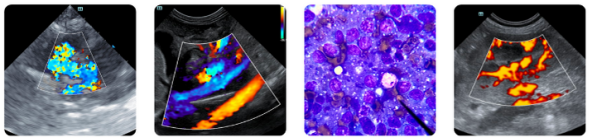


PATIENT

Milo Geyre

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

16.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kristen Evans

HOSPITAL NAME

Emergency Animal Hospital of Crystal Falls

REFERRING VET

Dr. Alan Ralph

INVOICE

11271

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- Pt presented today for ADR, Inapp, Lethargy, and hiding. Per O, pt last ate meal Sunday evening. Pt has been hiding in closet, vocalizing when touched, has different breathing sounds, and has been urinating and defecating outside of litter box. Pt vomited Mon night and Tues morn (white foam). O took pt to Zoot yesterday who ran BW (WNL except elevated RBC) and gave SQ fluids and Cerenia. No vomiting since Cerenia inj. O going out of town today and doesn't want to leave pt at home while he's sick. No current meds. No pmhx
- Body Condition Score: 8 out of 9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.5 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

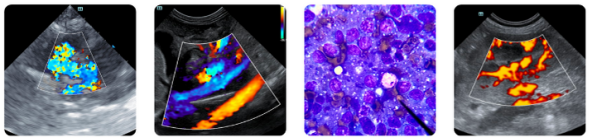
Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no



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evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The bowel wall is difficult to fully assess due to a very large amount of hyperechoic enhanced mesentery and fat throughout the abdomen, a large amount of ingesta, as well as poor detail to surrounding tissues. Reassessment of a fasted abdomen and zooming in, potentially using a linear probe would help further evaluate bowel wall. Having said that, in the views where it's clearly visible, suspect areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. *See other*

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

See other

Free Abdomen

In the mid to caudal abdomen there's an approximately 1.2 cm x 1.3 cm in diameter, hypoechoic density/possible lymph node. Additionally, throughout the right cranial abdomen is a coarse, mildly heterogenous, largely hypoechoic non-distinct density/tissue with some trace free fluid and markedly enhanced hyperechoic fat surrounding it. In some views this appears to be a prominent inflamed pancreas, as is seen with severe acute pancreatitis. Although in some views, it appears to communicate with bowel wall, and a bowel mass in the right cranial abdomen, in addition to or instead of pancreatitis, can't be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Marked right cranial abdominal pathology with the hypoechoic, irregular tissue possibly representing a bowel mass versus a prominent pancreas. Free fluid and enhanced hyperechoic fat adjacent to the area and throughout the abdomen is suggestive of inflammation associated with the pathology.
- Suspect, aggressive lymph nodes in the caudal abdomen – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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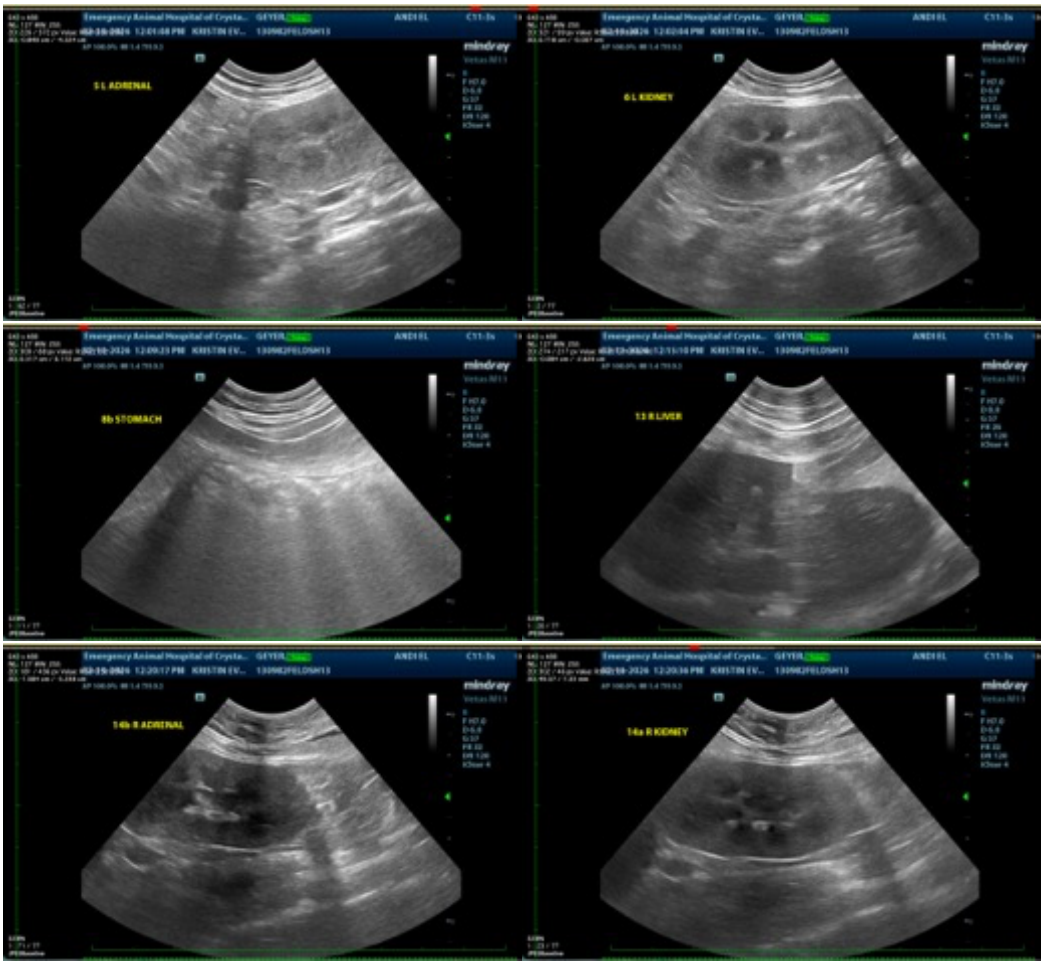
A T4 +/- Free T4 is recommended if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Fine needle aspirates of the non-distinct, hypoechoic tissue in the right cranial abdomen as well as the enlarged lymph node in the mid to caudal abdomen could be considered if patient's coagulation status is appropriate.

In the meantime, other than supportive/symptomatic medical management of clinical signs, further recommendations including both diagnostic, and therapeutic recommendations are largely dependent on the results of the above.



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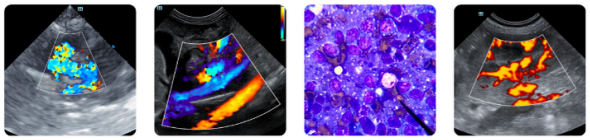

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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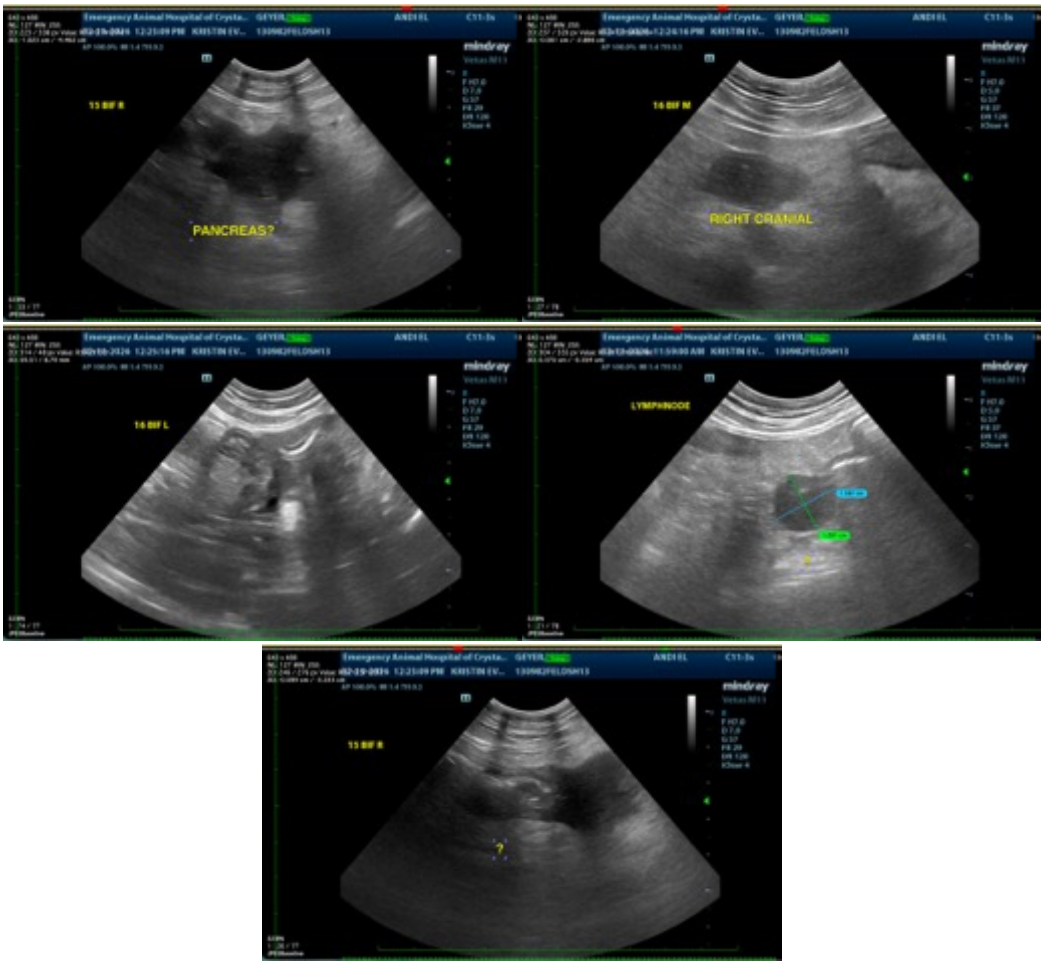

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com