



PATIENT

Yumpio Morales

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10y

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Gian Carlos
Fracicelli

INVOICE

13366

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History: Px presented as a referral for an abdominal ultrasound due to weight loss, vomiting, and elevated liver enzymes. Px originally visited rDVM 1 month ago due to lethargy and hair loss. At the time Px had some episodes of vomit but the vomiting has now stopped. Owner reports that they have changed Px's diet from kibble to wet diet and that has caused Px's stool to soften.

Current Meds: As per owner, Px is currently taking probiotics and liver support supplements

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Discrete, hyperechoic medullary foci to striations present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.4 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.3 cm.

Spleen

The spleen was mildly enlarged in size exhibiting 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. The spleen measured 1.1 cm width level of the mid spleen.

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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. Lobar biliary tree mineralization was present. The gallbladder was non distended in size with mild, gravity dependent, hyperechoic to mildly shadowing, hyperechoic to emerging mineralized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.49cm. The gastric lumen contained mild retained gastric fluid.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Jejunum wall measured 0.35 cm and jejunum wall measured 0.31 cm.

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

Pancreas

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

Intermittent, mildly enlarged mesenteric and medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of medial iliac lymph node measured 2.0 cm x 0.74 cm. Minor perihepatic effusion present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with lobar biliary tree mineralization
- Mild, non-obstructive, mineralized gallbladder debris
- Mildly thickened hypomotile stomach with concurrent intact generalized thicken small intestine wall
- Heterogeneous pancreas
- Splenomegaly
- Bilateral chronic renal changes
- Intermittent mild medial iliac and mesenteric lymphadenopathy
- Minor perihepatic effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case include multicentric, gastrointestinal, hepatic, pancreatic and lymphatic inflammation, i.e. triaditis or emerging to occult neoplasia such as lymphoma or other. Assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology recommended for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis may require biopsies for histopathology. Empirical therapy for cholangiohepatitis/triaditis with clinical and as needed sonographic monitoring would be reasonable.



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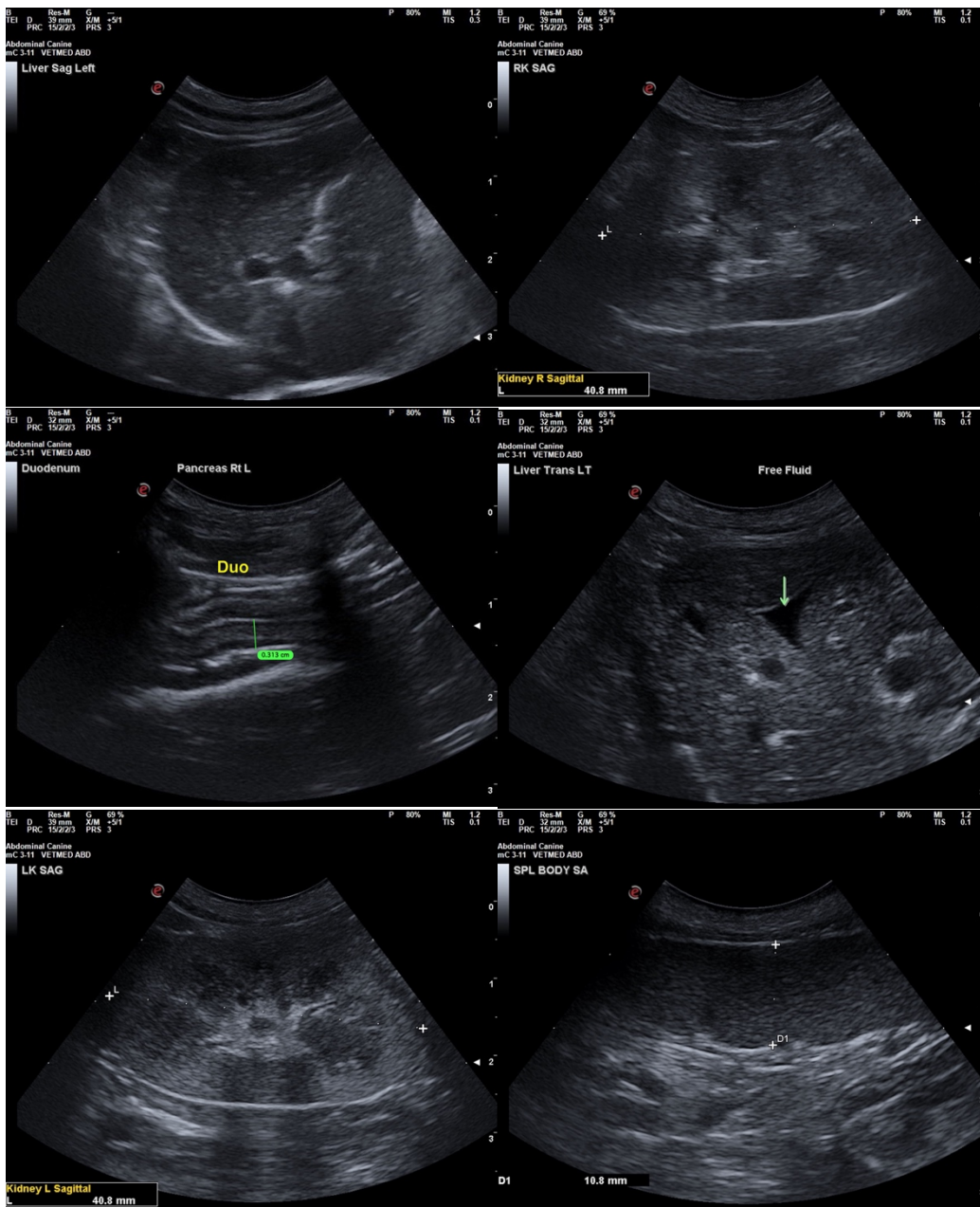
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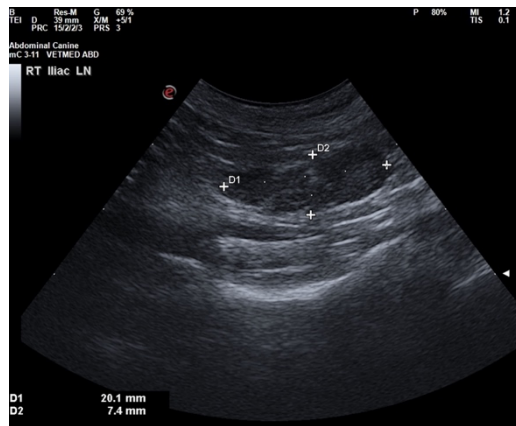
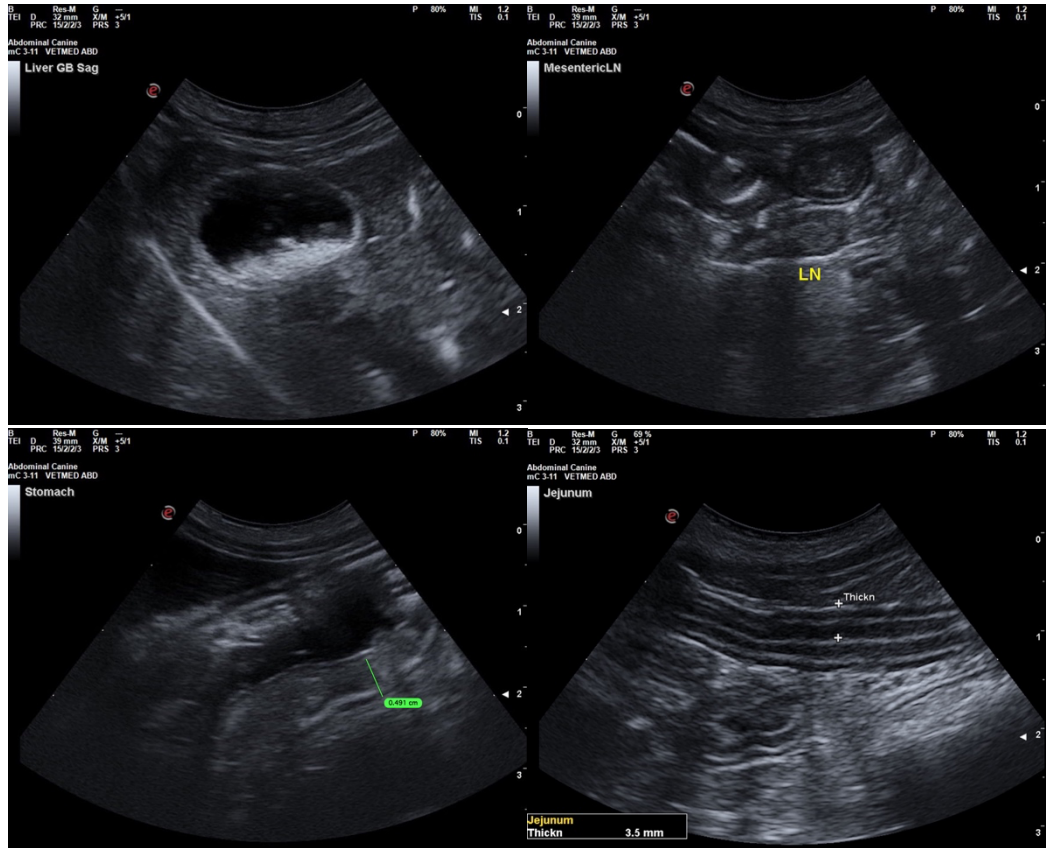
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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