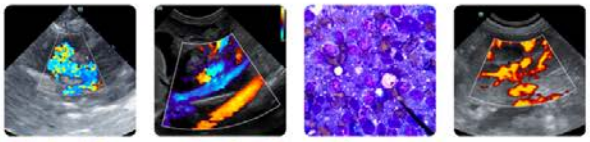

PATIENT

Artemis Hunter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

3.24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariya Axenoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Mariya Axenoff

INVOICE

72810

DATE

2/9/26

PRESENTING CLINICAL SIGNS

3 year old FS DSH presented for 4+ day history of decreased appetite and vomiting. Last night, while O was attempting to syringe feed P, O noticed icterus. P is indoor only, no known toxin exposure, and no pre-existing health concerns. P seems hungry, but is too nauseous to prehend food.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 41%, Platelets 64k (manual count pending) CHEM17: Calcium 7.1 (L), Albumin 2.0 (L), ALT 293 (H), T-Bili (H), Cholesterol 31 (L), Amylase 406 (L) LYTE4: Sodium 137 (L), Potassium 2.8 (L), Chloride 98 (L)

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 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.

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. Left kidney measured 4.0 cm. Right kidney measured 4.3 cm.

Adrenal Glands

The areas of the left and right adrenal glands were free of pathology.

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

The liver was subjectively mildly enlarged. 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 thin walls and primarily anechoic luminal content. The area of the common bile duct was sonographically normal, without evidence of gallbladder distention to the level of the duodenum.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild gas. No evidence of obstruction to the pyloric outflow.

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 or metabolic ileus, obstruction or foreign material to the level of the colon.

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

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Pancreas

The pancreas was normal in size and contour with minor non-homogeneous hypoechoic left pancreatic parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

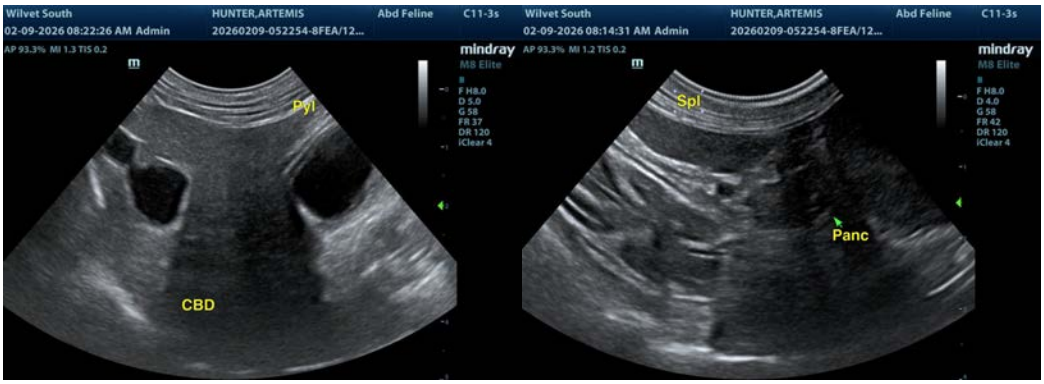
- Hepatopathy.
- Non-distended gallbladder, not visualized common bile duct.
- Mild non-obstructive hypomotile stomach, sonographically normal empty small intestine.
- Minor non-homogeneous hypoechoic left pancreas.

SECONDARY FINDINGS

- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific cholangiohepatitis (viral, bacterial, toxin, etc.) suspected given elevated ALT and without overt post-hepatic obstruction. Associated or secondary metabolic gastric ileus probable without mechanical gastrointestinal obstruction or foreign material. Emerging to low-grade pancreatitis may be suspected if cranial abdominal/subxiphoid discomfort on palpation. Hepatogastrointestinal support, empirical therapy for non-specific cholangiohepatitis, and possible emerging to mild pancreatitis with clinical monitoring recommended. If not done, oral exam and 3-view chest radiographs suggested to rule out additional pathology as a potential contributing factor. Recheck sonogram if progressive hepatopathy or gastrointestinal signs.



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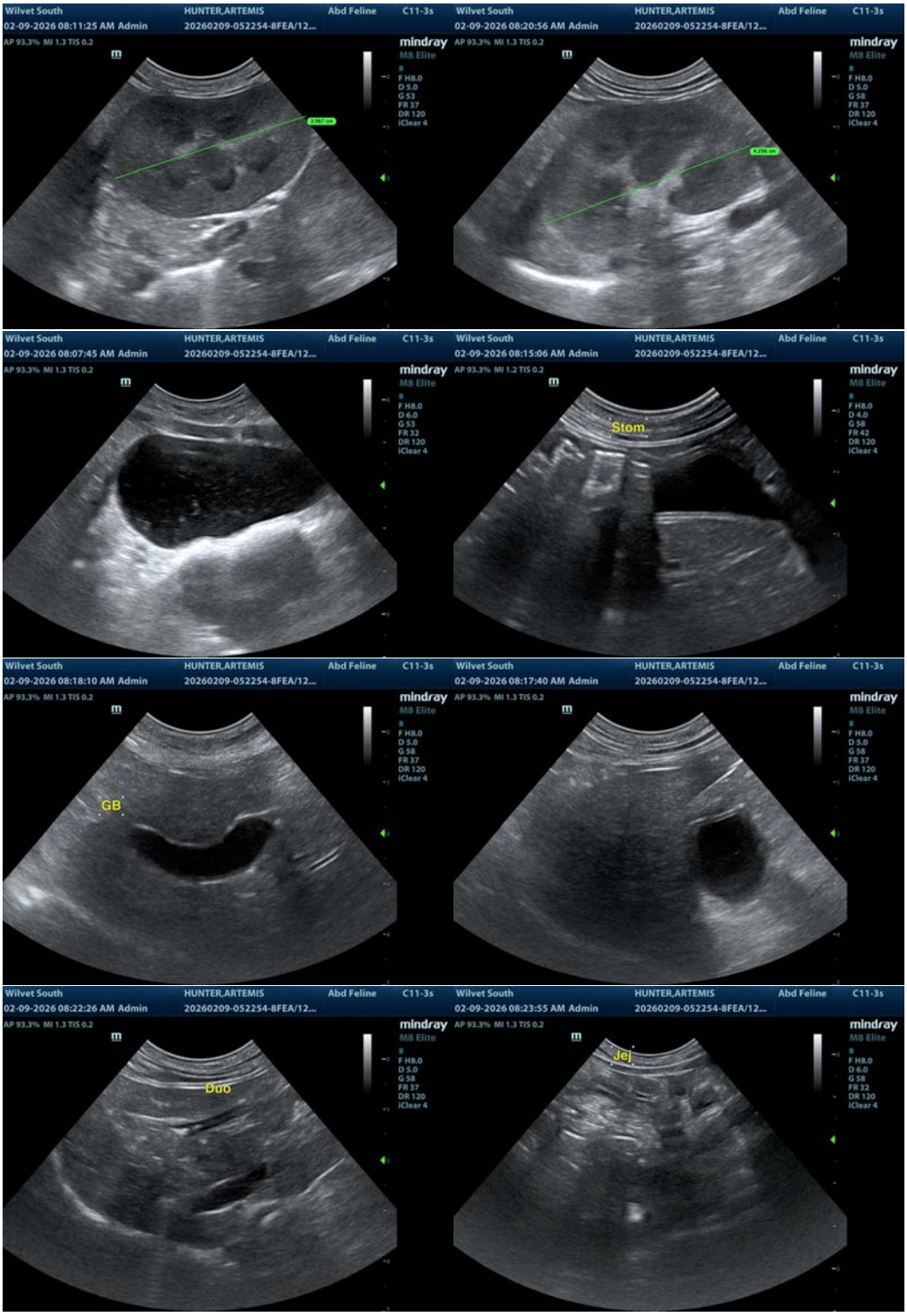

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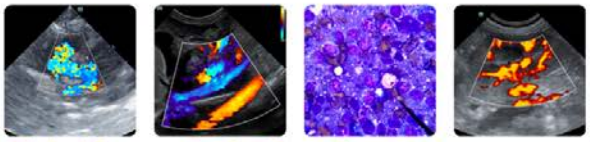

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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