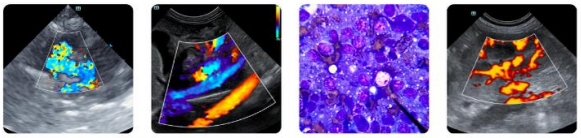


PATIENT

Pheonix Sibel

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

15 years 6 months

WEIGHT

Pending

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Country Lakes AH

REFERRING VET

Dr. Griffith

INVOICE

10933

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History of chronic diarrhea and an elevated ALT. Metronidazole and Denamarin.
Abnormal PE/Chem/CBC/UA Results: Increased Alt 154

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 was noted.

The area of the iliac trifurcation was free of pathology.

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 3.4 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.30 cm width and the right adrenal gland subjectively measured 0.38 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

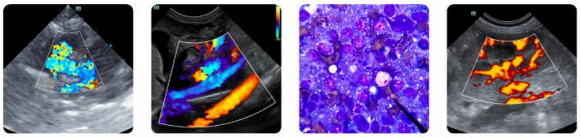
The liver was mildly enlarged in size with normal contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with propensity for mildly prominent intestinal mucosa with mildly thickened intestinal wall. The intestinal lumen was empty to the level of the colon. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.28 cm width. The ileocolic wall measured 0.38 cm width.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.



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Pancreas

The visualized pancreas was mildly prominent in size with symmetrical to mildly asymmetrical contour. Mild nonhomogeneous hypoechoic pancreatic parenchyma was present with mild peripancreatic hyperechoic omentum.

Free Abdomen

No significant or swollen omental lymphadenopathy was visualized. No evidence of effusion was present. Normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

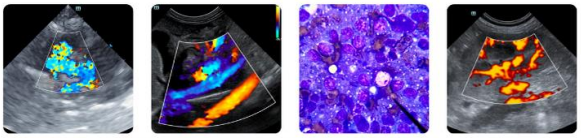
- Hepatopathy
- Mild congealed gallbladder debris
- Prominent, nonhomogeneous, hypoechoic pancreas with peripancreatic hyperechoic omentum – consistent with chronic / chronic active pancreatitis
- Intact mildly thickened small intestine – IBD or other inflammatory enteropathy suspected
- Mild chronic renal changes
- Normal colon with semi-formed to soft fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic Triaditis is a primary differential in this patient, given suspect IBD intestinal pattern in conjunction with evidence of chronic / chronic active pancreatitis and suspect mild inflammatory hepatobiliary disease, i.e., cholangiohepatitis, in conjunction with mild elevated ALT. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended.

Assuming normal clotting status, hepatic FNA cytology using a 25-gauge needle, could be considered to assess for inflammatory cell type. Minor potential for intestinal to multicentric round cell neoplasia, i.e., lymphoma, is thought less likely.

Empirical therapy for Triaditis, which may include dietary trial, a high colony count probiotic such as Proviable, hepatosupportive medications, empirical deworming, and cobalamin supplementation, may prove beneficial. Recheck sonogram if progressive hepatopathy or non-responsive gastrointestinal signs. Gold Standard biopsies may be required for a definitive diagnosis.



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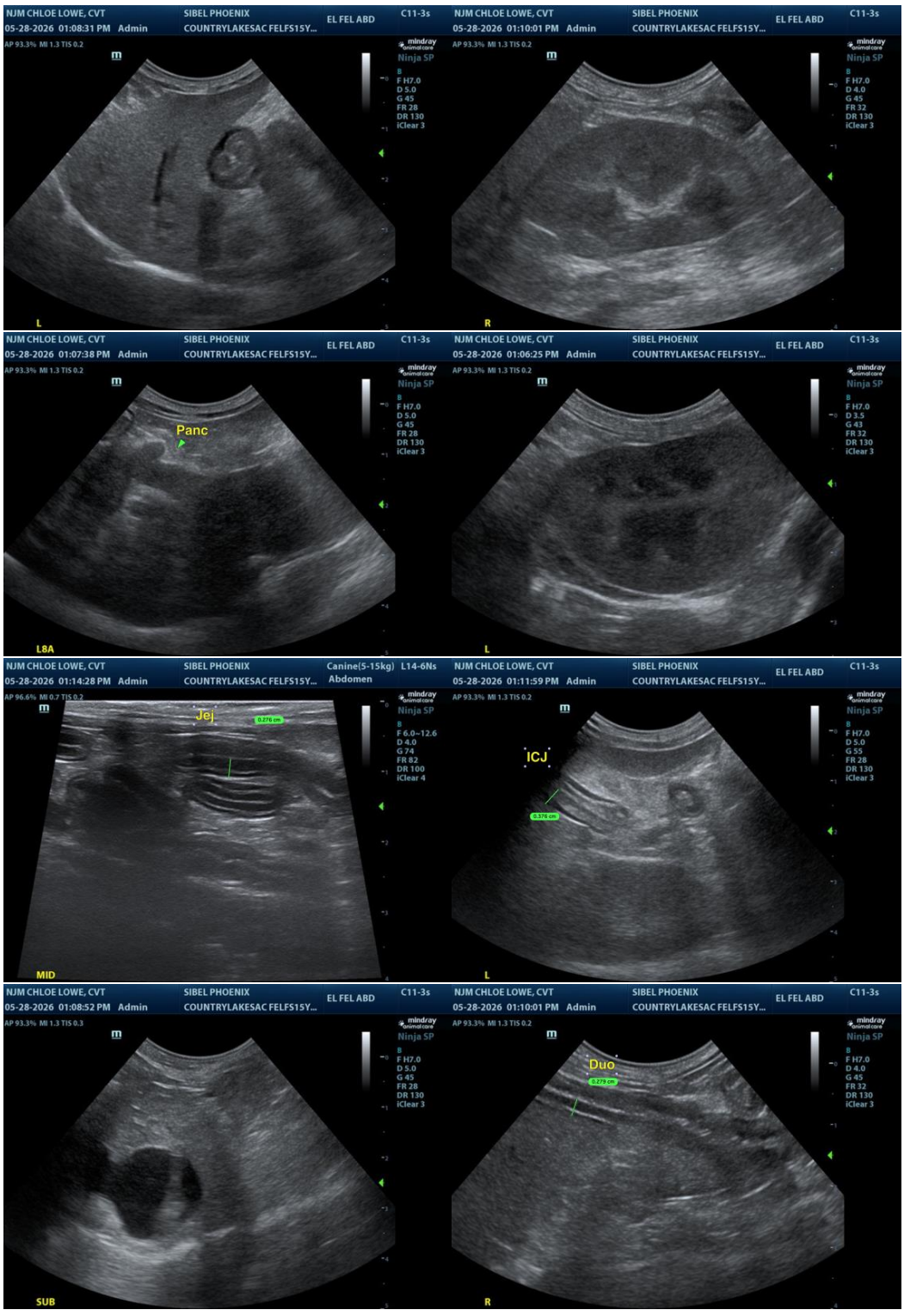
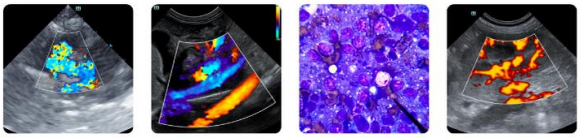


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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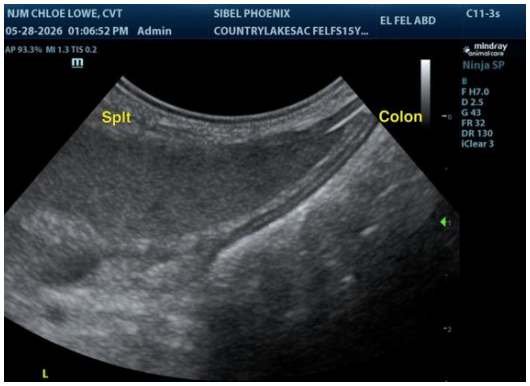

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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