



## PATIENT

Chiquitina Castaner

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

12yr

## WEIGHT

8.1lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Jose Lopez

## INVOICE

24816

## DATE

05/13/2026

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of weight loss and PU/PD. Px is anorexic and bloodwork shows increased ALT and ALKP values.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs 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 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate, non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

### 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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width

### 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 subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The common bile duct and cystic duct was dilated and mildly tortuous without overt post hepatic obstruction.

### 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 mildly thickened duodenum wall exhibiting mild altered wall layer ratio owing to propensity for mildly thickened muscularis layer. Mild segmental



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duodenal corrugation without evidence of mechanical / metabolic ileus to the level of the colon. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.36 cm width.

Normal visible colon wall layers were present with semi formed to possible soft 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*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatopathy.
- Mild gallbladder debris with non-obstructive cystic / common bile duct dilation.
- Intact mildly thickened small intestine with mild segmental duodenal corrugation.
- Heterogeneous pancreas.
- Mild chronic renal changes.
- Urine sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triad disease is a primary consideration in this patient in conjunction with intestinal mural changes suggested of inflammatory criteria, potential chronic pancreatitis and concurrent hepatopathy. Potential for emerging low-grade intestinal round cell neoplasia or multicentric neoplasia, not definitively excluded, yet thought less likely. Further assessment may include assuming normal clotting status, using 25 ga needle, hepatic FNA cytology and GI panel to include PLI/TLI/cobalamin and folate. Biopsies are required for definitive diagnosis.

Aside from chronic renal changes, no evidence of additional pathology as a definitive contributing factor to the PU/PD. Urinary workup, including UA and C/S if inflammatory sediment +/- UPC level, if non-inflammatory proteinuria is recommended.



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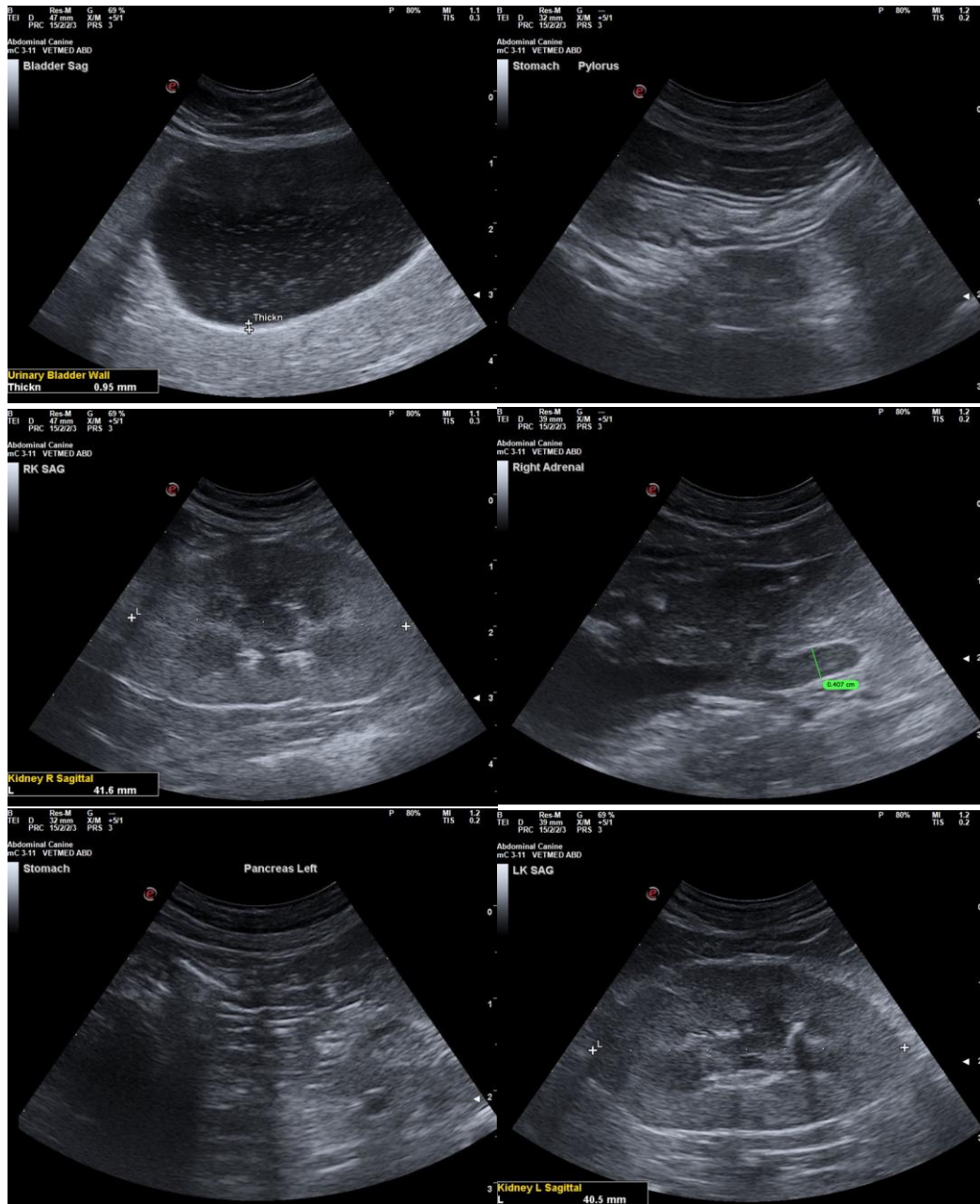
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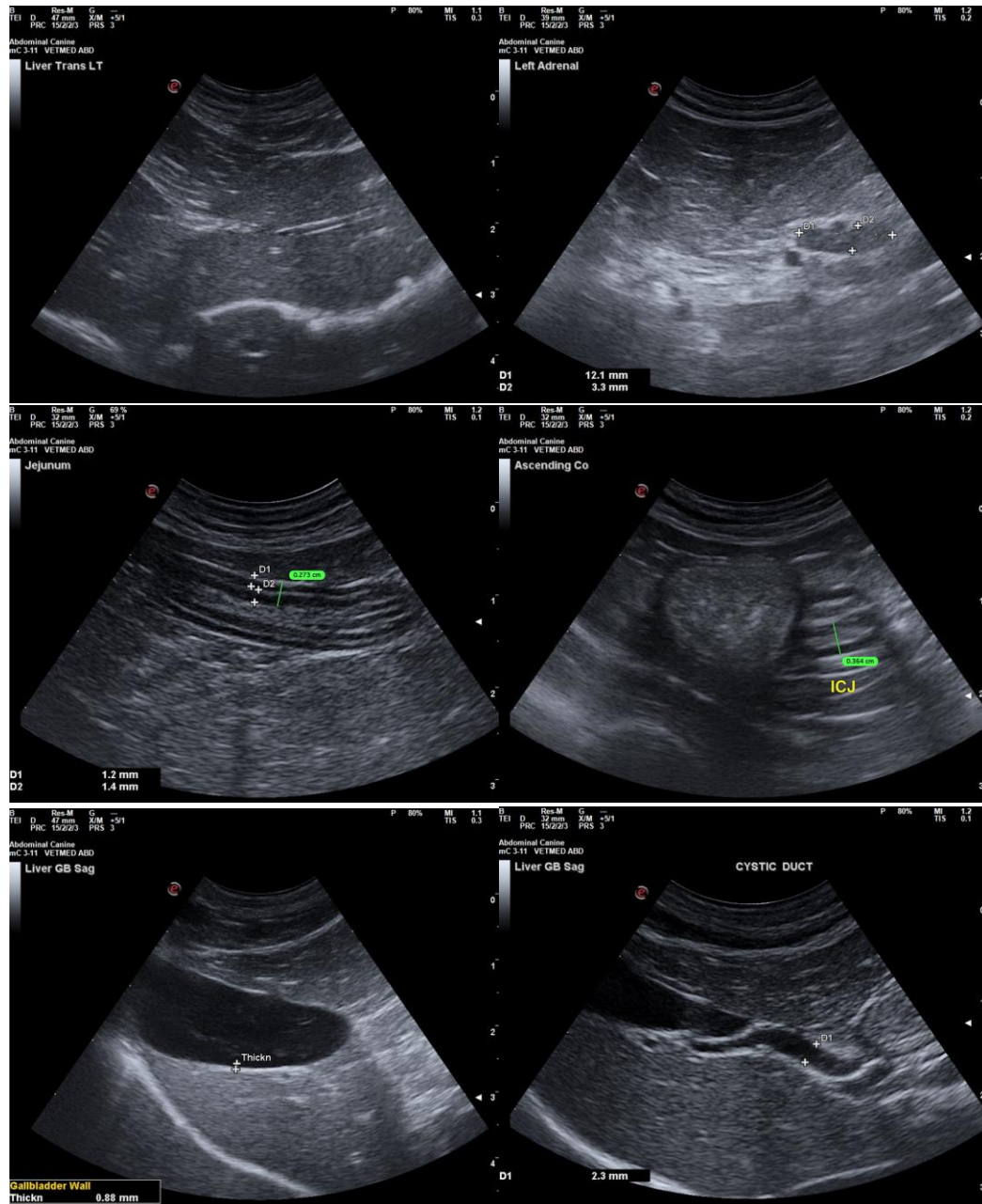
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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[info@sonopath.com](mailto:info@sonopath.com)

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