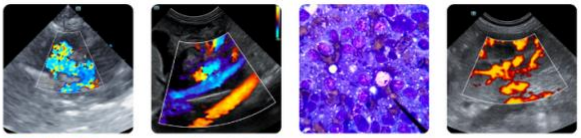


PATIENT

Binx Moody

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 6 Months

WEIGHT

10.1 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Blairstown Animal Hospital

REFERRING VET

Dr. Summers

INVOICE

12407

DATE

11/21/25

PRESENTING CLINICAL SIGNS

not eating well, vomiting, +/- cranial abd. Mass

Abnormal PE/Chem/CBC/UA Results: HCT 27%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with a mild to moderate amount of suspended mobile echogenic debris. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 3.73 cm. The right kidney measures 3.77 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.39 cm. The right adrenal gland measures 0.36 cm.

Spleen

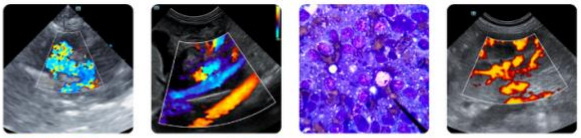
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.79 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is mildly distended with echogenic contents consistent with normal ingesta. The pylorus and pyloroduodenal junction appear patent. There is no evidence of mechanical pyloric outflow obstruction. The small intestine is nondistended with no evidence of shadowing foreign material or mechanical obstruction. The small intestinal walls are diffusely slightly prominent with an irregular hyperechoic submucosa layer and slightly prominent muscularis layer that distorts the normal 1:3



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muscularis to mucosal ratio. The overall wall thickness measures within normal limits. The colon contains normal shadowing feces.

Pancreas

The pancreas is slightly hypoechoic and prominent with irregular margins and mixed hyper- and hypoechoic nodular changes.

Free Abdomen

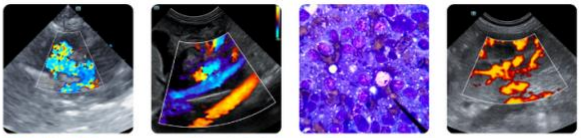
There is a scant amount of free peritoneal effusion identified. The mesentery is diffusely hyperechoic and nodular with several ill-defined heterogenous mass lesions. The largest of which appears to be in the mid abdomen caudal to the spleen and just cranial to the left kidney. The remainder of the mesentery has diffuse mixed hyper- and hypoechoic changes throughout.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.
- The changes to the mesentery may be secondary to other systemic inflammation such as pancreatitis, however, a infiltrative neoplastic process such as carcinomatosis, lymphoma or mesothelioma must be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. Fine needle aspirates of the mesenteric mid abdominal mass lesions with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.



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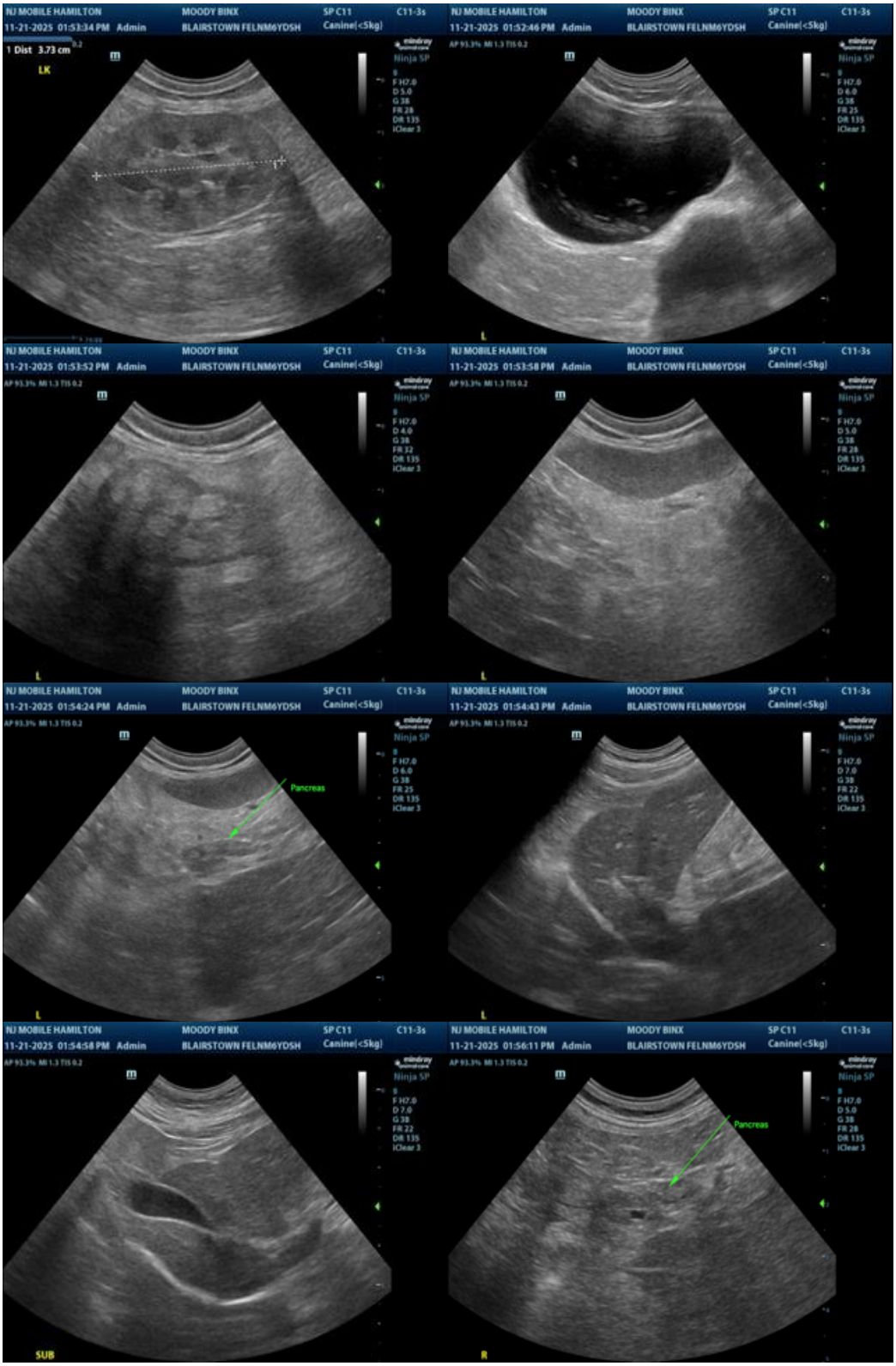

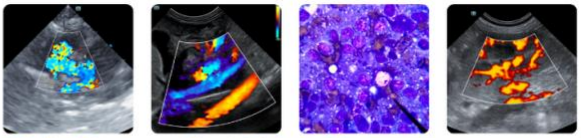

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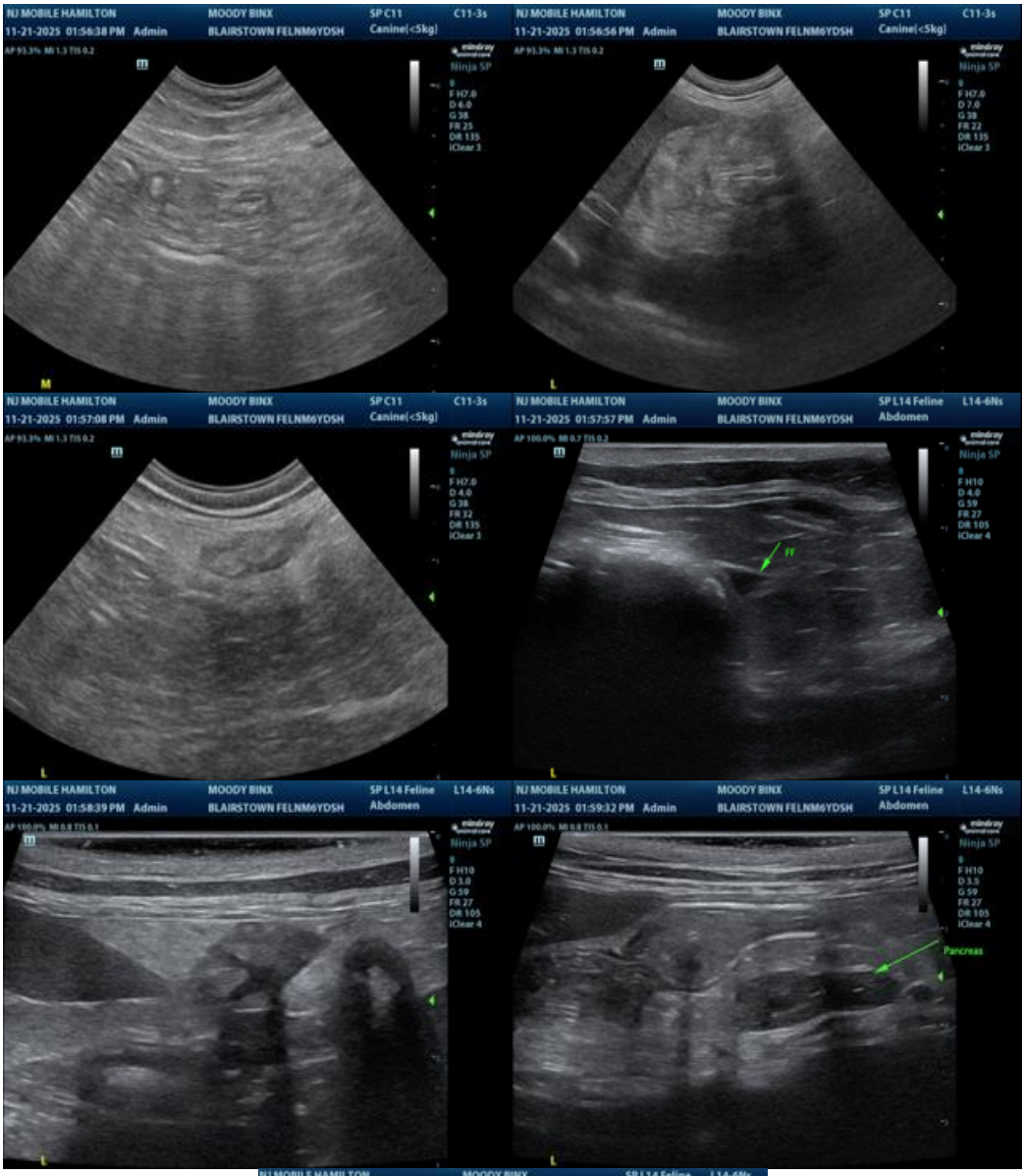

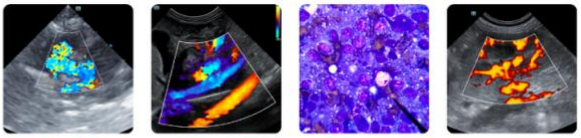

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com