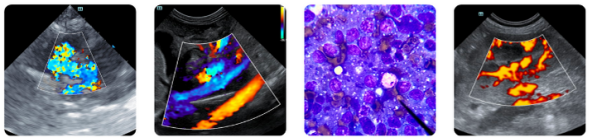




**PATIENT**

Leo Warner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Amanda Cook _ SDEP Clinical Sonographer

**HOSPITAL NAME**

Rivers Edge Pet Medical Center

**REFERRING VET**

Dr. Sawyer Reid

**INVOICE**

11285

**DATE**

2/12/2026

## PRESENTING CLINICAL SIGNS

- P presented 1/19/26 with lethargy, vomiting, and pale mucous membranes. Labs revealed 21% hematocrit (no evidence of spherocytes or intra-cellular parasites), mild neutrophilia, mild hyperglycemia, mild hypophosphatemia. P started on mirtazapine and pet-tinic vitamin supplement. Repeat PCV on 2/5/26 was 32%. P presented again 2/11/26 after becoming acutely lethargic that AM, vomiting overnight. PCV was 15% after 6hrs of 1x maintenance LRS therapy.
- FIV/FeLV/HW negative 1/19/26
- Current Medications: Mirtazapine PRN, Pet-tinic 1mL PO BID.

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings (if applicable) Abdominal rad from 1/19/26 revealed good serosal detail, normal liver/kidney/UB/GI margins. SI consolidated together mid-abdomen with no apparent GI FB or stasis (nothing more current)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.25 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 (3.62 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 area of the right adrenal is examined without evident adrenal gland pathology.

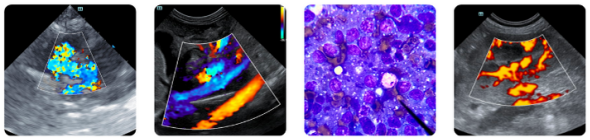
The left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen contains an approximately 1.2 cm x 1.4 cm mildly heterogenous, hypoechoic bulge/mass along the medial mid aspect of the spleen.

### *Liver*

The liver is subjectively enlarged with mildly irregular margins, as a result of multifocal nodules/masses of mixed echogenicity and varying sizes throughout the parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.





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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 lumen of the stomach 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. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). 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.

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

### *Pancreas*

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

### *Free Abdomen*

There is a very scant/trace amount of anechoic free fluid noted in these images.

No definitive lymphadenopathy, but in the mid caudal abdomen just cranial to the urinary bladder is an approximately 2.5 cm x 1.6 cm irregular, hypoechoic density that could represent very cellular or even walled off fluid such as an abscess or a hematoma. Although tissue, including possible lymph node, can't be ruled out.

No visible pericardial effusion is noted in the provided cardiac images. However, if further cardiac evaluation or cardiac function is desired, a full echocardiogram is recommended.

## ULTRASONOGRAPHIC FINDINGS

- The multifocal liver nodules/masses, while diffuse, could represent a benign process such as feline biliary cystadenomas, hematomas, abscesses, other benign infectious or inflammatory process or infiltrative malignant neoplasia can't be ruled out without tissue sampling.
- Similarly, the splenic nodule/mass could represent a benign process including the above differentials as well as potentially amyloidosis, although infiltrative neoplasia can't be ruled out without tissue sampling.
- The structure in the caudal abdomen as described above, given patient's history could represent a blood clot, abscess, other aggregated fluid, although tissue including an enlarged lymph node can't be ruled out.
- Scant/trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

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- Chronic low grade smoldering pancreatitis should be suspected in the face of appropriate clinical signs.
- Moderate amount of echogenic urinary bladder debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

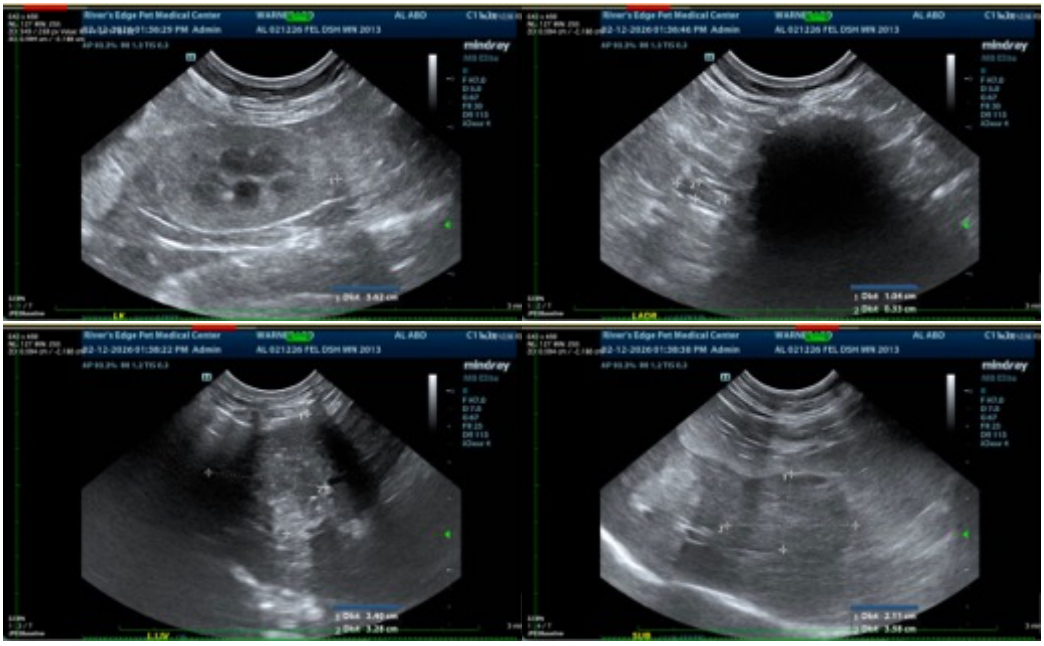
Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Tissue sampling is recommended. Fine needle aspirates of the liver, the splenic mass, as well as the mid caudal abdomen density could also be considered if patient's coagulation status is appropriate.

Additionally, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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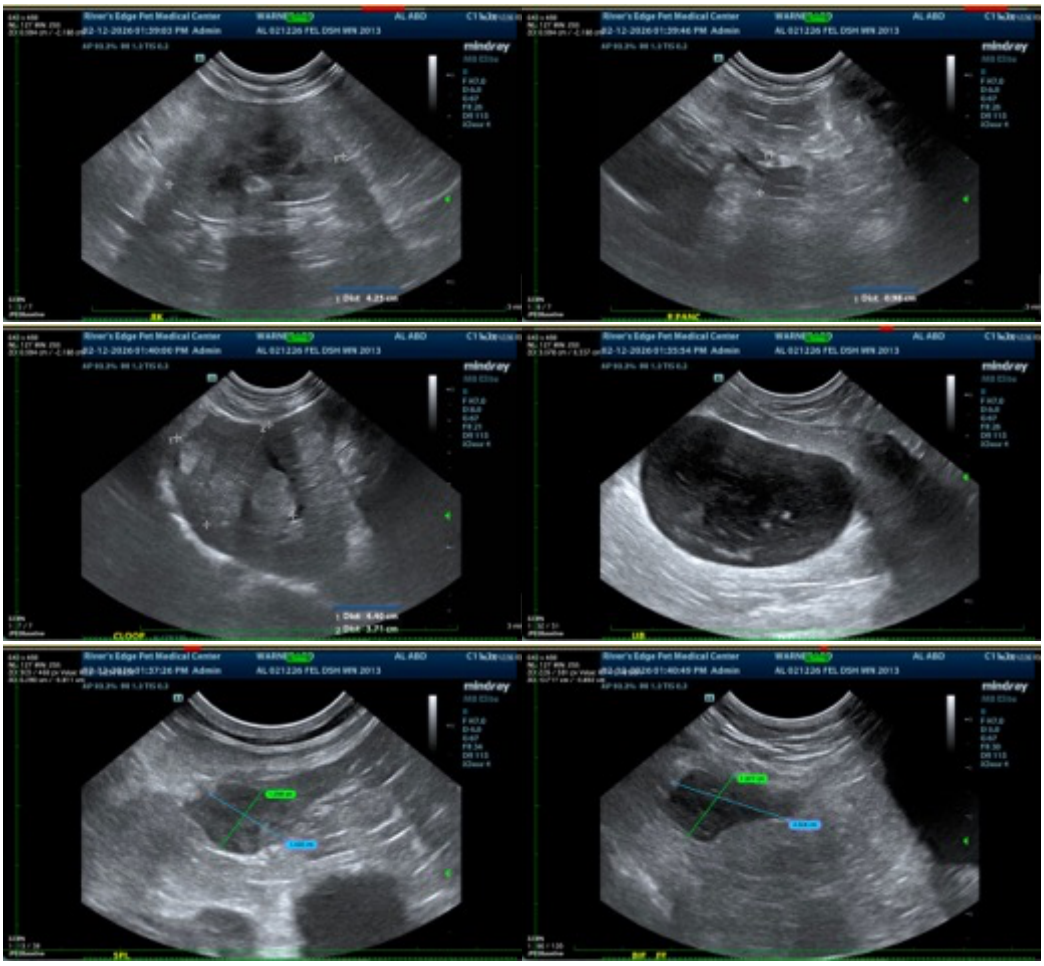

**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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