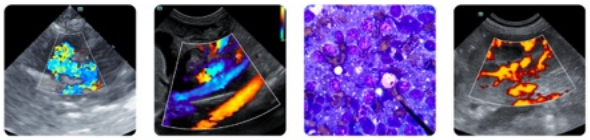


PATIENT

Lucky Naida

SPECIES

Feline

BREED

Sphynx

SEX

Neutered male

AGE

10 years

WEIGHT

3.87 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

74535

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Seen at a 24hr clinic April 4th for pain, radiographs showed traumatic severe luxation of the third sternebra. Treated with buprenorphine and SQ fluids. Ab rads - poss mass near stomach/pylorus in cranial ventral abdomen (vs ingesta or artifact)- SEE PHOTO UPLOADED - owners vet in Ukraine recommended abdominal ultrasound. Eating well, no vomiting or diarrhea
Abnormal PE/Chem/CBC/UA Results: BLOODWORK 04-04-2026. CBC: Mild leukocytosis (16.79 x10^9/L; range 3.66-16.31), mild neutrophilia (13.9 x10^9/L; range 1.84-11.01). Mild thrombocytopenia (80 x10^9/L; range 100-518) - suspect clumping. CHEM: Mild hyperglycemia (7.4 mmol/L; range 3.9-7.2), Mild hyperamylasemia (1,866 U/L; range 100-1,500), dehydration versus pancreatitis or gastroenteritis. Mild hypernatremia (160 mmol/L; range 147-156) UA - sent to external lab Thoracic 3-view: luxation of the third sternebra, which shows dorsal luxation of the cranial segment with associated mineralized material. Abdomen 3-view: Normal-appearing ingesta is present in the stomach, and a large amount of stool is visible in the colon. Bladder is moderately full, and the intestinal tract is largely empty of gas or contents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

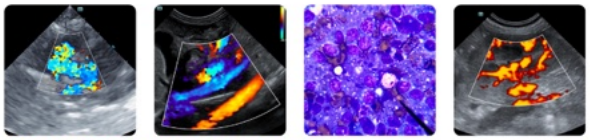
The left kidney is normal in shape and size, measuring 3.05×2.26 cm in the sagittal plane, with a cortical thickness of 0.37 cm. The right kidney is normal in shape and size, measuring 3.30×2.12 cm in the sagittal plane, with a cortical thickness of 0.41 cm. The renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. A mild medullary rim sign is present. No pyelectasia, nephroliths, or hydronephrosis are observed.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.39 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

Splenic thickness is 0.80 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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 with a very small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.82 mm and preserved wall layering. Duodenum: 2.34 mm, mildly dilated and corrugated. Jejunum: 2.27–2.57 mm (mucosa 1.78 mm; submucosa 0.43 mm; muscularis propria 0.37 mm). Ileum: 1.73 mm (mucosa 0.69 mm; submucosa 0.79 mm; muscularis propria 0.39 mm), with preserved wall layering. The ileocecal junction measures 1.99 mm, with a muscularis thickness of 0.47 mm. Some intestinal segments show very mild dilation with a small amount of luminal fluid. No foreign material or obstructive pattern is identified. Colon: 0.92 mm, containing formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure 4.29 mm, and ileocecal lymph nodes measure 2.81 mm; all are normal in shape and echogenicity. The iliac trifurcation region is unremarkable.

PRIMARY FINDINGS

- Mild diffuse renal cortical hyperechogenicity with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of a gastric or pyloric mass is identified. The previously described radiographic finding in the cranial ventral abdomen is most likely attributable to ingesta or superimposition of normal structures.

Mild duodenal corrugation and minimal intestinal fluid are nonspecific and may be associated with normal digestive activity or transient functional gastrointestinal changes, particularly in the absence of clinical signs.

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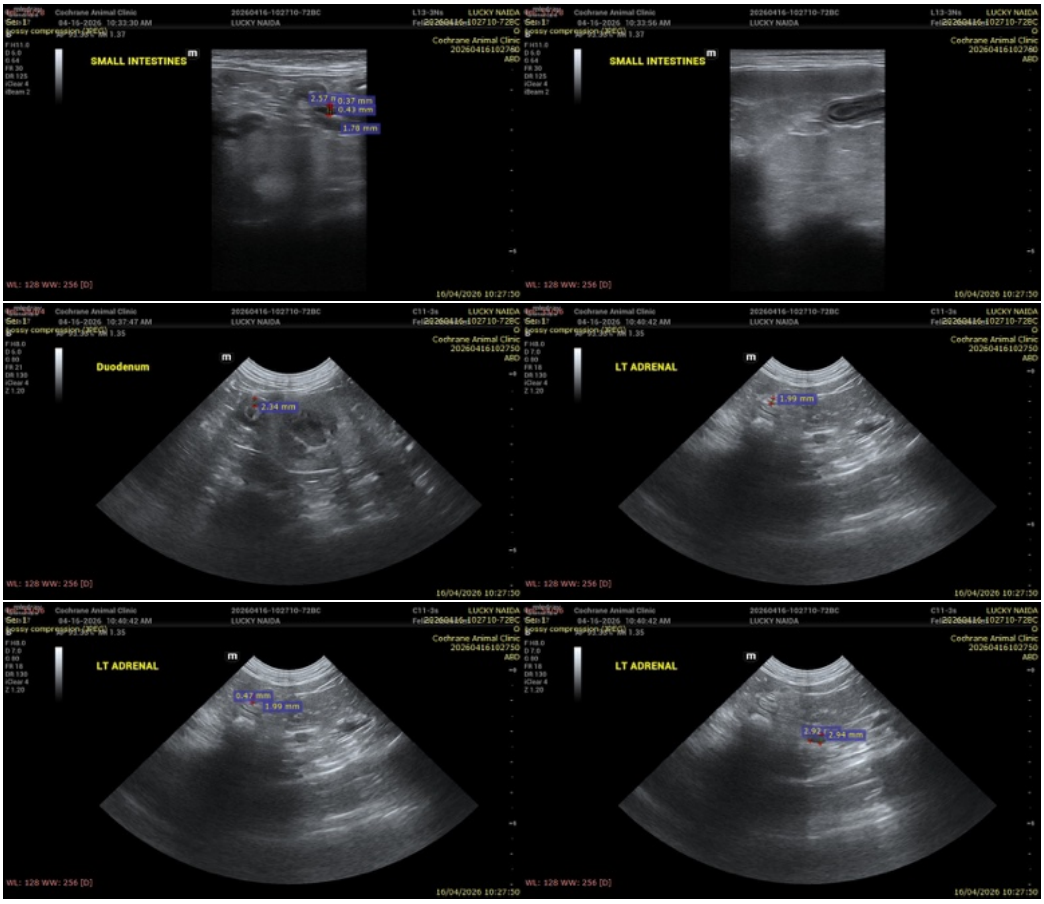
Renal findings (mild cortical hyperechogenicity and medullary rim sign) are nonspecific and may be seen with early renal change, dehydration, or incidental variation.

Recommendations

- If gastrointestinal signs develop or persist consider repeat imaging or further gastrointestinal workup.
- Routine monitoring of renal parameters (chemistry, urinalysis) as part of preventive care.

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



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