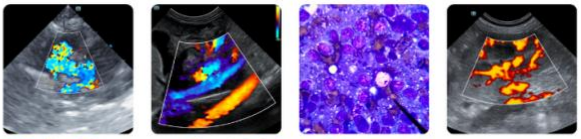


PATIENT

Sylvester Jones

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

15486

DATE

04/27/26

PRESENTING CLINICAL SIGNS

*O noticed 2 weeks ago that P had congestion. The next day his eyes were red. P seen at rDVM and was treated for an ear infection and URI. He seemed better for a day or two. Friday he seemed lethargic, weak, sleeping a lot, decreased appetite. Today he ate a small amount of Biome but then vomited. At triage P noted icteric sclera, MM, and pinna. P had prior PU surgery. P diet royal Canin SO. *concern for liver disease, anemia, leukopenia, neoplasia, other

PE: pain 2/4, cranial abdomen; icteric sclera, MM, and pinna; soft, tender on abd palpation CBC- leukopenia: wbc 1.80(L) Neutros 1.37(L) lymph (0.14) eos (0.01) (L), Hct 18.5(L) HGB 6.7(L) rbc 4.22(L) Plat 114(L) EPOC: Na 146(L) iCa+ 1.16(L) BUN 12 (L) glucose 200(H) Hct 19% Chem: BUN 14.2(L) Ca+ corrects to 9.1(N) Glob 4.9(H) glucose 189(H) ALT 482(H) ALP 188(H) GGT 13(H) TBli 5.9(H) A:G (0.57) rads: hepatomegaly; no obvious fb; intestines clumped

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

Normal size and margination was 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. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 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 0.33 cm width at the caudal pole.

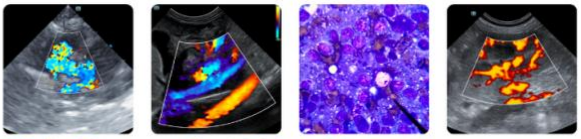
No obvious pathology in the area of the right adrenal gland, although not definitively visualized.

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 presented moderately enlarged in size. The parenchyma of the liver was subjectively normal to mildly hypoechoic echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Minor increased prominence of portal vascular borders.



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The gallbladder was non-distended in size with mildly thickened hypoechoic to mild edematous gallbladder wall and minimal bile present with subjective minor particulate bile sediment. 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 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

The left pancreas presented prominent in size with symmetrical contour and minor nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Scant perihepatic effusion was present with normal omental echogenicity. Intermittent cranial mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Nondistended mildly thickened edematous gallbladder.
- Sonographically unremarkable gastrointestinal tract.
- Possible mild pancreatitis.
- Scant perihepatic effusion and intermittent mildly enlarged cranial mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute or acute on chronic cholangiohepatitis or other inflammatory hepatobiliary etiology is favored given primarily elevated ALT and evidence of gallbladder inflammation without overt current evidence of posthepatic obstruction. Occult hepatic neoplasia is thought less likely yet not definitively excluded.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology. Hepatic lipidosis likewise is thought less likely, yet potentially emerging if evidence of progressive ALP elevation. Spec fPL or full GI panel to include PLI, TLI, cobalamin and folate to correlate with pancreas and assess for non-structural intestinal disease may be considered if hepatic inflammation is confirmed or if evidence of emerging lipidosis.

Empirical cholangiohepatitis protocol with supportive care for pancreatitis with clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy or clinical signs would be reasonable.

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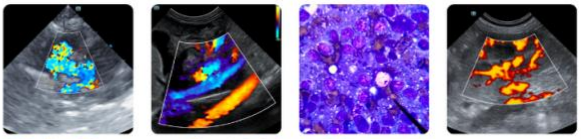

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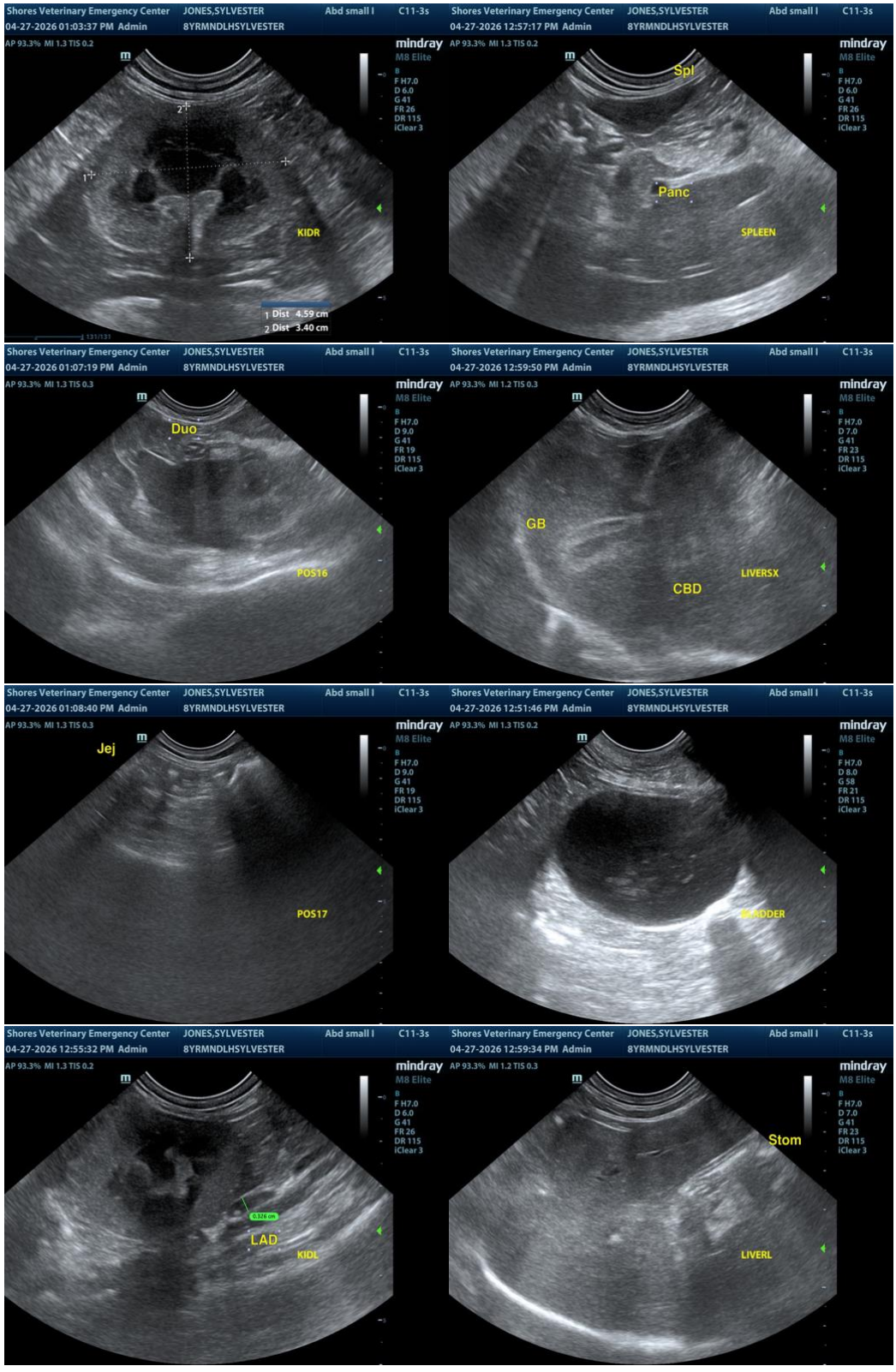

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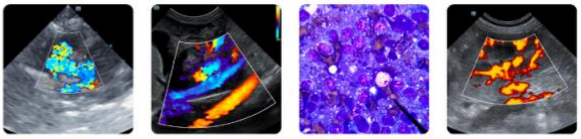

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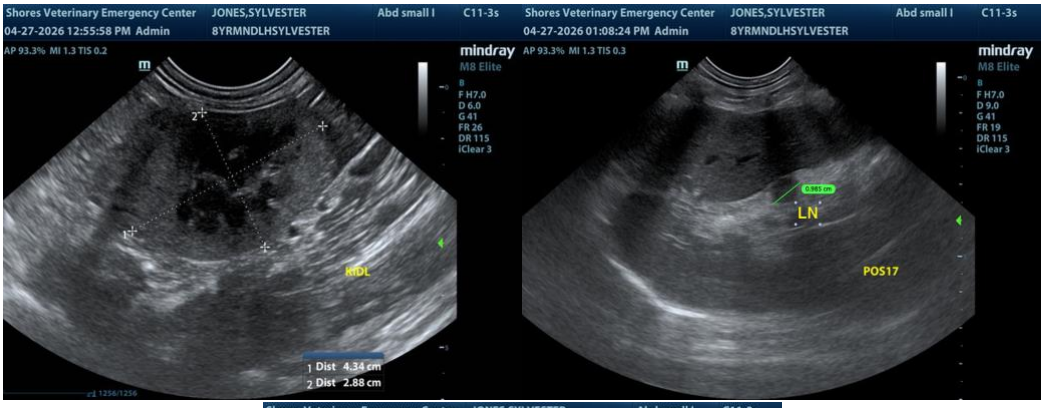

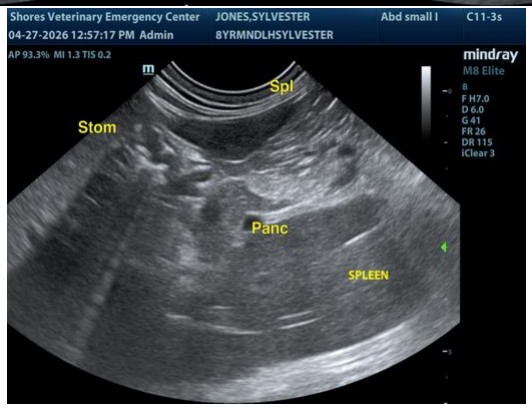

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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