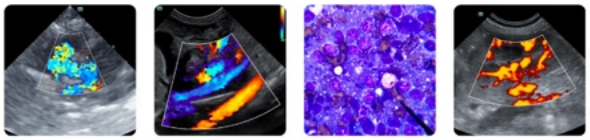


PATIENT

Horatio Dunn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Allison Gomer

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Demeo

INVOICE

75256

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Anorexia , rapid significant weight loss, not responsive to appetite stimulant. Has cervical neck mass on left side
Abnormal PE/Chem/CBC/UA Results: CBC-normal but neutrophilic Chem-WNL T4-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is mildly turbid with a small amount of suspended sediment. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 3.50×2.37 cm. Cortical thickness measures 0.41 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.19×2.45 cm. Cortical thickness measures 0.44 cm in the sagittal plane. Both kidneys demonstrate mildly increased cortical echogenicity relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified. Color Doppler evaluation demonstrates a subjectively normal vascular pattern.

Adrenal Glands

Not visualized.

Spleen

Splenic thickness is 0.60 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

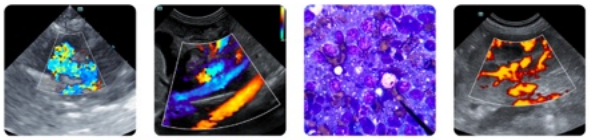
Liver

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

Gastrointestinal Tract

The stomach is empty and folded, with mural thickness measuring 1.43 mm and preserved wall layering. The pyloric wall measures 3.50 mm. Duodenal wall thickness measures 1.80 mm. Jejunal wall thickness



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measures 1.30 mm, with mucosa measuring 0.79 mm, submucosa 0.37 mm, and muscularis propria 0.21 mm. Ileal wall thickness measures 1.44 mm, with mucosa measuring 0.65 mm, submucosa 0.54 mm, and muscularis propria 0.16 mm. Preserved mural layering is identified throughout the evaluated gastrointestinal tract. The ileocecal junction is not confidently visualized. No evidence of focal gastrointestinal inflammation, obstructive ileus, foreign material, or infiltrative intestinal disease is identified. Colonic wall thickness measures approximately 1.12–1.31 mm, with formed fecal material present within the descending colon.

Pancreas

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

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Subtle bilateral renal cortical hyperechogenicity.
- Mild urinary sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clinically significant abdominal mass lesion, infiltrative gastrointestinal disease, or overt metastatic abdominal process is identified sonographically.

Mild bilateral renal cortical hyperechogenicity is present and may reflect mild chronic renal parenchymal change, although corticomedullary architecture remains preserved and no evidence of obstructive nephropathy is identified.

The current abdominal ultrasound examination does not identify a definitive explanation for the marked anorexia and rapid weight loss. Given the reported cervical mass and progressive clinical signs, extra-abdominal disease remains a significant concern. In particular, neoplastic disease involving the cervical region, including thyroid/parathyroid-associated disease, lymphadenopathy, or other regional soft tissue neoplasia, should remain strongly considered.

Recommendations

- Cytologic sampling of the cervical mass is strongly recommended if not already performed.
- Cervical imaging study may be helpful for further characterization of the reported neck mass and assessment of regional lymph nodes.
- Urinalysis with urine specific gravity assessment and sediment evaluation.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can

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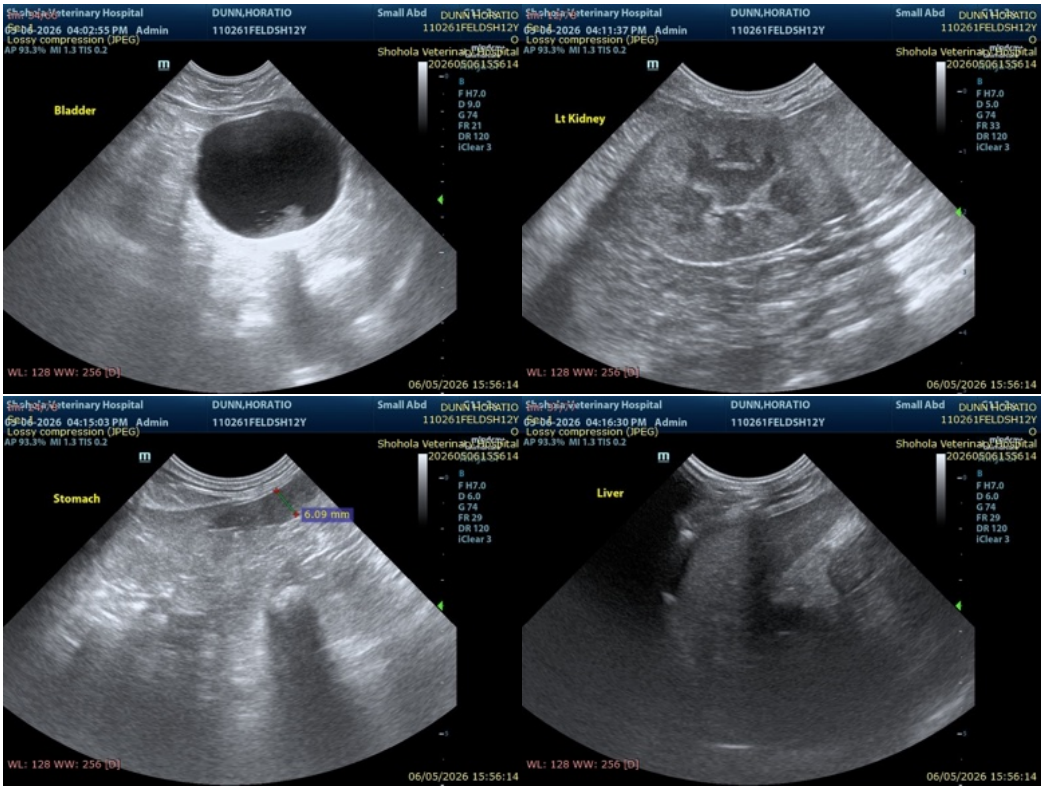
best integrate these findings with the patient's clinical status.



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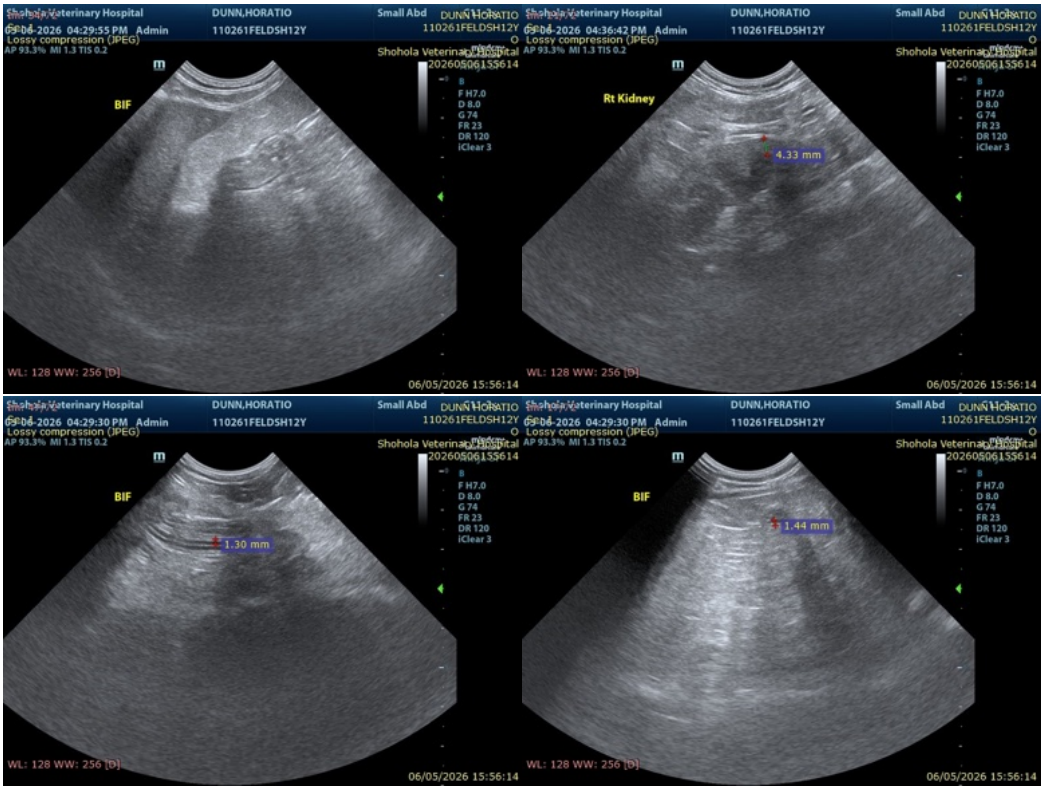

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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