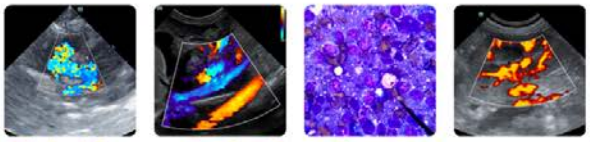

PATIENT

Thai Bradley

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

14 Years

WEIGHT

4.82 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion Animal Hospital

REFERRING VET

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PRESENTING CLINICAL SIGNS

AUS to further evaluate suspect splenic In enlargement on POCUS and a palpable round structure identified in the mid-abdomen in the region of the stomach. Respiratory episodes consistent with feline asthma reported and assessed clinically. T4 is high normal. Echo to further evaluate a heart murmur auscultated and noted to increase in grade with stress. Murmur reported to have increased by approximately two grades during stress. T4 is high normal. Meds: Gabapentin liquid

Abnormal PE/Chem/CBC/UA Results: Time of echo: intermittent gallop, not consistent. Intermittent grade 2-3/6 parasternal HM. HR 150, PQSS. Normal RR/RE and BVS. Blood Pressure: 151, 187, 170 mmHg prior to sedation or shaving. Feb 2026: - Chem: Alb 3.3-n, normal LES, Cr, BUN & SDMA, remainder NSF - CBC: Hct 41%, Plts 259-n, remainder NSF - T4: 2.5 (high-norm) - UA: USG 1.041, pro 2+, remainder NSF - Keyscreen fecal: NPD - Rads: Gas distention of the stomach and mid-distal colon. Stom also contains amorphous food like material

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.

The kidneys are bilaterally large in size, irregular and diffusely echogenic with decreased corticomedullary distinction and reduced visualization of normal internal architecture. Trace pyelectasia is noted bilaterally. No mineral is observed. The left kidney measures 5.2 cm. The right kidney measures 5.8 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.28 cm at cranial pole and 0.38 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

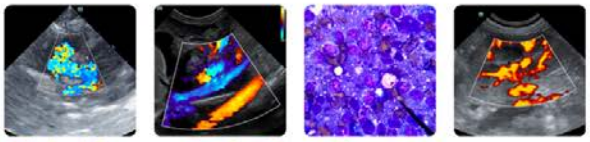
What I believe to be the left adrenal gland is normal in size (0.50 cm at cranial pole and 0.50 cm at caudal pole). However, it is in a slightly atypical location, and while it has the normal shape and overall appearance of the left adrenal gland, which can be a slightly mobile gland, lymph nodes adjacent to the left kidney can't be definitively ruled out.

Spleen

Spleen is subjectively large in size (1.1 cm thick at the hilus) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. One slightly larger discrete nodule measures 0.30 cm in diameter. 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



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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.

The visible small intestine demonstrates areas of mildly 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

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 no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In the caudal abdomen, in the area of the trifurcation, there is an approximately 1.2 cm x 1.5 cm anechoic density.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the kidneys is concerning for emerging chronic kidney disease, and with the large size potentially glomerular or interstitial nephritis and/or even an infiltrative process such as FIP, amyloidosis, or infiltrative neoplasia such as lymphoma, which can't be ruled out. Normal variant due to fat deposition and aging change is possible. Therefore, this finding should be interpreted in combination with laboratory changes, urinalysis results, potentially sampling, etc.

- Coarse 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.

- Mild/emerging 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.

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- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- The anechoic cystic structure in the caudal abdomen could represent a benign incidental cyst, cystic lymph node, hematoma, even abscess, other. A cystic neoplastic mass is possible but considered less likely.
- Mild amount of echogenic urinary bladder debris.

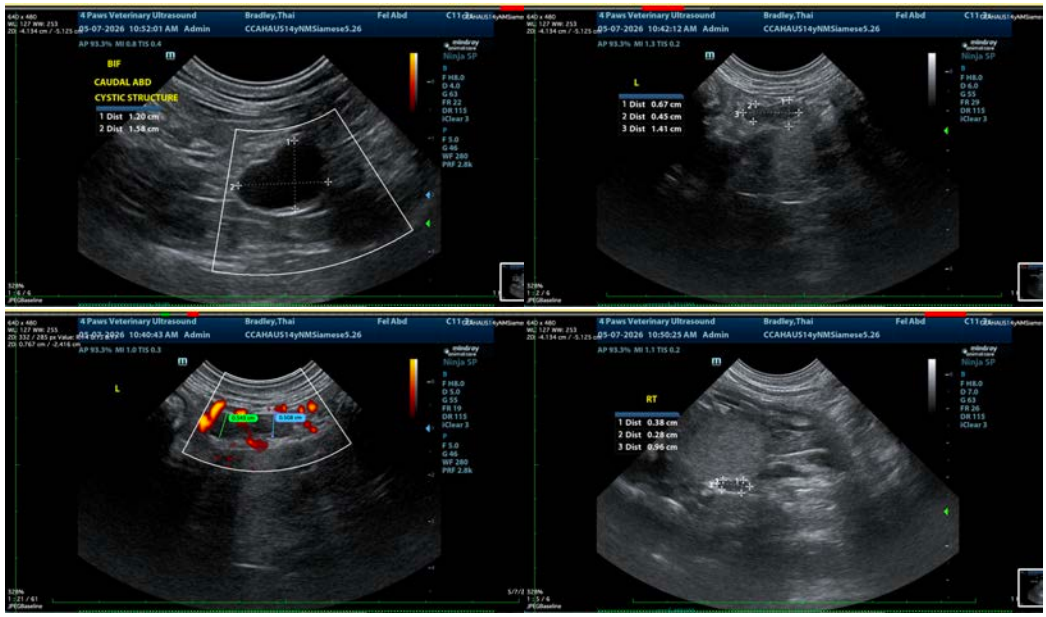
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the kidneys, spleen, +/- caudal abdominal cystic structure could all be considered if patient's coagulation status is appropriate.

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.

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



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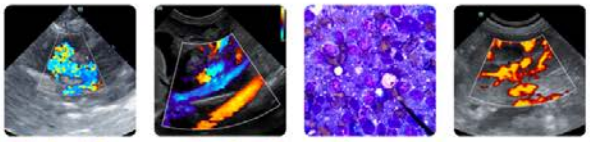

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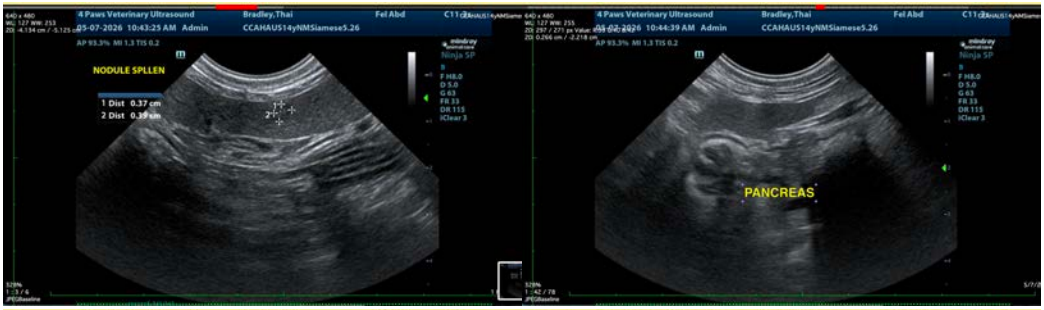

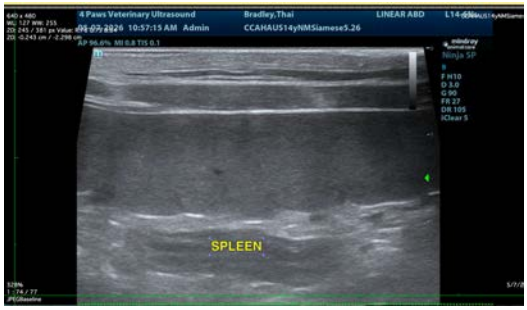

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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