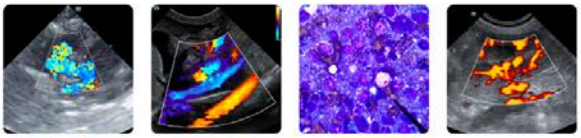


PATIENT

Galileo O'Connell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

17 Years

WEIGHT

11.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston Animal Hospital

REFERRING VET

Dr. Turner

INVOICE

74299

DATE

4/8/26

PRESENTING CLINICAL SIGNS

Arrhythmia, murmur, increased ProBNP, gallop rhythm. Muscle loss, weight loss, increased kidney enzyme elevation.

Abnormal PE/Chem/CBC/UA Results: SDMA 16, BUN 46, Creat 1.2 Cradiopet proBNP 653

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 small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Mild pyelectasia is noted bilaterally. No mineral is observed. Left kidney measures 3.91 cm. Right kidney measures 3.68 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 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.

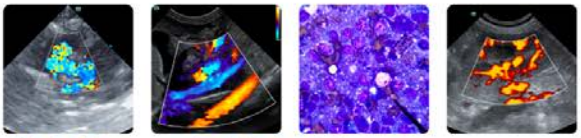
Liver

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. In the lateral left liver, there is an approximately 1.1 cm x 2.0 cm, mildly heterogeneous, hypoechoic density/mass. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is unable to be definitively visualized, but in the area of the gallbladder there is a mildly mixed, round density that could represent a gallbladder filled with debris, although tissue such as nodules or mass associated with the gallbladder can't be ruled out.

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



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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.

No definitive lymphadenopathy noted, but in the mid abdomen in images labeled "right" there is an approximately 1.4 cm x 1.9 cm homogeneous, hypoechoic density of undeterminable origin.

ULTRASONOGRAPHIC FINDINGS

- Severe bilateral chronic kidney disease changes with mild bilateral pyelectasia.
- Mild amount of echogenic urinary bladder debris.
- The liver nodule/mass could represent a benign inflammatory process, infectious disease, other, although infiltrative neoplasia such as round cell neoplasia versus metastatic nodules or mass, etc. can't be ruled out.
- Suspect moderate 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. **As stated above, a gallbladder mass, while thought less likely can't be definitively ruled out.*
- A hypoechoic density in the mid to cranial right abdomen could represent an enlarged lymph node versus a pancreatic mass versus a bowel mass, but it is difficult to determine definitive origin. Infiltrative neoplasia is a concern, but a benign inflammatory lesion can't be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported azotemia and 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.

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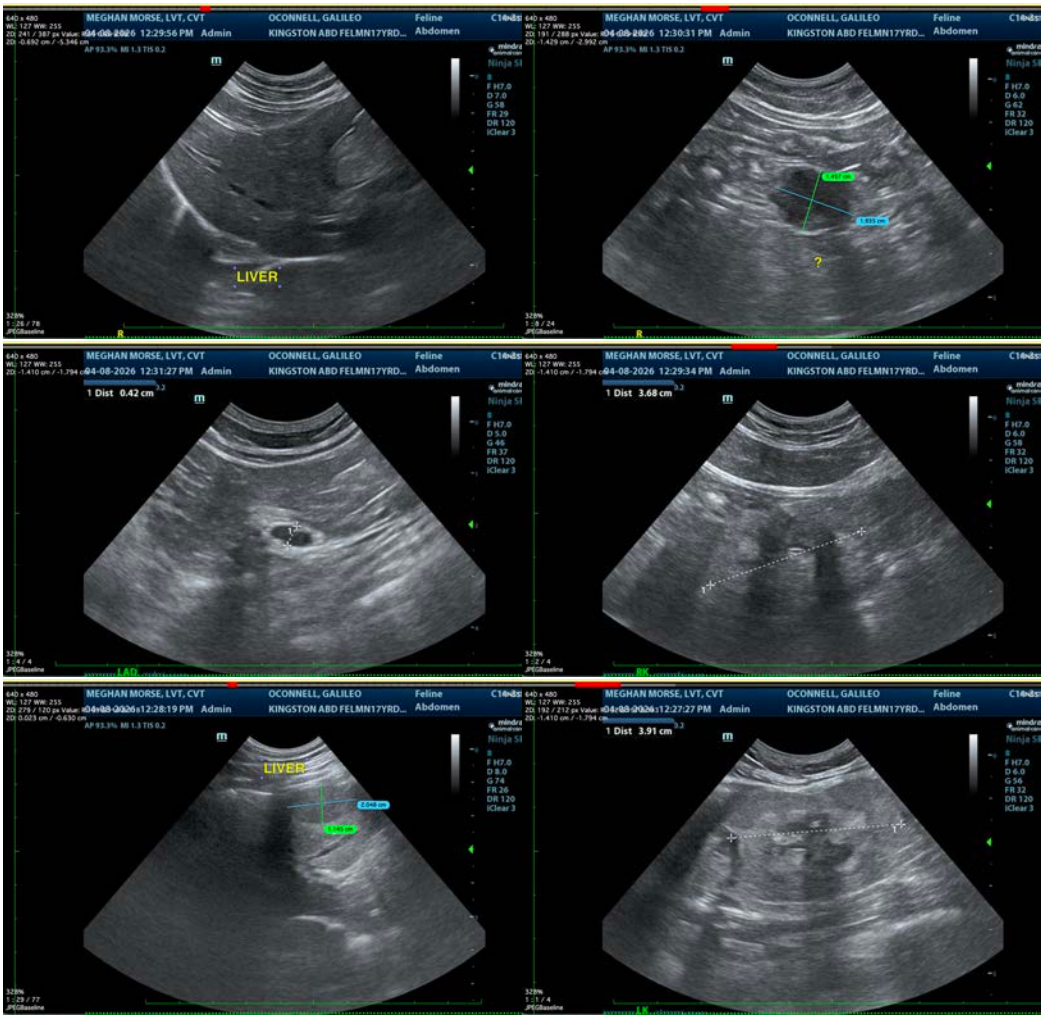
Given the weight loss, a T4 +/- free T4 is recommended.

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.

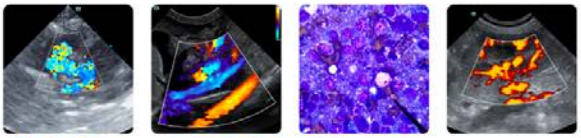
Ultimately, however, tissue sampling is recommended. Fine needle aspirates of the unidentifiable mid to right cranial abdominal mass as well as the liver nodule/mass could be considered if patient's coagulation status is appropriate.

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.

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



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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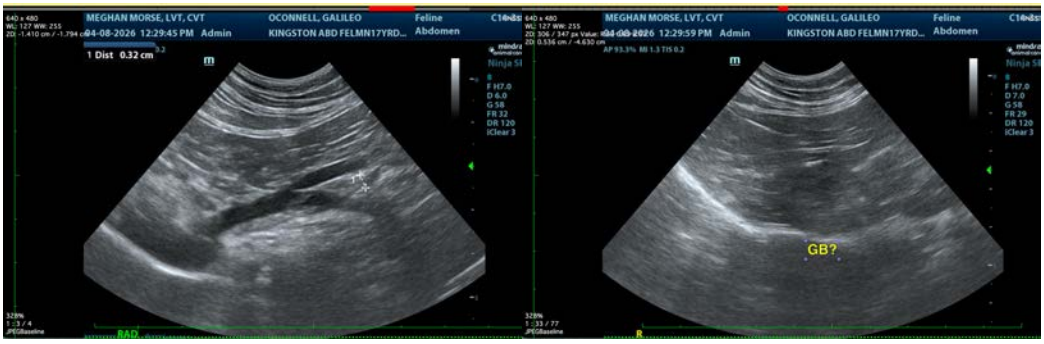

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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