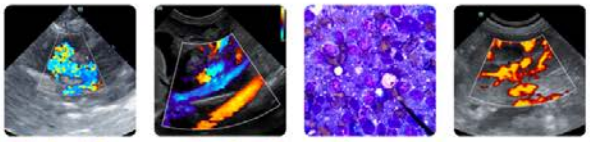


PATIENT

Pancakes Moralis

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years 6 Months

WEIGHT

10.2

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

74827

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History of weight loss, increased appetite and increased vomiting at home. Physical exam unremarkable other than some moderate periodontal disease. Patient does have a history of increased vomiting in the past that improved with steroid use. Owner discontinue steroids about 6 months ago.

Abnormal PE/Chem/CBC/UA Results: BW unremarkable RADS: no obvious diaphragm noted, there is a fairly large soft tissue opacity within the caudal lung fields and concern for a scant amount of pleural effusion vs possible liver lobes?? Soft tissue opacity within right cranial lung field in the same region as an extramural soft tissue opacity

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 exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are large in size (left 5.1 cm, right 4.86 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

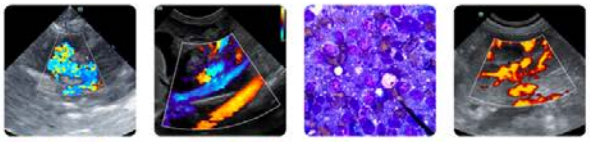
Spleen

The spleen 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. *See other.

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.



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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.

The visible small intestine demonstrates areas of markedly 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

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

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Other

In the caudal thorax in the provided thoracic images there appears to be a large amount of echogenic appearing free fluid as well as some undifferentiated irregular heterogeneous densities near the diaphragm that appear to move with breathing, as could be seen with a solid tissue versus anechoic fluid, such as a mass. Additionally in that area there appears to be intrahepatic vessel dilation including what I believe is the vena cava that almost appears to terminate after passing the diaphragm within the cranial portion of the liver in an approximately 1.5 cm x 2.2 cm anechoic density that could simply represent a dilated vessel secondary to congestion versus other, although an aneurysm or other pathology can't be ruled out.

PRIMARY FINDINGS

- Marked/significant inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.

- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out.

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- A moderate to large amount of echogenic appearing pleural effusion with consolidated tissue/mass at the level of the diaphragm is unable to be ruled out. Similarly, vascular congestion and/or even an aneurysm can't be ruled out.

- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Moderate amount of echogenic mineral/sand urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

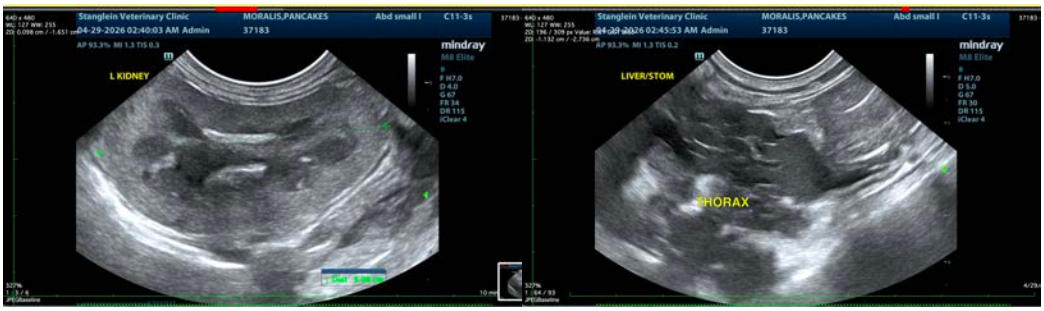
Given the thoracic pathology, sampling of the pleural effusion for analysis and cytology is recommended Additionally, fine needle aspirates of the caudal thoracic density at the level of the diaphragm could be considered if patient's coagulation status is appropriate. An echocardiogram is recommended if not recently evaluated. Ultimately, however, advanced imaging of the thorax such as a contrast CT scan may be helpful.

In the meantime, given patient's reported gastrointestinal signs and bowel changes noted, 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.

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.

The kidneys are likely normal patient variant in a large cat, although infiltrative disease can't be ruled out. Therefore, additionally fine needle aspirates of the kidneys could be considered if patient's coagulation status is appropriate.

Ultimately, however, pending this entire workup, biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for definitive diagnosis and therefore to further guide medical management, especially of the gastrointestinal signs.



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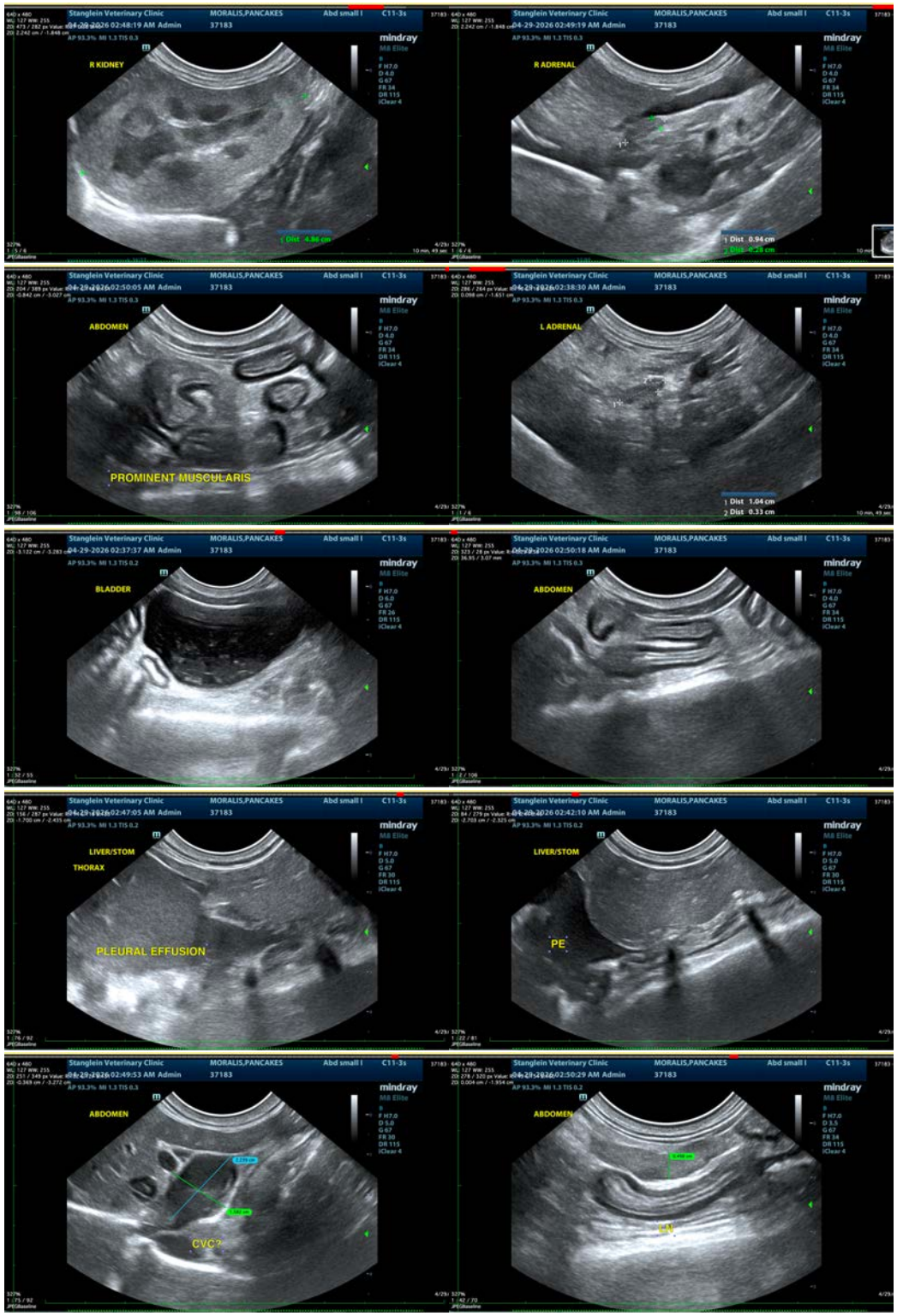

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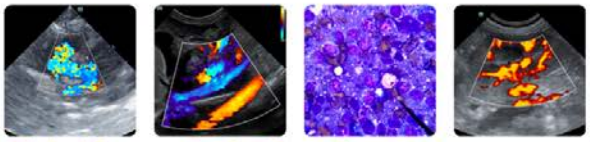

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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