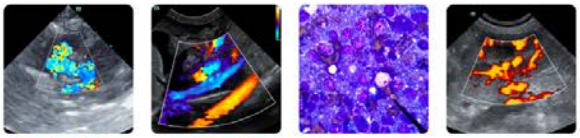


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Anya Reid

SPECIES

Feline

BREED

Siamese x

SEX

Spayed Female

AGE

6 Years

WEIGHT

11.23 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Vetco Total Care – Keizer Station

REFERRING VET

Dr. Juszkiewicz

INVOICE

75251

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Distended Abdomen. Pain or abnormal abdominal palpation. Large, distended fluid filled abd (839ml straw colored fluid removed). Firm, irregular mass cranial R abd. Quiet, just laying down even when manipulated. Underweight, Unkept .Abnormal Dentition, Calculus, Dental Disease: Grade 4. Fractured/Broken Teeth, Gingivitis, Loose Tooth, Plaque, moderate muscle atrophy generalized.

ABNORMAL Labwork Values: Mild increases AST,ALP, T Bili..albumin/TP low (r/o protein losing disease vs decreased production by liver)

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.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. The left kidney is normal in size at 3.8 cm. The right kidney is small-normal at 3.4 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is just above normal limits for size (measuring just over 1.0 cm thick 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.

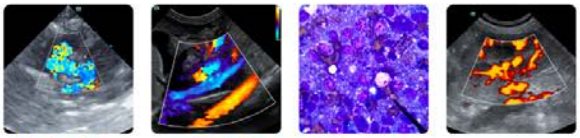
Liver

In the cranial abdomen, the only solid tissue appears as an approximately 6.0 cm x 6.5 cm hyperechoic, rounded tissue mass containing subtle multifocal hypoechoic densities/nodules throughout. In the area and surrounding the area are multiple tortuous, fluid-dilated tubular structures, some of which contain echogenic debris. It is difficult to differentiate the gallbladder versus the intrahepatic and post-hepatic biliary system.

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 stomach is difficult to fully visualize in these images/differentiate from the other fluid-filled structures throughout the cranial abdomen and could be fluid distended versus empty.



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The 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 is difficult to fully visualize in these images.

Free Abdomen

There is a very large amount of echogenic free fluid in these images.

No definitively visible pathologic lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- The solid liver tissue could represent a benign microscopic hepatopathy such as bacterial or lymphoplasmacytic cholangiohepatitis, hepatic lipidosis, other benign infectious or inflammatory hepatopathy, or infiltrative neoplasia such as round cell neoplasia versus other which can't be ruled out without tissue sampling. The tortuous fluid dilated structures appear to be a tortuous dilated biliary system of unknown cause.

- The very 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.

- Moderate 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.

- Mild bilateral chronic kidney disease changes with non-obstructive dystrophic mineralization bilaterally.

- Mild/subtle 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the above images, it is difficult to know whether the reported hypoalbuminemia is secondary to loss or decreased production. 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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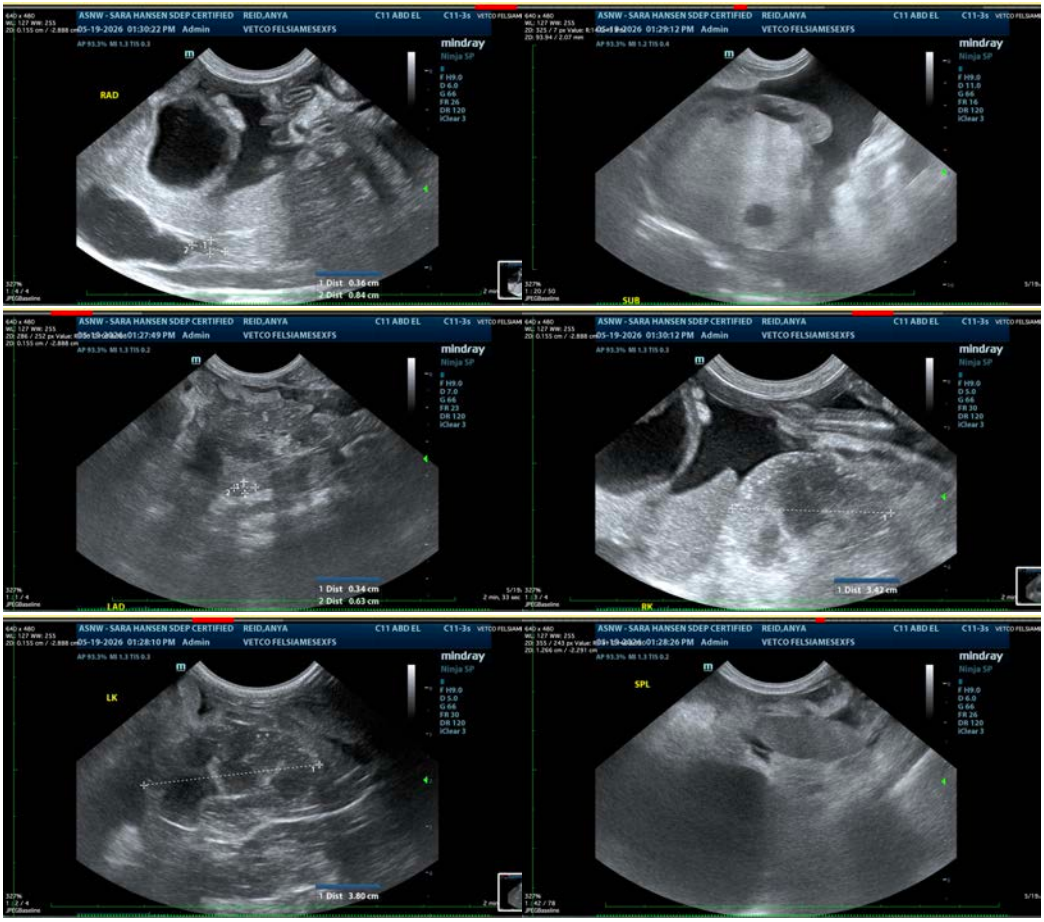
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Bile acids are recommended if patient's total bilirubin is not increased.

Sampling of the liver +/- spleen beginning with fine needle aspirates could be considered if patient's coagulation status is appropriate.

Given the marked cranial abdominal pathology, however, advanced imaging such as an abdominal contrast CT scan may be helpful in further differentiating/identifying origins of pathology.

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



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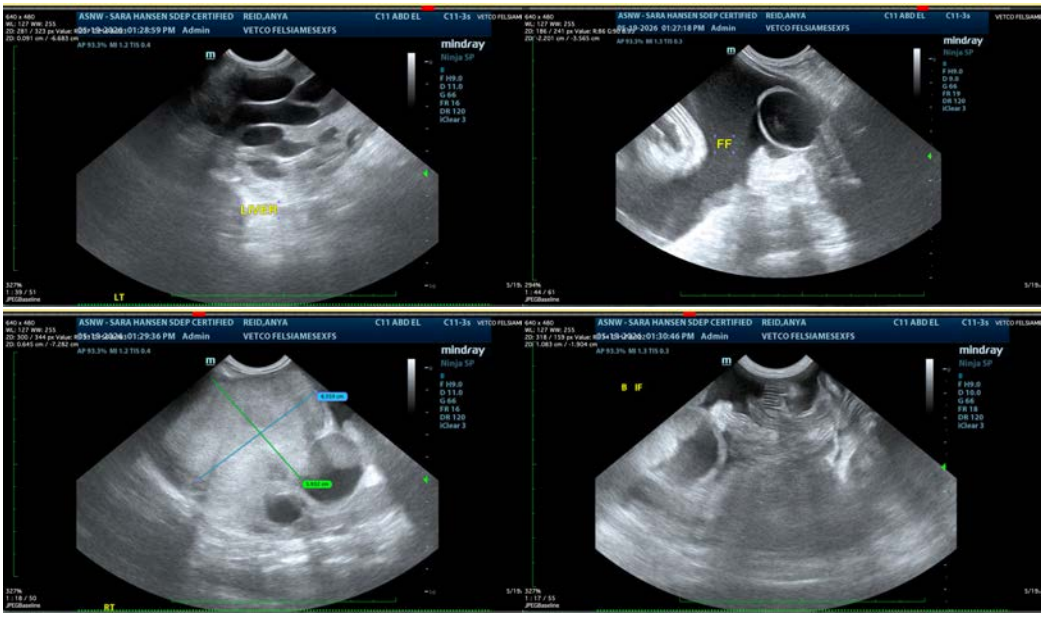

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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