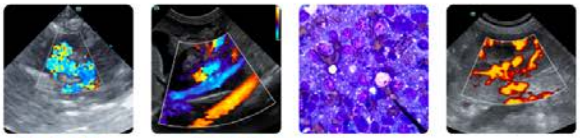

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Fat Man Sullivan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.76 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH East Hamiltion

REFERRING VET

Dr. Adel

INVOICE

73721

DATE

3/17/26

PRESENTING CLINICAL SIGNS

QAR, plantigrade standing, dehydrated 5-7 %. Painful abd pap

Current Medications: Gabapentin, Cerenia, Metronidazole

Abnormal PE/Chem/CBC/UA Results: BW: Slight anemic and high values of WBC, NEUtro due to infc vs inflammation Lipase is very high Radiographic Findings x-ray: peritoneal effusion may be due to FIP vs ruptured mass, vs pancreatitis, open

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 left kidney is subjectively enlarged. Left kidney measures mildly enlarged at 4.76 cm. There is a mild decrease in corticomedullary definition, and the cortex is hyperechoic. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis.

The right kidney is visualized in the transverse plane. The cortex is hyperechoic. Hyperechoic shadowing material consistent with nephrocalcinosis is visible. There is a decrease in corticomedullary distinction.

Adrenal Glands

The adrenal glands are not distinctly visualized.

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 visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with a large amount of ingesta and gas throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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The colon is distended with fecal material and gas. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is not distinctly visualized.

Free Abdomen

There is a small volume of free fluid visualized.

In the mid abdomen, surrounded by small intestinal loops there is a roughly spherical heterogeneous mass effect measuring 2.4 cm x 2.4 cm. This likely represents an inflamed or infiltrative lymph node but may also represent a free abdominal mass.

ULTRASONOGRAPHIC FINDINGS

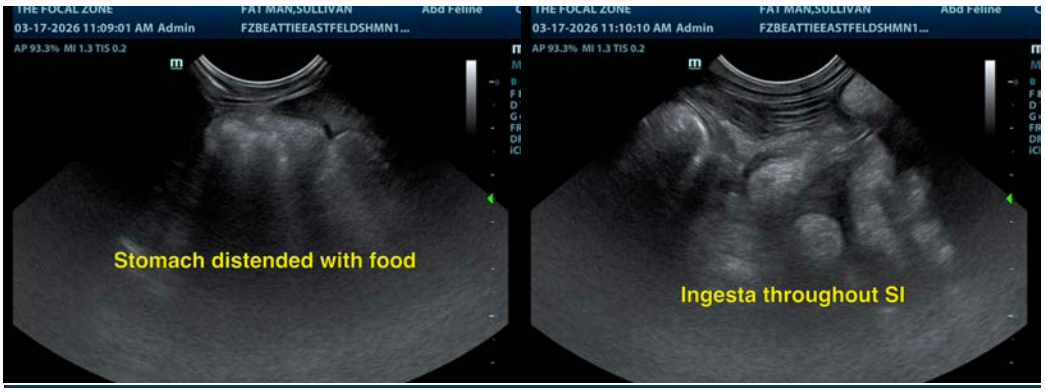
- Mid abdominal mass effect- suspected to represent mesenteric lymphadenopathy.
- Scant free fluid.
- Degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mid abdominal mass effect is suspected to represent a mesenteric lymph node, though a free abdominal omental or mesenteric mass remains a possibility. FNA of the structure is recommended to further define.

The large amount of ingesta and gas throughout the GI tract may be impairing visualization of other pathology.

A definitive cause of abdominal effusion was not identified. Abdominocentesis with plan for fluid analysis and cytology is recommended. Submission of mRNA PCR for FIP virus should be considered.



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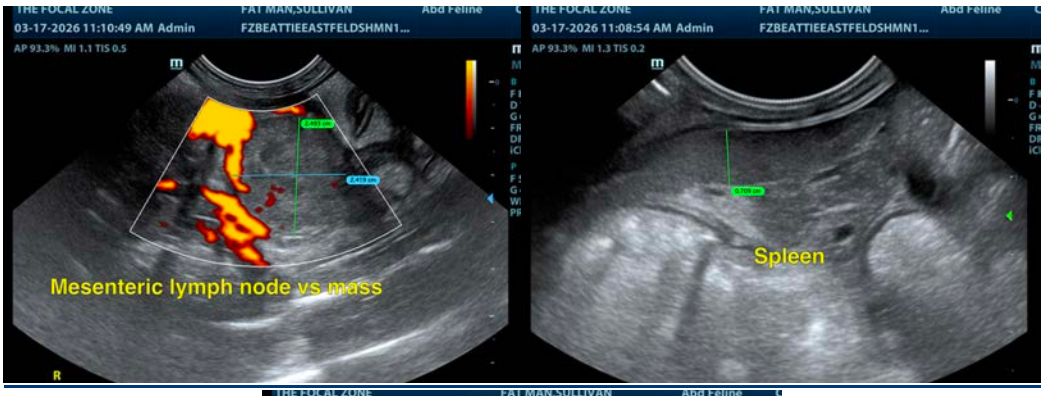

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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