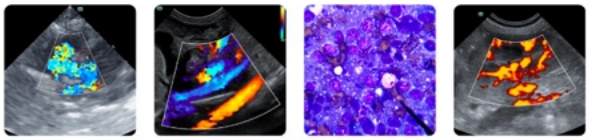


PATIENT

Claude Sauer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

19 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Elda Kwong

HOSPITAL NAME

Petvacx AH

REFERRING VET

Dr. Kwong

INVOICE

73962

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Claude presented yesterday for decreased appetite and vomiting.
- Medical management was elected but there was minimal improvement.
- On recheck today, small volume peritoneal effusion was found.
- Pending bloodwork.
- Xrays showed small volume peritoneal effusion and no suspicion of a foreign body obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is turbid with abundant suspended echogenic material. The bladder neck and proximal urethra appear normal. No calculi or evidence of neoplastic changes are identified.

The left kidney is normal in shape and size (3.76×2.07 cm), with a cortical thickness of 0.47 cm in the sagittal plane. The right kidney is normal in shape and size (4.41×2.57 cm), with a cortical thickness of 0.50 cm in the sagittal plane.

Both kidneys: The cortex is mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal perfusion pattern.

Adrenal Glands

Not confidently visualized.

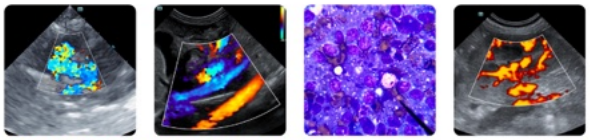
Spleen

Splenic thickness is 0.74 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.63 mm and preserved layering.

Duodenum: 1.84 mm. Jejunum: 2.25 mm. Ileum: 2.09 mm. Wall layering is preserved throughout. No evidence of foreign material, obstructive pattern, or ileus is identified within the limits of the study. The ileocecal junction is not visualized.

Colon: 0.78 mm, with formed feces in the descending segment.

Pancreas

The left pancreatic region shows increased echogenicity of the surrounding mesenteric fat, with linear hypoechoic striations ("tiger stripe" appearance). The pancreas itself is poorly defined.

Free Abdomen

A very small volume of abdominal effusion is present. Increased echogenicity of the cranial abdominal fat is noted. No lymphadenomegaly is identified.

PRIMARY FINDINGS

- Hyperechoic mesenteric fat with striations in the left pancreatic region.
- Small volume abdominal effusion.

SECONDARY FINDINGS

- Mild renal cortical hyperechogenicity with medullary rim sign.
- Turbid urinary bladder contents.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant findings are centered in the cranial abdomen. The combination of hyperechoic mesenteric fat with striations in the pancreatic region and mild abdominal effusion, despite poor pancreatic visualization, raises concern for pancreatitis.
The associated mild abdominal effusion and increased echogenicity of the cranial abdominal fat further support an inflammatory process localized to the pancreas and surrounding mesentery.

No ultrasonographic evidence of gastrointestinal obstruction or linear foreign body is identified in the images provided; however, subtle or early linear foreign bodies cannot be completely excluded in cats and should be interpreted in light of clinical progression.

There are no ultrasonographic findings to specifically support feline infectious peritonitis at this time (no lymphadenomegaly or organ-associated nodules), although early disease cannot be entirely excluded, early disease cannot be entirely excluded on the basis of ultrasonography, particularly given the presence of effusion.

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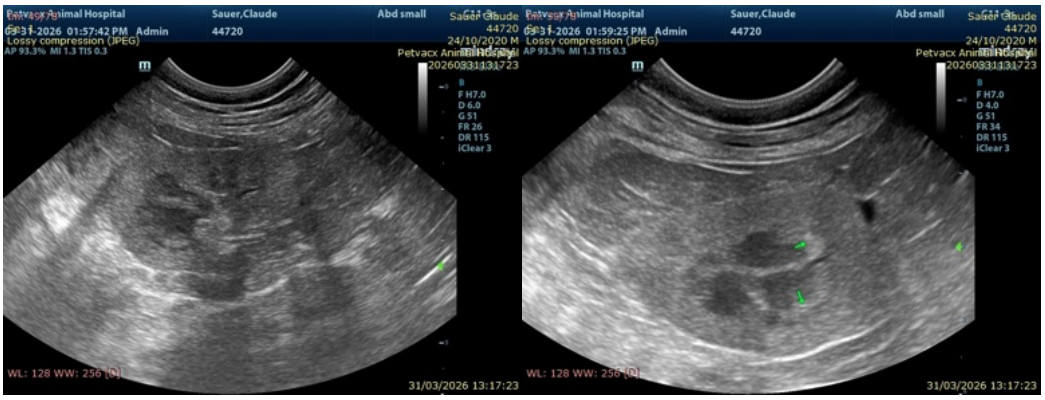
Mild bilateral renal cortical hyperechogenicity with a medullary rim sign is a nonspecific finding in cats and may be incidental or associated with early renal change; it is unlikely to be related to the current clinical presentation.

Recommendations

- Correlate ultrasonographic findings with CBC and serum biochemistry
- Recommend fPLI testing to support the diagnosis of pancreatitis
- Monitor closely for clinical progression
- Correlate urinary findings with urinalysis to differentiate sediment from inflammatory disease

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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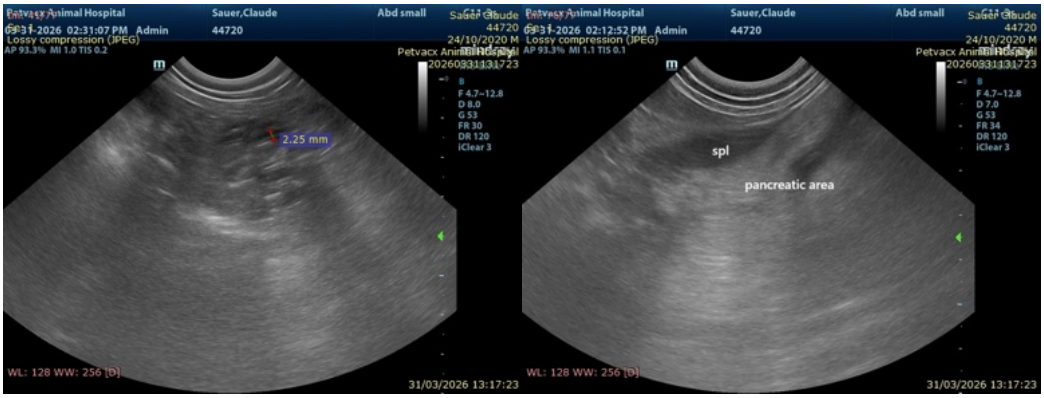

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com