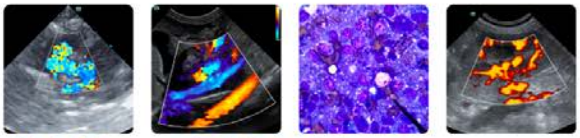


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Che Riveros

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

6.78 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet Emergency Clinic

REFERRING VET

Dr. Yassen

INVOICE

73363

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Problem list: Abdominal pain, History of vomiting, History of foreign body ingestion (pica), Mild non-regenerative anemia, Mild hypoproteinemia and hypoalbuminemia.

Current Medications: Buprenorphine TD, Emavert Inj

Abnormal PE/Chem/CBC/UA Results: - CBC: Mild non-regenerative anemia. Mild neutrophilia, consistent with stress vs. inflammation. Thrombocytopenia noted, likely artifactual due to clumping. - Chemistry: Mild hypoproteinemia and hypoalbuminemia. Renal and hepatic values are within normal limits. Glucose normal. - Catalyst Pancreatic Lipase 3.7 0.0 - 4.4 U/L

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.

The right kidney is normal is size (4.2 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 (5.0 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 (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

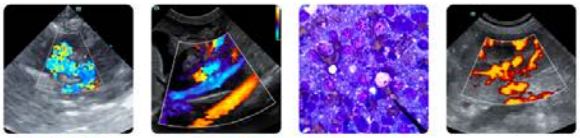
The left adrenal gland is normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. 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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Cranial to the urinary bladder is a bowel mass characterized by a very thick, hypoechoic wall with loss of layering, measuring 1.5 cm thick. It is difficult to determine the exact length of the bowel mass in these images and/or the definitive origin, but it measures at least 5.0 cm long. Surrounding the mass is other less discrete, irregular, hypoechoic tissue concerning for adjacent lymphadenopathy, enhanced hyperechoic mesentery and omentum, as well as scant free fluid.

The remaining visible small intestine demonstrates 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 empty with no evidence of obstruction or foreign material.

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

A mild amount of free fluid is noted within the abdomen. Additionally, pleural effusion is suspected.

Lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- The bowel mass is most concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus carcinoma versus other, especially given the concurrent adjacent lymphadenopathy.
- The bicavitary free fluid could be secondary to the reported hypoalbuminemia depending on the level versus other pathologic fluid including neoplastic fluid. Fluid secondary to concurrent cardiac disease, etc. can't be ruled out without additional information.

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SECONDARY FINDINGS

- 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.

- Mild to moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

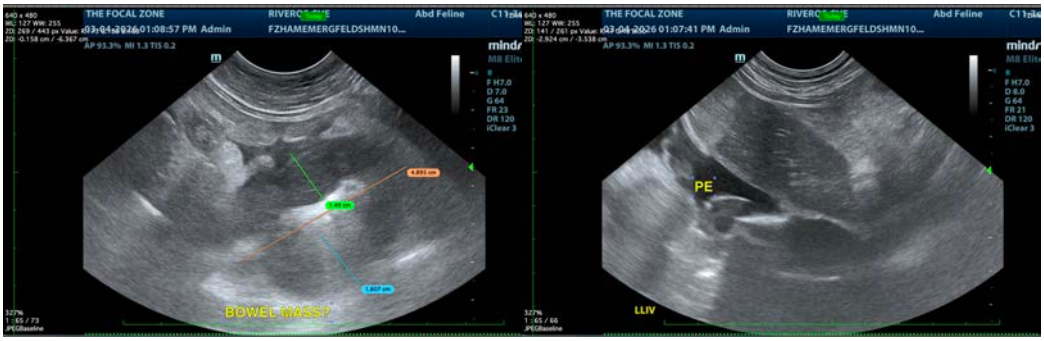
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Tissue sampling is recommended. Sampling of the bicavitary effusion for analysis and cytology could be considered, as could fine needle aspirates of the enlarged lymph nodes and the bowel mass if patient's coagulation status is appropriate.

If a cytologic diagnosis is unable to be obtained, however, and/or the diagnosis warrants surgery, and/or the fluid is consistent with a septic abdomen, etc., alternatively an exploratory laparotomy may be indicated for resection and anastomosis of the bowel mass.

Given the degree of pathology adjacent to the bowel mass, if an exploratory laparotomy is elected, a pre-surgical planning abdominal CT scan for further staging could be helpful.

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



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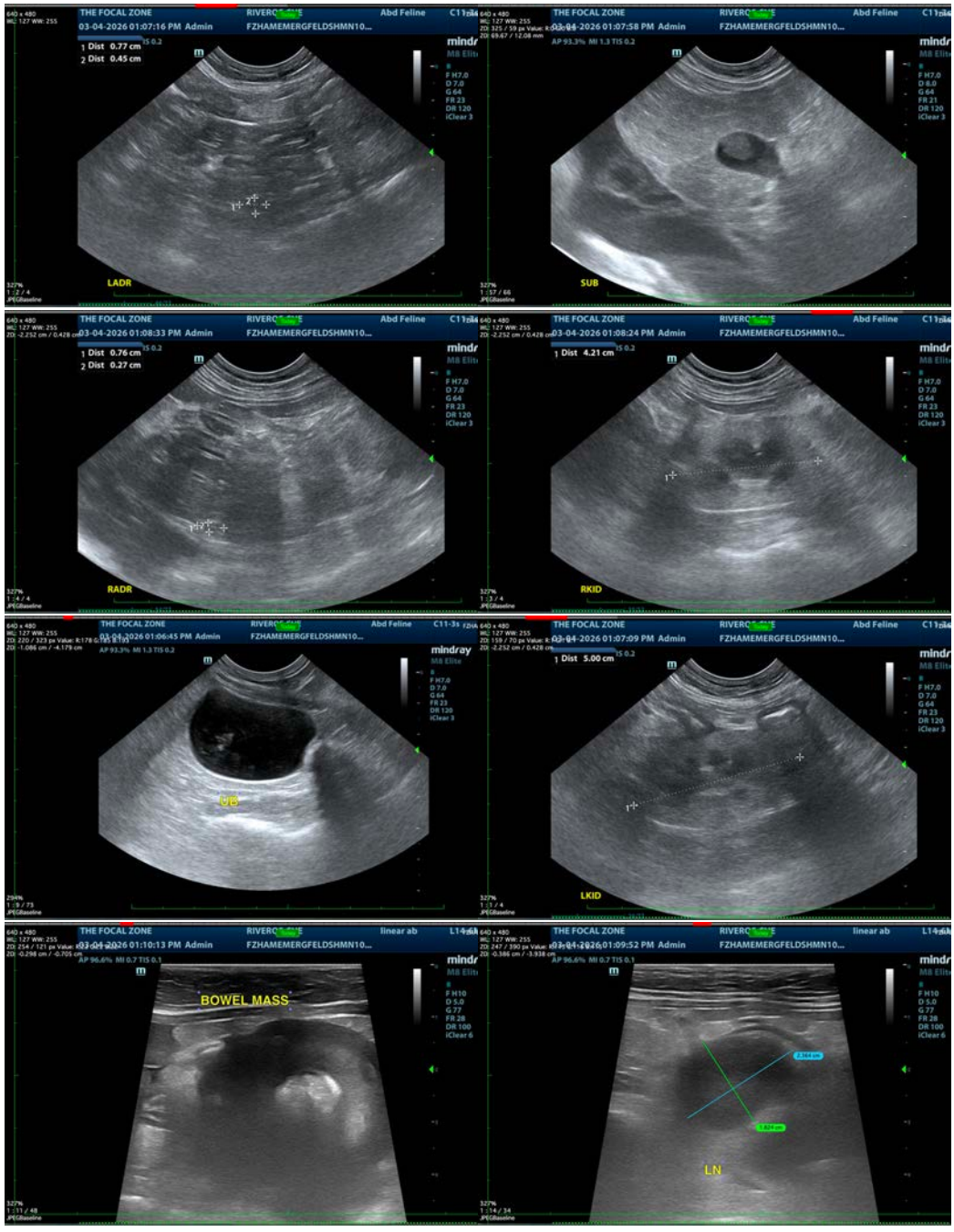

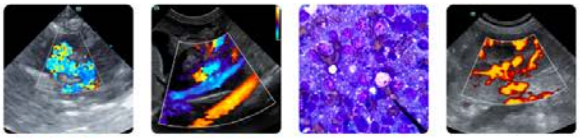

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com