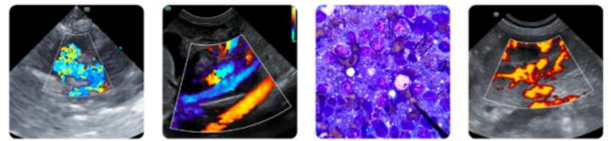


PATIENT

Ivy Cheatham

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Months

WEIGHT

2.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Bowmount Animal Hospital

REFERRING VET

Dr. Nagy

INVOICE

16430

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Chronic poor doer. Intermittent diarrhea with blood. For several days appetite is very reduced, lethargic, weight loss.

Abnormal PE/Chem/CBC/UA Results: Mild non-regen anemia Low creatinine and BUN Low albumin at 21 Mild ALT elevation 227 and AST elevation 298 Mild tbili elevation Eosinopenia with otherwise normal leukogram Pyrexia mild

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized exhibiting suspect mild dystrophic mineralization which is nonspecific yet not considered pathological in a feline. The left adrenal gland measured 0.22 cm width.

The right adrenal gland was not definitively visualized yet without obvious pathology in the region.

Spleen

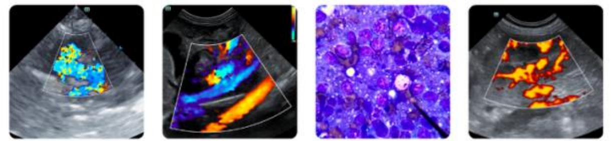
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.88 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal to small in size with mildly thickened hyperechoic gallbladder wall. Minimal anechoic bile was present. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor nonshadowing pyloric chyme.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.28 cm wall width. The jejunum wall measured 0.24 cm wall width. The ileocolic wall measured 0.34 cm wall width.

The colon walls presented intact yet diffuse mildly thickened wall layering. The colon was nondistended containing generalized soft fecal matter in the lumen. the colon wall measured 0.28 cm wall width.

Pancreas

The pancreas presented normal in size with capsule asymmetry and mild homogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

Mild intermittent jejunocolic 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 lymph node size was 1.6 cm x 0.4 cm. Minor peritoneal effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

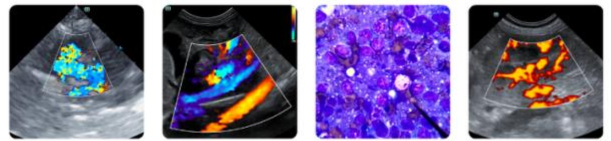
- Hypoechoic liver- suspect acute hepatopathy.
- Nondistended mildly thickened gallbladder.
- Mild pancreatitis pattern.
- Overall, sonographically unremarkable gastrointestinal tract.
- Colitis pattern with soft fecal matter.
- Primarily mild jejunocolic lymphadenopathy- hyperplasia, lymphadenitis, early neoplastic/metastatic lymphadenopathy.
- Mild volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric inflammatory/infectious etiologies including cholangiohepatitis in conjunction with pancreatitis, non-structural enteropathy, emerging FIP or neoplasia are all potentials.

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology and accessible lymph node cytology +/- culture and sensitivity combined with effusion analysis, cytospin cytology +/- culture and sensitivity or FIP titers is recommended. Concurrent GI panel to include PLI, TLI, cobalamin and folate and diarrhea PCR panel are warranted.

No evidence of posthepatic or mechanical gastrointestinal obstruction. Pending additional diagnostics, gastrointestinal support and empirical therapy for possible non-specific cholangiohepatitis/pancreatitis would be appropriate. A guarded prognosis is indicated.



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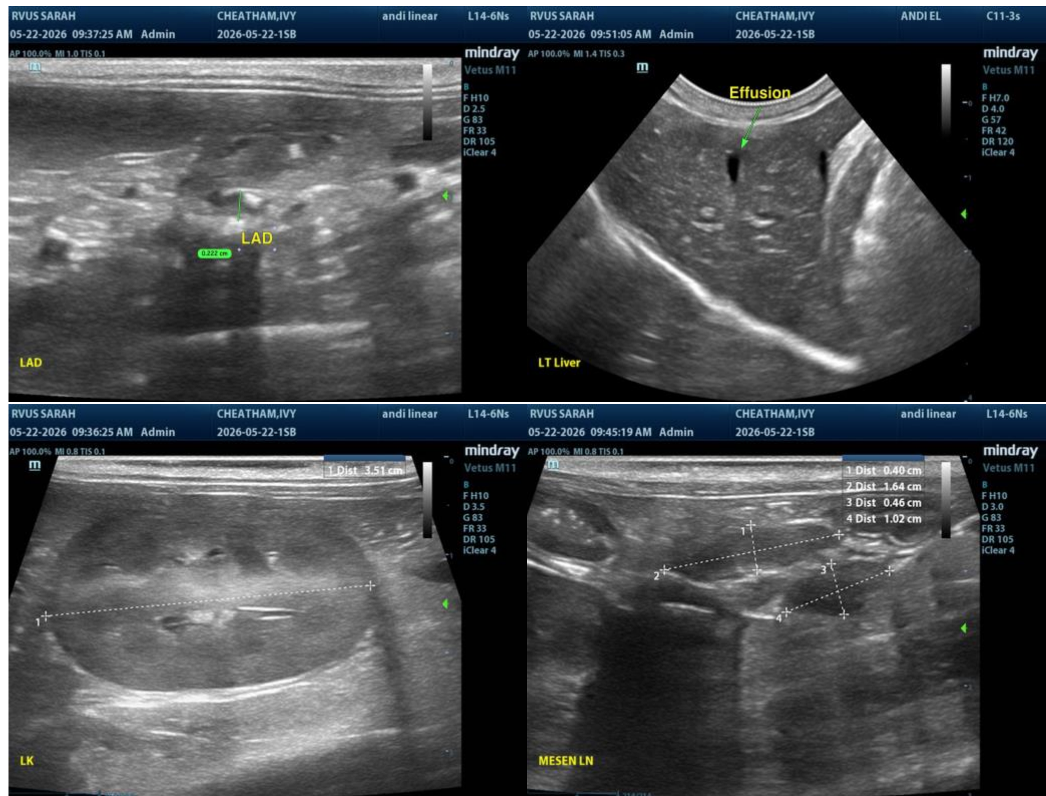

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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