Report Requested By
Timeless Veterinary Community Test Clinic
Timeless Test
614 North River Road, Suite E
Charlottetown, PE C1E 1K2

Report Provided By
Timeless Veterinary Community
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Century House
Hamilton, HM 08

TVC-CASE-1153217
Panther (Robertson)
Cat | Domestic Short Hair (DSH) | 15 years | Female (Spayed)

Submitted : 2026-10-29

Ultrasound Consult - 40 to 80 clips & images

Clinical Findings - Ultrasound

Clinic Provided History:

Patient has experienced progressive weight loss over the past several months. Recent clinical signs include lethargy, inappetence, and vomiting noted 1-2 days prior to presentation. Recent laboratory work revealed moderate elevations in both liver and kidney enzymes. Suspected small intestinal foreign body identified on abdominal radiographs.

Current Medications (Please indicate dosage and frequency)

None.

How are Images Submitted?: DICOM

Number of Images Submitted: 60

Date Of Most Recent Images 2026-01-01

Report

Findings

Abdominal ultrasound consisting of 60 still images and cineloops provided.

The left kidney is unremarkable in size and echogenicity. The left kidney measures approximately 3.5 cm in length. The urinary bladder is distended. The content is anechoic. There is a small amount of anechoic free fluid noted in the abdomen. The descending colon is empty. The colonic wall is unremarkable. The right kidney is unremarkable in size and echogenicity measuring approximately 3.8 cm in length. The stomach is distended with echogenic fluid. The stomach wall is unremarkable. The pancreas is mildly hypoechoic and there is hyperechoic mesentery surrounding the pancreas. The small intestines are diffusely thickened measuring up to 0.4 cm in thickness. There is a prominent muscularis layer noted throughout the small intestines and there is mild loss of wall layering noted in the duodenum. The submucosa of some the small intestines is significantly thickened. The spleen is mildly prominent measuring approximately 1.1 cm in thickness. The liver is unremarkable. The gallbladder is normal. The content is anechoic. There are small cystic like structures associated with the liver at the level the gallbladder. The structures measure approximately 0.5 cm in diameter.

Conclusions

1. Diffuse changes associated with the small intestines are most consistent with a chronic enteropathy and lymphoma is prioritize given the loss of all layering. Severe IBD cannot be entirely rule out but is considered less likely. G.I. biopsies are needed for definitive diagnosis.

2. Peritoneal effusion. Fluid sampling is needed for further evaluation. This may be secondary to #1.

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3. Splenomegaly. Benign etiologies (sedation, EMH, lymphoid hyperplasia) are prioritized though malignant etiologies cannot be entirely excluded. Tissue sampling or serial monitoring could be considered for further evaluation if there is clinical concern.

4. Suspect small hepatic cyst adenoma.

5. Possible mild pancreatitis. Correlate with pancreatic testing. This may be an artifact secondary to the peritoneal effusion.

6. The cause for the elevated liver enzymes is not noted on the images provided. Differentials include both hepatic and extrahepatic causes (diet supplements, systemic disease, G.I. disease). Further investigation including liver biopsies may be needed. Consultation with an internal medicine specialist is recommended. Medical management including urosdiol and denamarin could be considered in the interim.

Signature

Timeless Veterinary Community Veterinary Radiologist, DACVR / DipECVDI

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