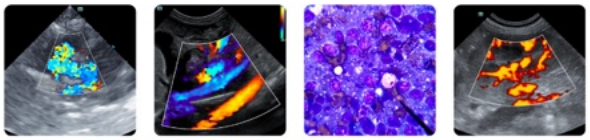


PATIENT

Moxie Dunn

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

1 ½ years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Sinopoli

INVOICE

74745

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: - Complete personality change within the last week
- Not acting like himself since Thursday, progressively worsening
- Decreased appetite but will eat small amounts if hand-fed
- First urination since primary care visit occurred in car today
Abnormal PE/Chem/CBC/UA Results: Oral Cavity: Mucous membranes pale pink/mildly tacky, CRT <2s, moderate tartar/gingival erythema, sublingual clear Cardiovascular: No murmurs. Gallop arrhythmia, pulses strong/synchronous 5-6%, tacky mm +/- some change in skin turgor HAEC intake CBC: WNL Chem: globulin 5.4 (H), A:G Ratio 0.6 EPOC: hypokalemia (3.3) fPL: WNL UA: RBC >50/hpf, USG 1.015 ProBNP: normal BP: 140 doppler rDVM - radiographs: unremarkable thorax and abdomen - Bloodwork/UA - neutropenia 2016, otherwise unremarkable - Fever of unknown origin pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

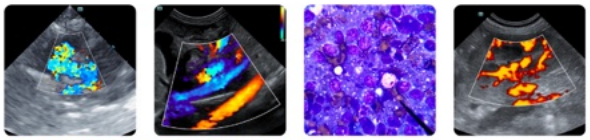
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right and left kidney measured 4.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left and right adrenal gland each measured 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** presented mild mucosal hypertrophy without loss of mural detail. Anechoic fluid filled lumen noted, most consistent with gastritis or non-specific GI upset. The small intestine and colon were unremarkable with normal uniform curvilinear patterns. No loss of mural detail and unremarkable. lumen.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Non-specific gastrointestinal insult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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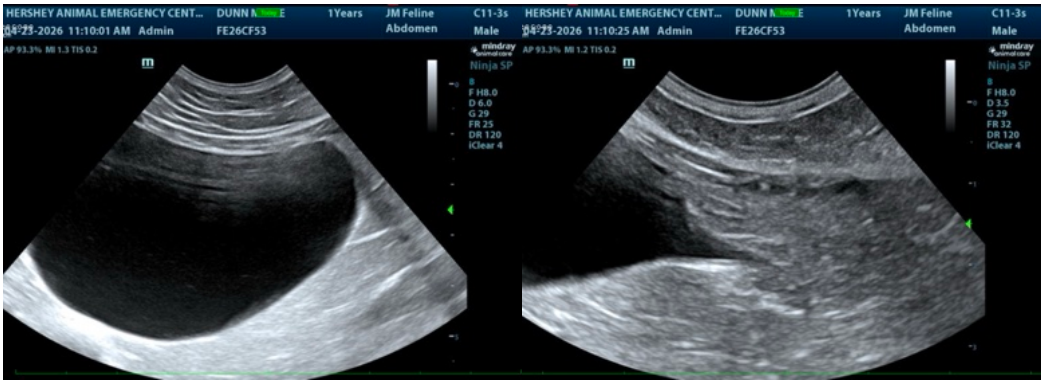

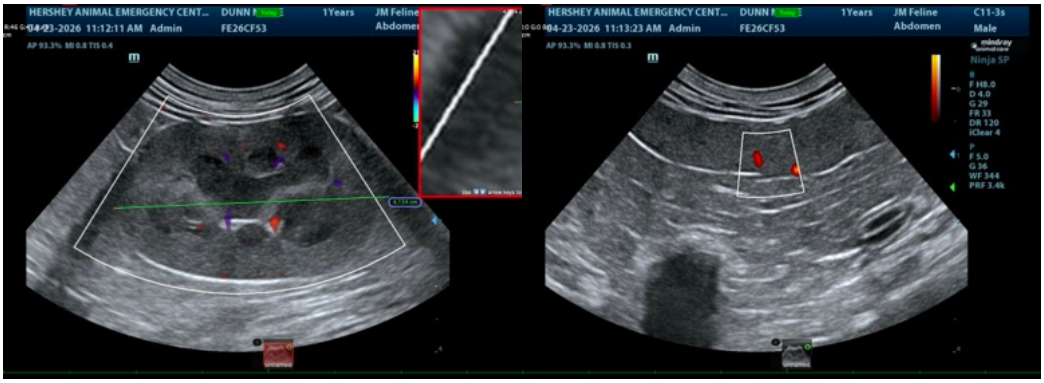

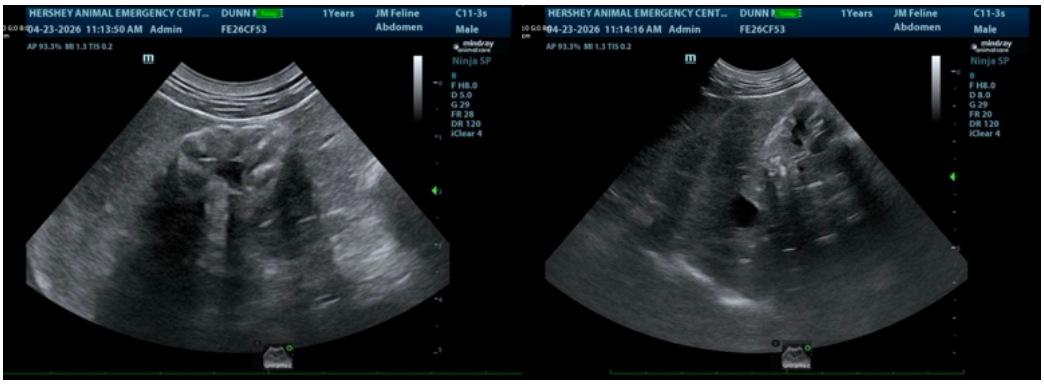

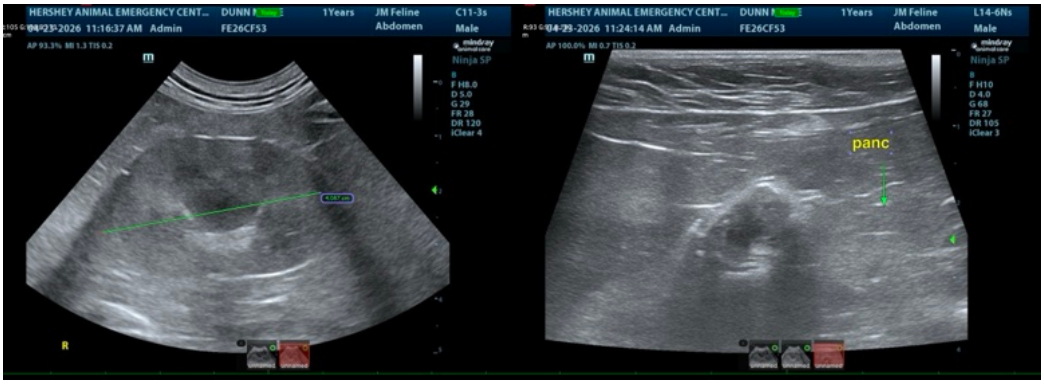

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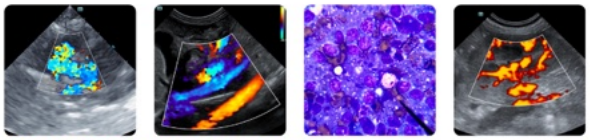

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com