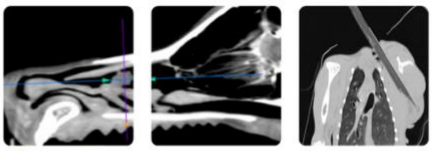
The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608



Teleradiology
Educational Teleconsultation Services™

PATIENT

Lexi Philbrick

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.1 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

Dr. Kilkenny

INVOICE

12145

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Ongoing episodes of vomiting since Aug 2025. Vomits every day or two but no consistency with what time of day. Mostly the vomitus consists of bile. Loses her appetite for a day and has a bit less energy then a day or two later is normal again. Not the type to eat FB or house plants. Indoors only. No other cats in the home. Stools appear normal. Has been on Ursodiol

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 3.0 mm. The right adrenal gland measured 4.9 mm.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal. The spleen measured 8.2 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a large amount of freely moveable echogenic sludge. The wall is thickened, without evidence of rupture. The cystic and common bile ducts are dilated, with no visible obstruction of the level of the duodenal papilla and there is a small hyperechoic nonobstructive choleolith noted within the cystic duct.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon (1.3 mm) are of normal thickness with intact wall layering. The ileocecal junction is normal.

Pancreas

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of gallbladder, common bile duct and pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Thickened gallbladder wall with choleoliths.
- Dilated common bile duct, typical of cholecystitis.
- Hypoechoic right pancreas typical of pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gallbladder is typical of bacterial cholecystitis and based on the appearance of the pancreas, concurrent pancreatitis is also suspected. There was no visible obstruction, however, if the patient has an elevated total bilirubin that is increasing despite medical management, then the possibility of a mechanical or functional obstruction at the level of the duodenal papilla would be a consideration. Causes of this might include a choleolith, inflammation from pancreatitis, or possibly neoplasia. Additional general recommendations for the treatment of feline cholangiohepatitis and pancreatitis would include:

- Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.
- If there is no response to supportive and antibiotic therapy, then empiric prednisone at 2-4mg/kg / day could be considered.
- Fine needle aspiration of the pancreas could be considered if the patient is not responding to therapy. Cholecentesis for cytology and culture would also be a consideration, depending on sonographer comfort with this procedure.

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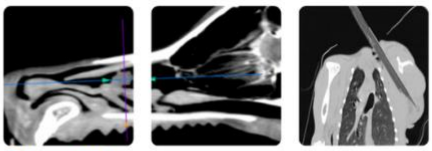

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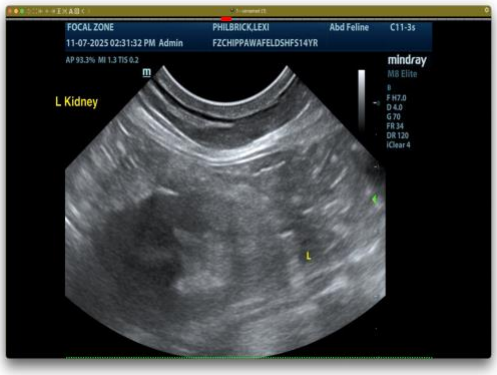

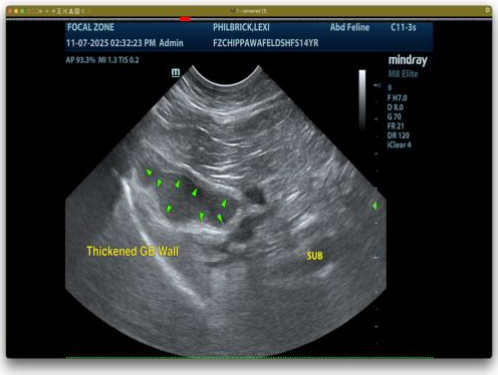

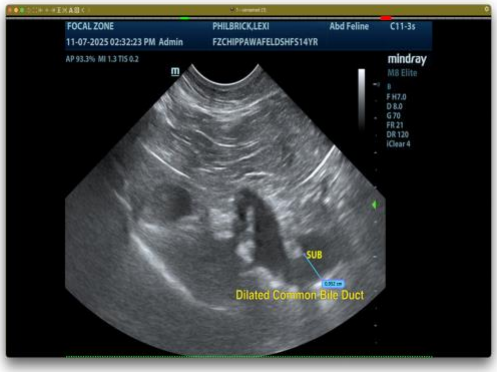

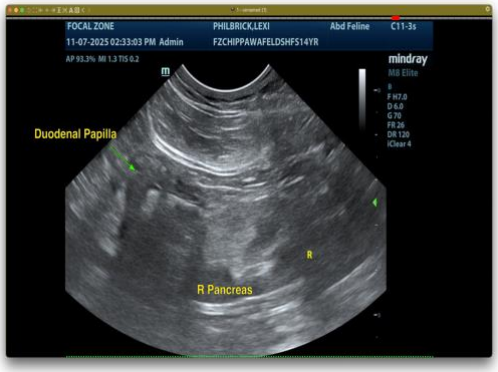

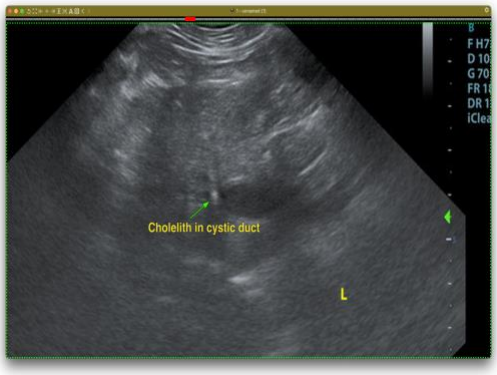

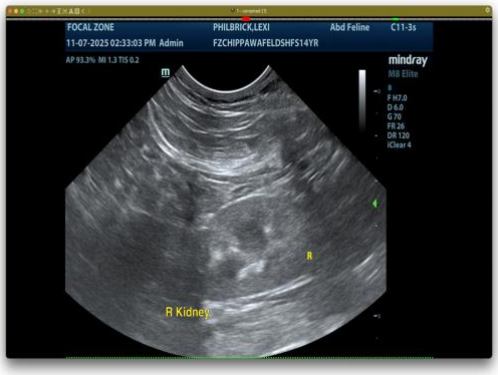

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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