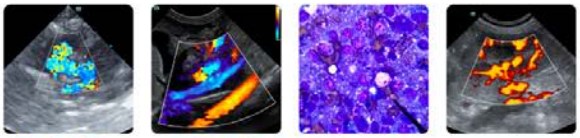

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Roshi Ganchev

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

5.26 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove Veterinary Services

REFERRING VET

Dr. Ioannou

INVOICE

73323

DATE

2/27/26

PRESENTING CLINICAL SIGNS

Had colitis a couple of months ago. After the antibiotic, condition worsened. Lately, complete lack of appetite; drinking more water; urinating more frequently; lethargic; diarrhea. Roshi is Hyperthyroid and is on Y/D; since Friday he is no longer eating at all (maybe 2 temptation treats only) and not drinking. He does have liquid diarrhea; their previous vet put him on liquid Tylosin but the diarrhea has gotten worse since the meds; now he is lethargic. No real hx of vomiting. Tachycardic; lungs clear. Large mass present at thoracic outlet.

Abnormal PE/Chem/CBC/UA Results: Blood shows slight lymphopenia, slight increase in ALK (secondary to arthritis) and slight decrease in sodium and chloride.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.25 cm. Right kidney measures 3.5 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.27 cm in thickness. Right measures 0.46 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The small intestinal loops are diffusely thickened with hazy wall layering. There is no discrete mass visualized within the small intestine.

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The distal colon is visualized with normal wall thickness and normal wall layering, with luminal gas shadowing.

Pancreas

The pancreas is not distinctly visualized.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

There is a moderate volume of anechoic fluid visible in every quadrant. The omentum/mesentery appears diffusely thickened and somewhat nodular.

ULTRASONOGRAPHIC FINDINGS

- Abdominal effusion with nodular omentum/mesentery.
- Diffusely thickened small intestines with hazy wall layering.

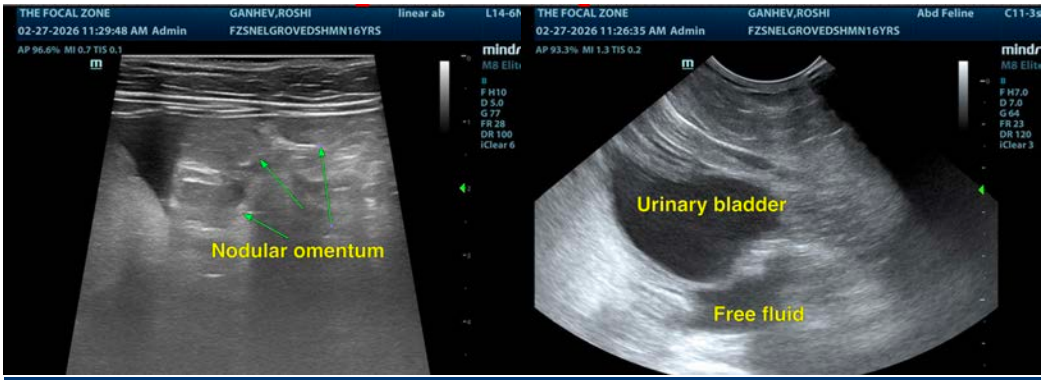
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of colitis is not apparent on ultrasound. Abdominocentesis with plan for fluid analysis and cytology is recommended. MRNA testing for FIP should be considered.

The nodular appearance to the omentum/mesentery is concerning for carcinomatosis, though chronic effusion can cause peritonitis and subsequent peritoneal connective tissue thickening.

The clinical significance of diffuse small intestinal thickening is uncertain. This may also be an inflammatory change but could represent infiltrative disease. Ultimately, abdominal explore with plan for GI biopsies may be warranted.

Further workup of the nature of the abdominal effusion is recommended as well as correlating clinical significance of the reported thoracic mass.



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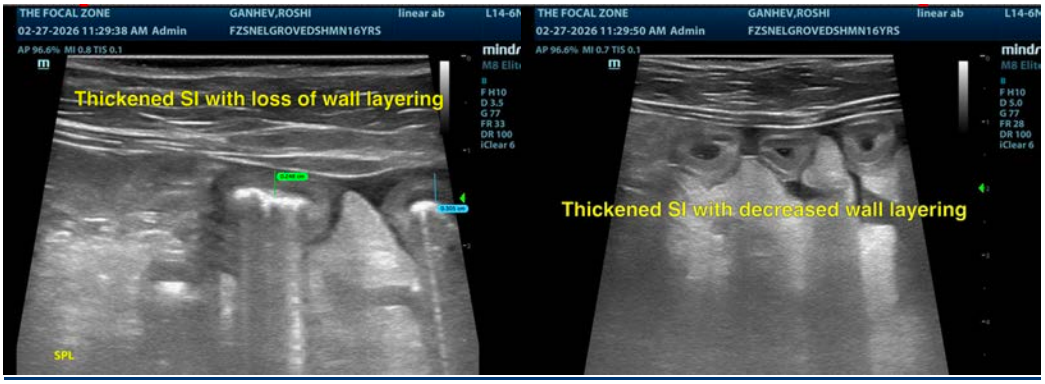

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com