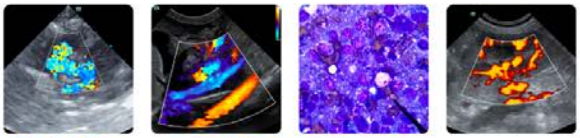


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Quill Evers

SPECIES

Feline

BREED

Bengal x

SEX

Neutered Male

AGE

9 Years

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel Animal Hospital

REFERRING VET

Dr. Neill

INVOICE

74158

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History of hyporexia for over a week, will still eat Temptations but O not sure when his last full meal was - very unlike him. Vomiting clear liquid and bile, has been vomiting hairballs that he rarely gets. Painful in mid-abdomen. Bloated. Skin tent slightly prolonged.

Current Medications: Gabapentin 100mg, Buprenorphine 0.8mg/ml 0.06ml PO @ 9am

Abnormal PE/Chem/CBC/UA Results: Rads attached labs pending

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 (4.06 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 (3.78 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 (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (1.1 cm thick at the hilus) with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

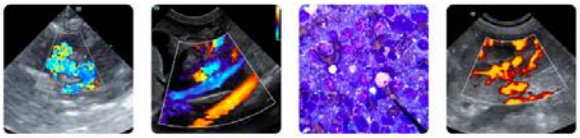
Liver

The liver is subjectively normal to decreased 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.

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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 empty with 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

*See other.

Other

There is a very large amount of echogenic appearing free fluid.

No definitive lymphadenopathy noted, but in the mid cranial abdomen there is an approximately 3.0 cm x 3.7 cm in size heterogeneous, hypoechoic density/mass that could represent an enlarged lymph node, although pancreas versus free mesentery/omental mass can't be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- The cranial to mid abdominal mass is concerning for an infiltrative neoplastic pancreas versus lymph node versus other. Having said that, a benign inflammatory lesion cannot be ruled out without tissue sampling.
- The large amount of 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.
- The subjective mild microhepatica could be a pathologic change or artifact/positioning or displacement of an otherwise normal patient variant due to a very large amount of free fluid in the area.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a full general metabolic health screen is recommended to include CBC/Chem panel, electrolytes, 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.

Sampling of the free abdominal fluid for analysis and cytology is recommended if not already evaluated and if patient's coagulation status is appropriate. Additionally, if patient's coagulation status is appropriate, fine needle aspirates of the mid abdominal mass +/- spleen are 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.

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

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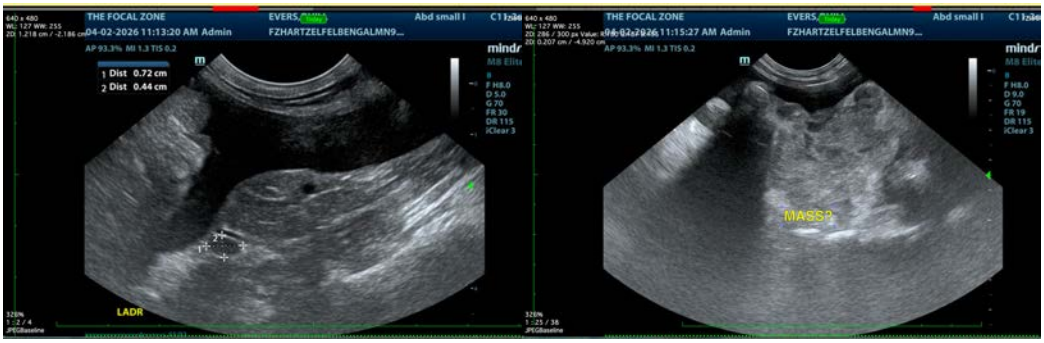

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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