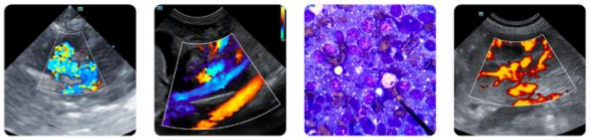


PATIENT

Charlie Maholic

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Hougentogler

INVOICE

15685

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Patient was in for routine checkup and dental concerns. Bloodwork was performed and liver enzymes were elevated.

Abnormal PE/Chem/CBC/UA Results: BAR; marked dental tartar; small flake dandruff; no other significant findings on exam. HCT - 28.8%; WBC - 46.4; Neut - 36.981; Mono - 1.253; ALT - 249; AST - 93; ALP - 164; TBil - 1.9; UBil - 1.0; CBil - 0.9; fPL - 13.5; USG - 1.014; Bilirubinuria 1+

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.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.1 cm in length. The right kidney is 3.9 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 3.7 mm width. The right adrenal gland measured 4.8 mm width.

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 9.5 mm.

Liver

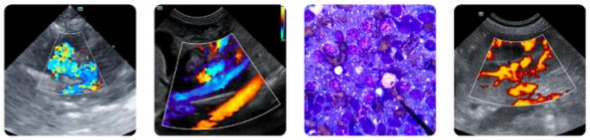
The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with rounded irregular margins, The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is minimally distended with anechoic contents and a small amount of echogenic sludge and small hyperechoic choleoliths. The wall is thickened to 2.9 mm without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with gas and ingesta. The gastric wall is 1.9 mm with 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 (1.0 mm) are of normal thickness with intact wall layering. The ileocecal junction is not seen.

Pancreas

The left 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 liver and pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Diffusely heterogeneous enlarged irregularly marginated liver consistent with nonspecific hepatopathy.
- Hypoechoic left pancreas with associated steatitis consistent with pancreatitis.
- Thickened gallbladder wall with cholelithiasis consistent with cholecystitis.

SECONDARY FINDINGS

- Mild bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the liver parenchyma are nonspecific, and may represent underlying inflammatory disease, infection, or less likely neoplastic change. Biopsy would be needed for a definitive diagnosis. Given the concurrent inflammation associated with the gallbladder and pancreas, a bacterial cholangiohepatitis/pancreatitis would be a likely differential diagnosis.

If biopsies are not performed, then additional recommendations would include:

❖ supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.

❖ Treatment with Denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.

❖ Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.

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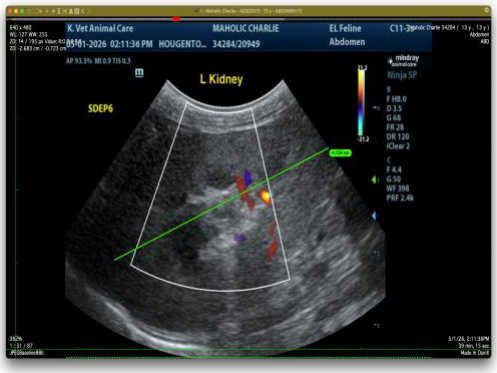

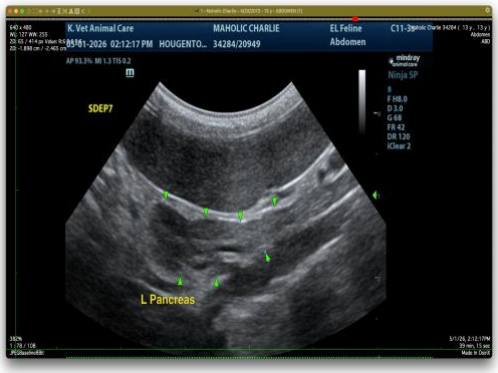

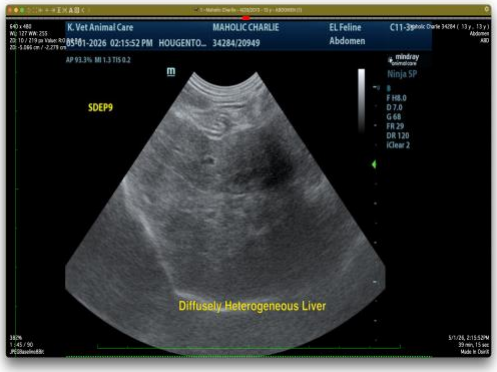

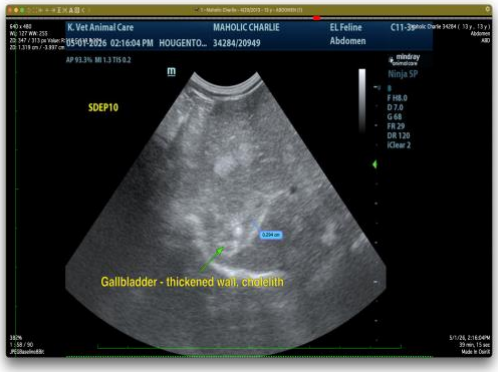

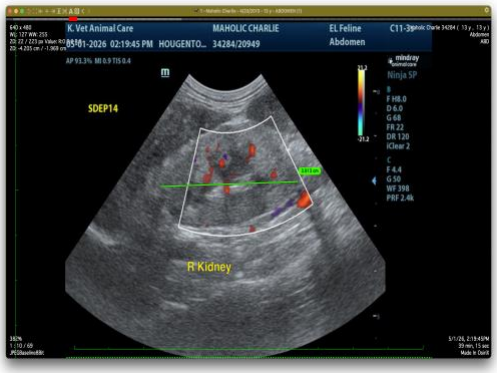

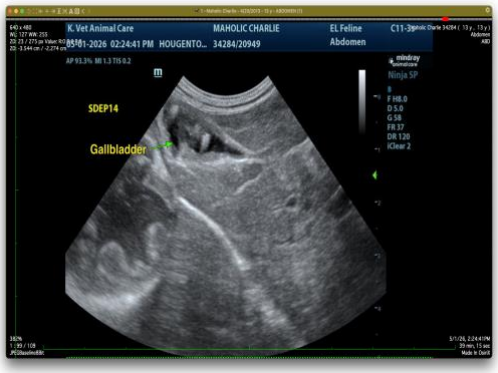

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com