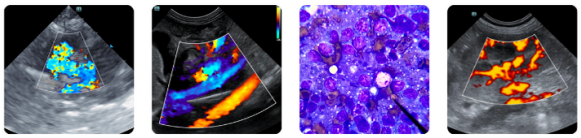


DATE

5/19/2026

PATIENT

Cuddle Wuzzle Stencel

SPECIES

Feline

BREED

DSH

SEX

N/a – Outdoor cat

AGE

9 years

WEIGHT

7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

11968

PRESENTING CLINICAL SIGNS

Patient History: Lethargy, weight loss, not eating, ADR.

Current Medications: Butorphanol.

Labwork Results: Labwork attached. Xray Whole Body 2 view- lateral whole body; pleural effusion noted; gastric dilation with air and fluid increased soft tissue opacity around the liver/spleen area- causing deviation of the intestines caudally; small bladder v/d- fissure line noted on the right side and increased soft tissue region in the left middle lung lobe region decreased soft tissue detail in the cranial abdomen.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (3.6 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 (3.57 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 (0.42 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen contains an approximately 1.6 cm x 1.8 cm in size, expansive, homogenous, hypoechoic nodule/mass near the caudal aspect. The remaining 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). Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes “moth-eaten”. Visible vasculature and biliary tree appear normal without distension or congestion. *Free Abdomen*

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are diffusely tortuous in appearance without evident ultrasonographically visible distension noted in these images at this time.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is moderately distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. 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 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is a moderate amount of free abdominal fluid as well as pleural effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

Additionally, in the right cranial abdomen there’s an approximately 3.8 cm x 5.7 cm density characterized by a thick wall and anechoic suspect fluid filled center that appears in some views to originate from the right caudal liver. Although other origination can’t be ruled out and differentials could include cysts, hematoma, abscess, fluid filled neoplastic mass, other, involving liver, pancreas, bowel, lymph node, free abdomen, etc. Additionally, in the mid to caudal left abdomen, is an area of subjectively tortuous vessels of unknown cause.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

PRIMARY FINDINGS

- The appearance of the nodular liver and spleen are concerning for infiltrative neoplasia such as round cell neoplasia versus other. Having said that, a diffuse but benign infectious or other inflammatory process cannot be ruled out without tissue sampling.
- The cranial abdominal density, as described above, could represent a benign or malignant process and appears in some views to originate from the liver. Although other can't be ruled out.
- Bi-cavitary 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.
- Subjectively tortuous mid to left caudal abdominal vessels of unknown cause.

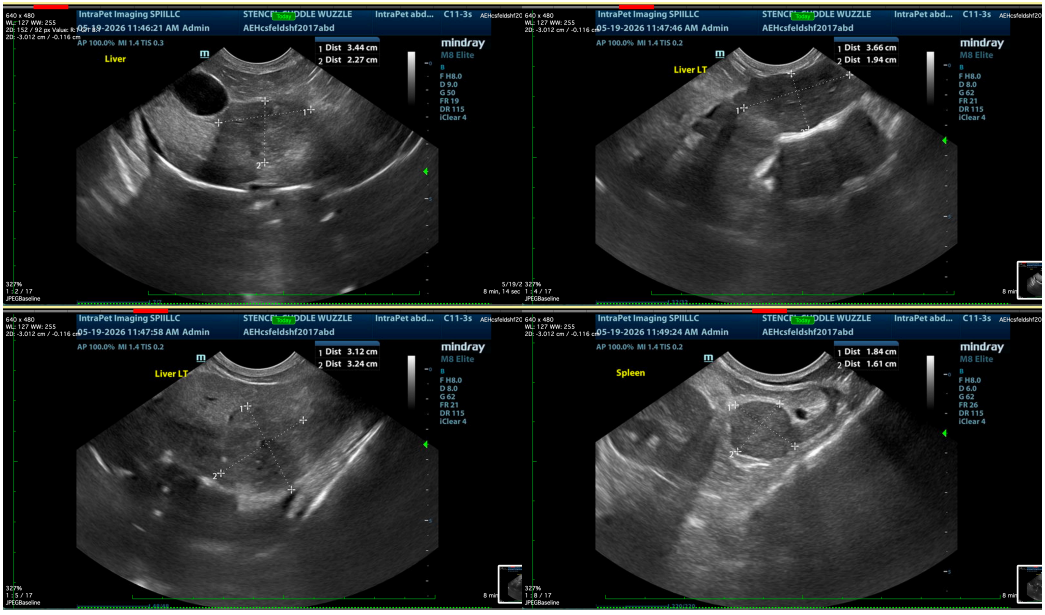
SECONDARY FINDINGS

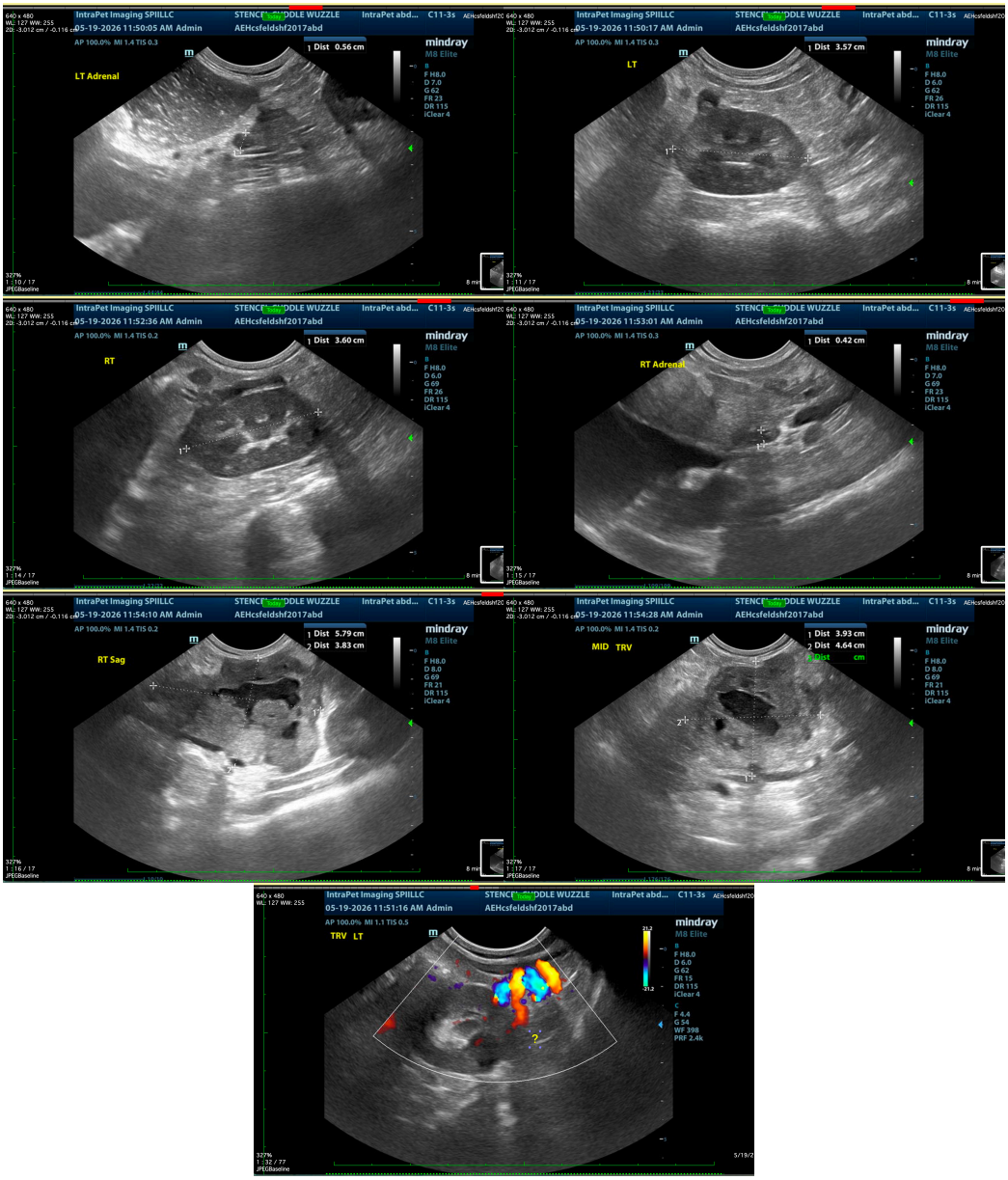
- Chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tissue sampling is recommended. Sampling of the fluid for analysis and cytology, as well as fine needle aspirates of the liver nodules/masses, the splenic nodule +/- the cranial abdominal structure described above, etc. are all recommended if patient's coagulation status is appropriate.

Further recommendations, both diagnostic and treatment, other than supportive/symptomatic medical management of clinical signs, are largely dependent on the results of that sampling.





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
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