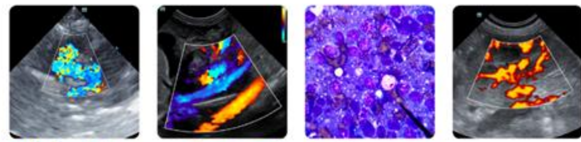


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Papa Lora

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
10yr

WEIGHT
5.6lb

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

IMAGING PERFORMED BY
Heather Platzer

HOSPITAL NAME
Hershire Animal Hospital

REFERRING VET
Laura Wojick DVM

INVOICE
24926

DATE
05/22/2026

PRESENTING CLINICAL SIGNS

Patient went missing for 2 weeks and came back thin (used to be a bigger cat). Patient has been home for a month but has stayed thin with ravenous appetite. Patient does not have any GI signs, exam showed thin BCS due to weight loss, generalized muscle wasting, tachycardia, mild jaundice, doughy abdomen. CBC: decreased retic-hgb, thrombocytosis; Chem: decreased creatinine, hypernatremia, hyperkalemia, increased ALT, increased AST, increased ALP, increased total, unconjugated and conjugated bilirubin; T4: very increased. Patient has been started on Methimazole, Clavamox and Metronidazole.

*did have few bites of dry food around 3am, did not get any meds this morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

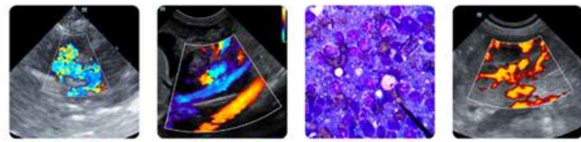
The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 enlarged in size. The parenchyma of the liver was subjectively normal in 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized regionally hyperechoic to possible emerging mineralized debris. The proximal to mid common bile duct was mild to moderately dilated and tortuous without overt post hepatic obstruction. The area of the duodenal papilla was free of obvious pathology.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Borderline thickened wall with segmental non-shadowing ingesta/chyme to the level the colon. The small intestinal wall measured 0.26 cm in width.

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

Pancreas

The left pancreas was normal in size and contour with mild non-homogenous remodeled parenchyma compared to adjacent non-reactive omentum with mildly prominent pancreatic duct.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Non-organized possible emerging mineralized gallbladder debris, subjective non-obstructive common bile duct dilation
- Intact borderline thickened small intestinal wall with gastrointestinal ingesta- consistent with food echogenicity
- Suspect mild chronic pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholangiohepatitis given ALT /AST elevation which may be primary or secondary with possible hyperthyroidism as contributing factor to the hepatopathy, concurrent cholestasis without overt evidence of lipidosis criteria, less likely occult hepatic neoplasia all potentials. No obvious evidence of post-hepatic obstruction. Further assessment may include assuming normal clotting status and using 25ga needle screening hepatic FNA cytology.

Small intestinal patient variant with potential for concurrent low-grade enteropathy or triaditis could be a potential consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring of hepatic enzyme levels with hepatic support during hyperthyroidism therapy is recommended. Recheck sonogram indicated if progressive hepatopathy or jaundice. A UA is suggested if not already done.

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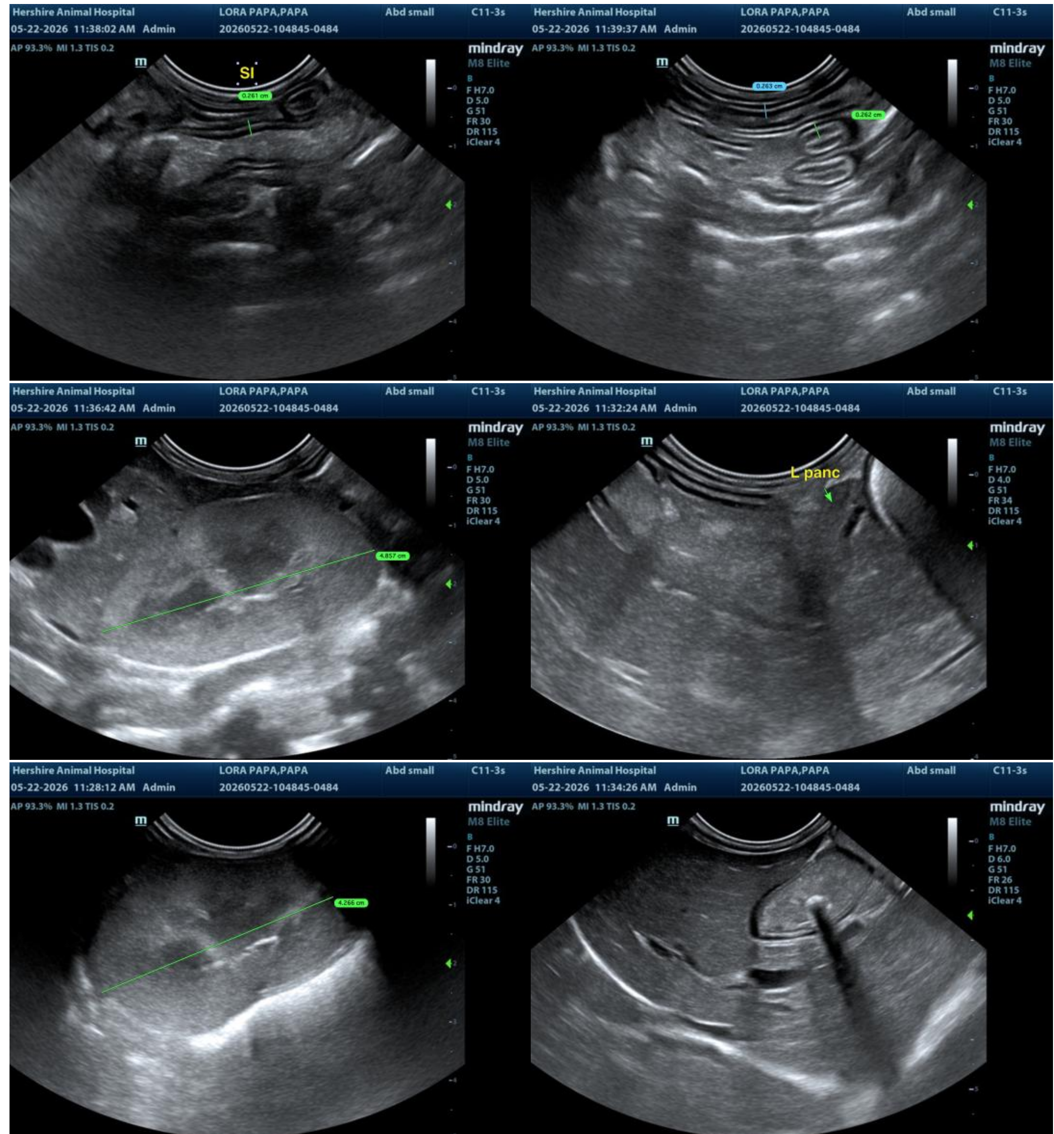

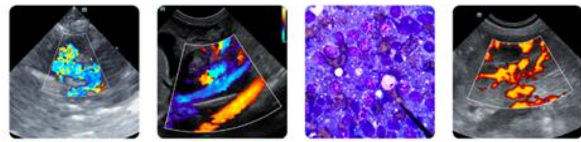

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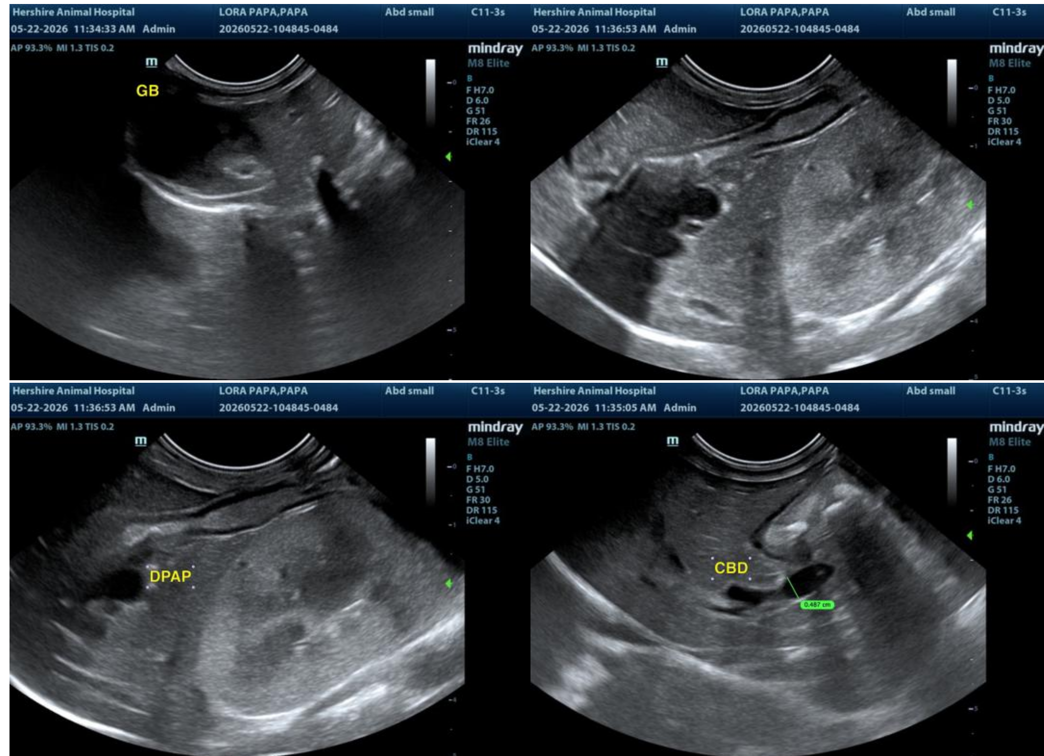

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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