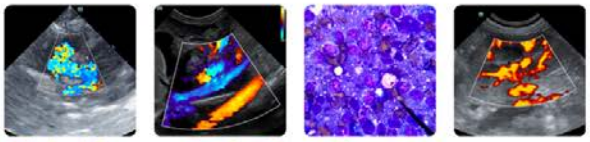


PATIENT

Jasper Broomell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years 9 Months

WEIGHT

11

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility Veterinary Clinic

REFERRING VET

Dr. Peng

INVOICE

72666

DATE

2/3/26

PRESENTING CLINICAL SIGNS

P presented acutely ill last week, lethargic, decreased appetite, concern for kidney disease and cancer based on bloodwork and rads. Started on fluids, clavacillin 62.5mg BID, Prednisolone 5mg SID, Miratax Transdermal ointment SID. Energy levels and appetite are improved. Got his Clavycillin and Prednisolone this AM with breakfast (wet food - Licked up the gravy and ate a little of the food)

Abnormal PE/Chem/CBC/UA Results: Current medications: _Clavacillin 62.5mg/mL, 1mL PO BID. Prednisolone 5mg tab, 1T PO SID. Miratax ointment 1.5" strip on inner ear SID. IVF 20mL/hr Diagnostic abnormalities: _ CBC/chem (1/30/26): Lymphocytes 0.6k/uL, Creat 3.4mg/dL, BUN 70mg/dL, Phos 16mg/dL, Na 172mmol/L, Cl 135mmol/L, ALT 220U/L. BNP 411.4. Radiographs: L kidney appears small and rounded compared to right, suspected mass in thorax between heart and diaphragm, likely in mediastinum_ Notes: _History of elevated BNP (132.5) with normal echocardiogram 5/28/25_

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is small-normal at 3.88 cm. The right kidney is mildly compensatorily large at 4.51 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.33 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

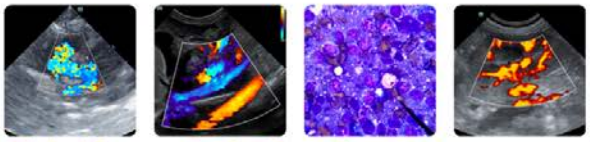
The left adrenal gland is normal in size (0.24 cm at cranial pole and 0.25 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen measures just at the upper end of normal limits for thickness at 1.0 cm at the hilus with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

There is an ill-defined, mixed density noted in a still image measuring 2.75 cm x 0.67 cm that could potentially represent the reported radiographic pulmonary pathology. However, additional imaging is warranted for further evaluation.

Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Hyperechoic hepatomegaly (feline) – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

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- Mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Bilateral chronic kidney diseases, most significant visibly in the slightly smaller left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

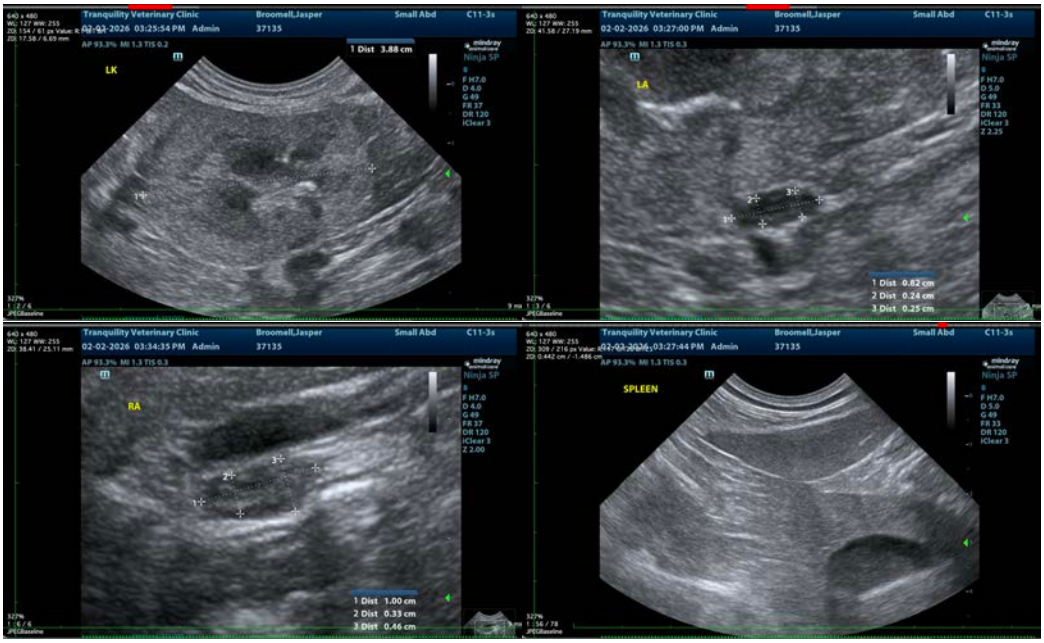
Given patient's reported chemistry results combined with the kidney changes, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A blood pressure is also recommended if not recently evaluated.

In the meantime, fine needle aspirates of the spleen and liver +/- the suspected reported pulmonary mass could be considered if patient's coagulation status is appropriate.

If concurrent cardiac disease is suspected, then a full echocardiogram may also be warranted.

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



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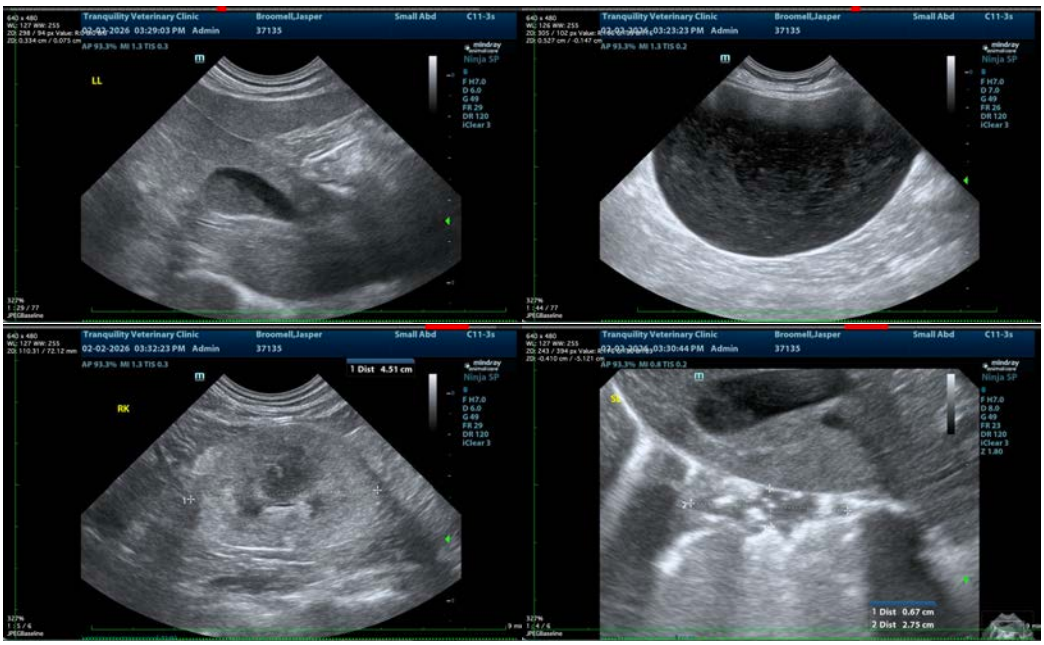

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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