate nondependent mild 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mildly thickened and hyperechoic in echogenicity with adequate medullary volume. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. No evidence of pyelectasia. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width.

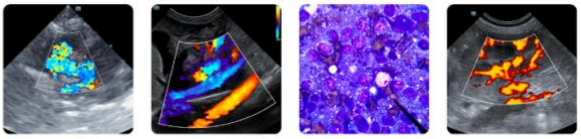
No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent small hyperechoic noncapsule deforming nodules were present with an example measuring 0.27 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 was subjectively normal in size, structure, and contour. 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact mildly thickened wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing nonshadowing ingesta. The small intestine wall measured 0.29 cm wall width.

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

Pancreas

The pancreas was normal to mildly prominent in size with symmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver and gallbladder.
- Chronic pancreatitis pattern.
- Intact mildly thickened small intestine wall with gastrointestinal ingesta- ingesta consistent with food echogenicity.
- Mild chronic renal changes.
- Small hyperechoic splenic nodules- most suggestive of benign criteria i.e. probable myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck lab work is recommended as underlying hepatopathy in cats may present sonographically normal. If evidence of hepatic inflammation in conjunction with mildly thickened small intestinal wall and chronic pancreatitis pattern, triaditis could be a consideration in this patient given gastrointestinal signs if persistent or evidence of weight loss.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Assuming normal clotting status using a 25-gauge needle, hepatic FNA cytology primarily to assess for evidence of inflammation could be considered. No overt neoplastic criteria.

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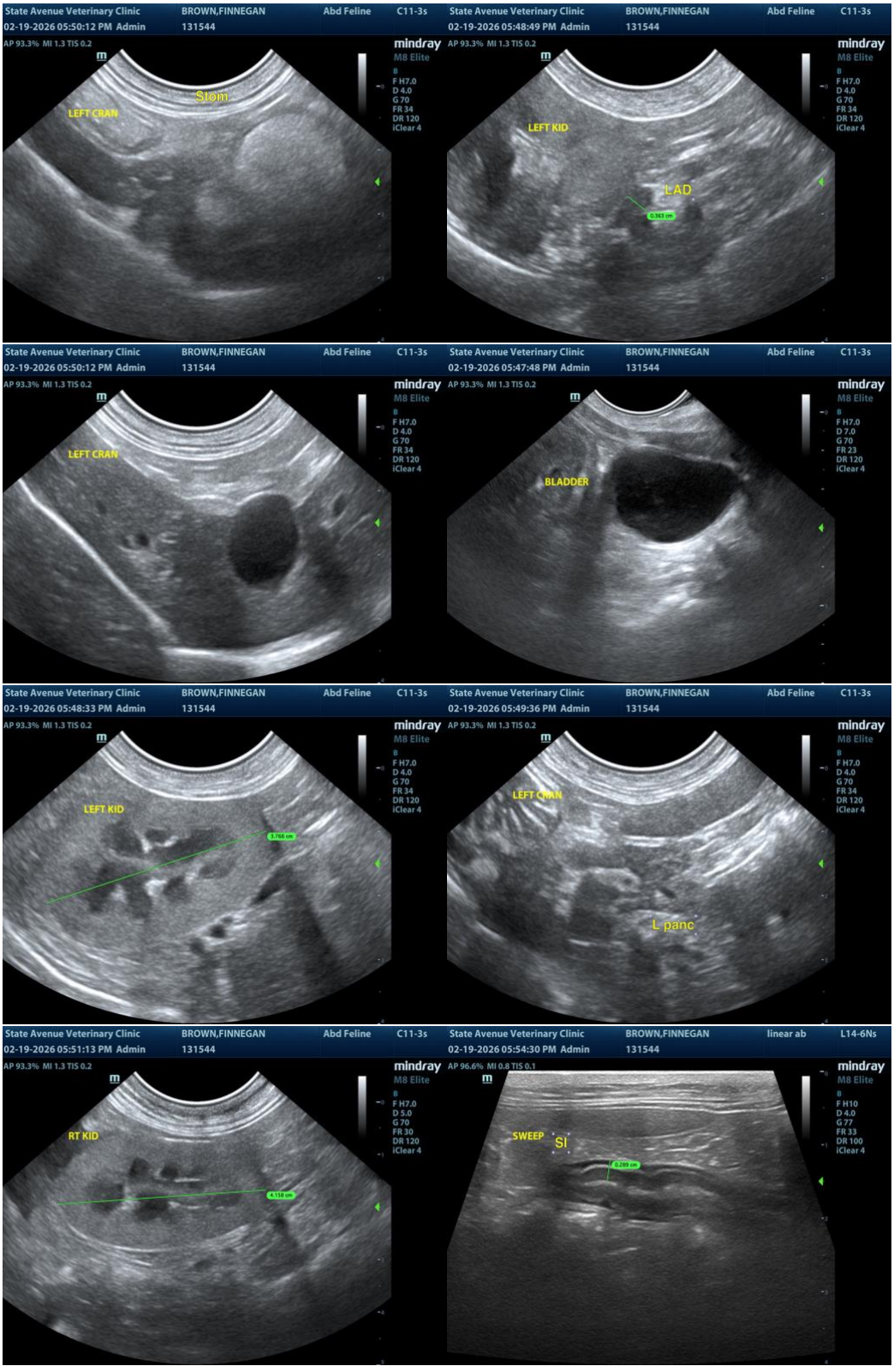

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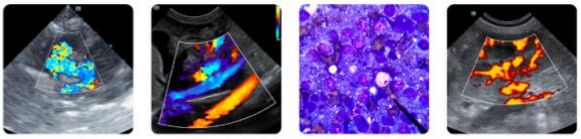

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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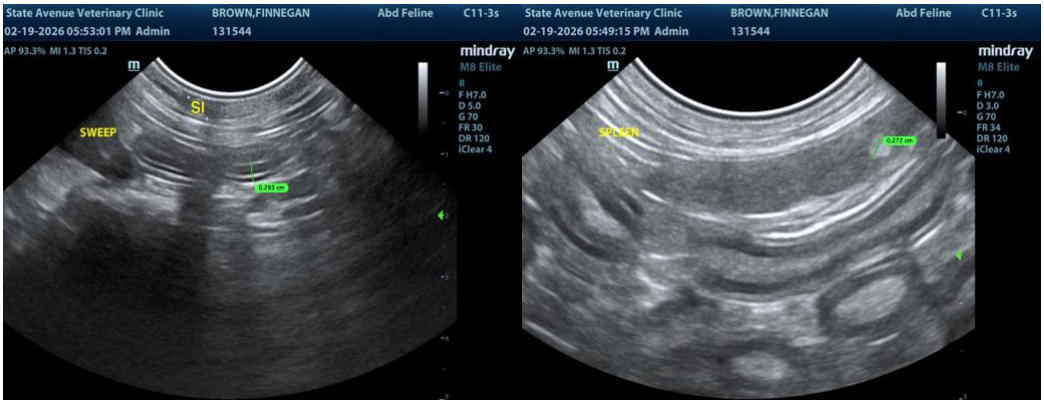

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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