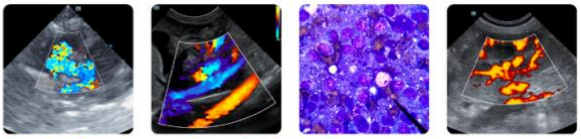


PATIENT

Misty Begen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

11 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Veterinarians of Idaho LLC

REFERRING VET

Not Provided

INVOICE

14024

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- not eating for 3 days
- Mild ALT elevation
- Enlarged liver on x-rays

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not definitively visualized potentially secondary to empty urinary bladder. No evidence of urinary bladder over distention.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious 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 & Gallbladder

The liver was subjective to borderline enlarged in size. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

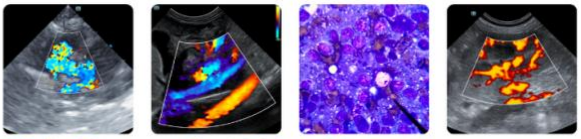
Gastrointestinal

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.

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

Pancreas



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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern.
- Normal gallbladder with mild bile sediment.
- Bilateral chronic renal changes.
- Normal gastrointestinal tract.
- Heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is most consistent with probable inflammatory disease, i.e., cholangiohepatitis, in conjunction with gallbladder debris. No overt evidence of hepatic lipidosis or neoplastic criteria. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation.

Correlation with a spec fPL or, ideally, full GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease as a contributing factor, i.e., triaditis. Gastrointestinal support and empirical therapy for cholangiohepatitis with clinical monitoring and sonographic reassessment if progressive hepatopathy or non-responsive gastrointestinal signs is recommended. Urinalysis is recommended if not recently done.

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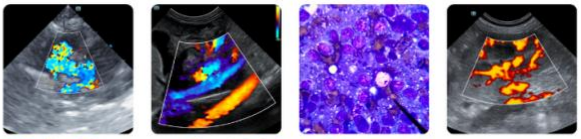

Clinical Sonography & Telecytology
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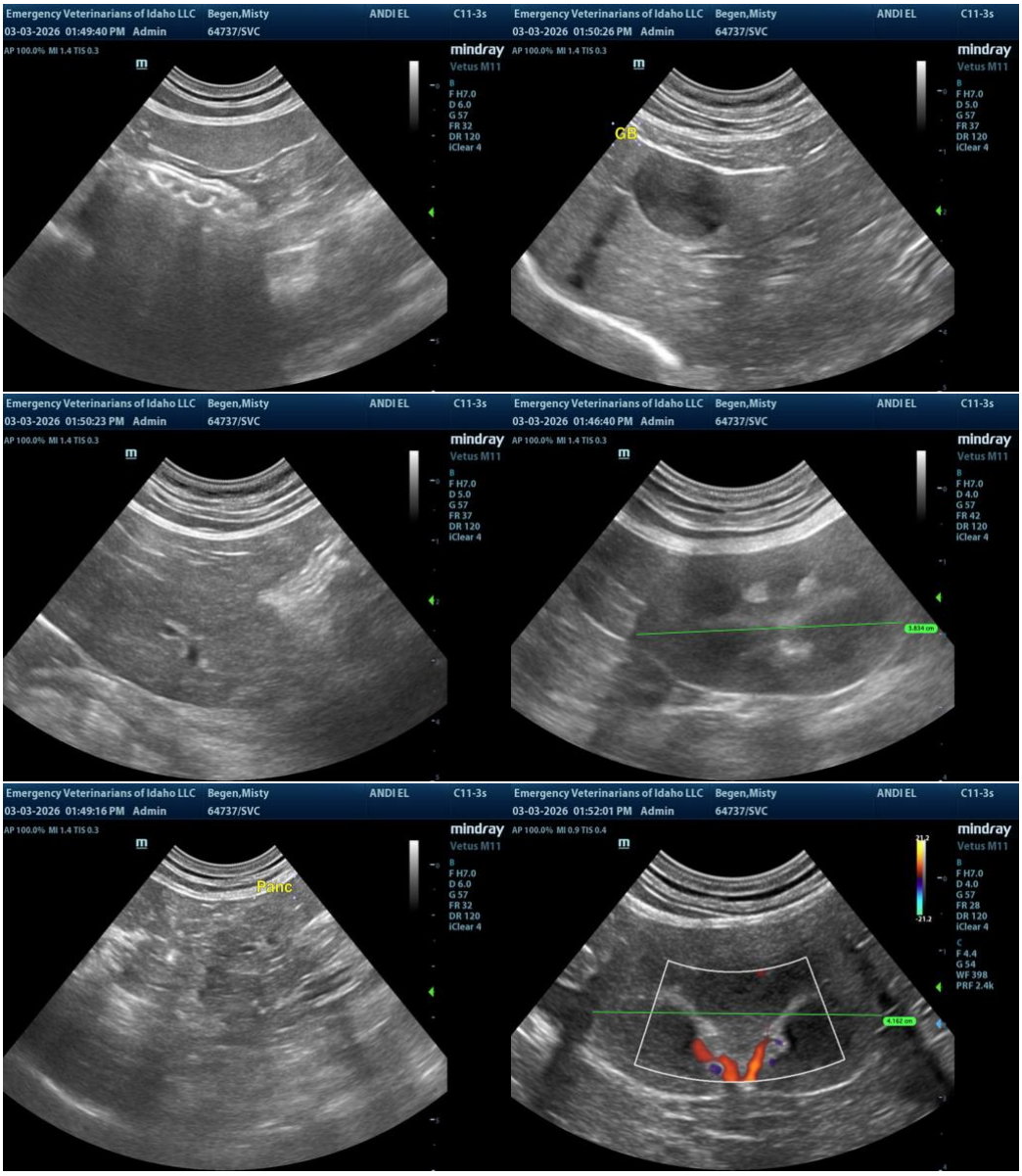

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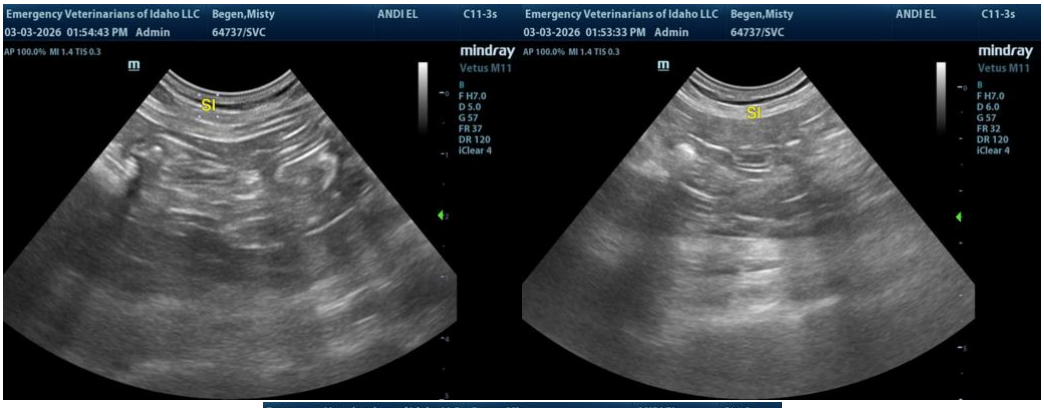

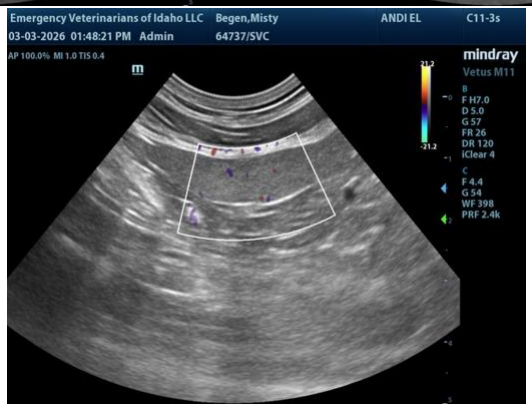

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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