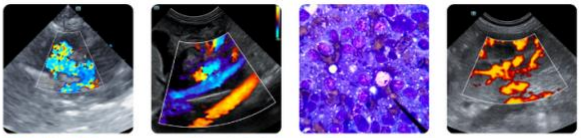

PATIENT

Ace Setka

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr ElShafie

INVOICE

35979

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: R/O any abnormalities, linear FB, vomiting for 7 days even after cerenia injection. Reduced serosal detail may be due to the patient's conformation/ young age. Scant peritoneal effusion and/ or steatitis are not ruled out.

Abnormal PE/Chem/CBC/UA Results: BUN 31, K 3.6, TP 4.2, Lymph 7.55, PLT 664, Feline triple negative, FPL normal, Fecal neg.

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 were 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 left kidney measured 2.8 cm. The right kidney measured 2.6 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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 **gastrointestinal tract** revealed variable thickening with muscularis hypertrophy. Some mucosal echogenicity was noted. No evidence of foreign bodies.

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.

Free Abdomen

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The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. These are reactive or juvenile. A grouping measured approximately 2.0 cm x 2.0 cm.

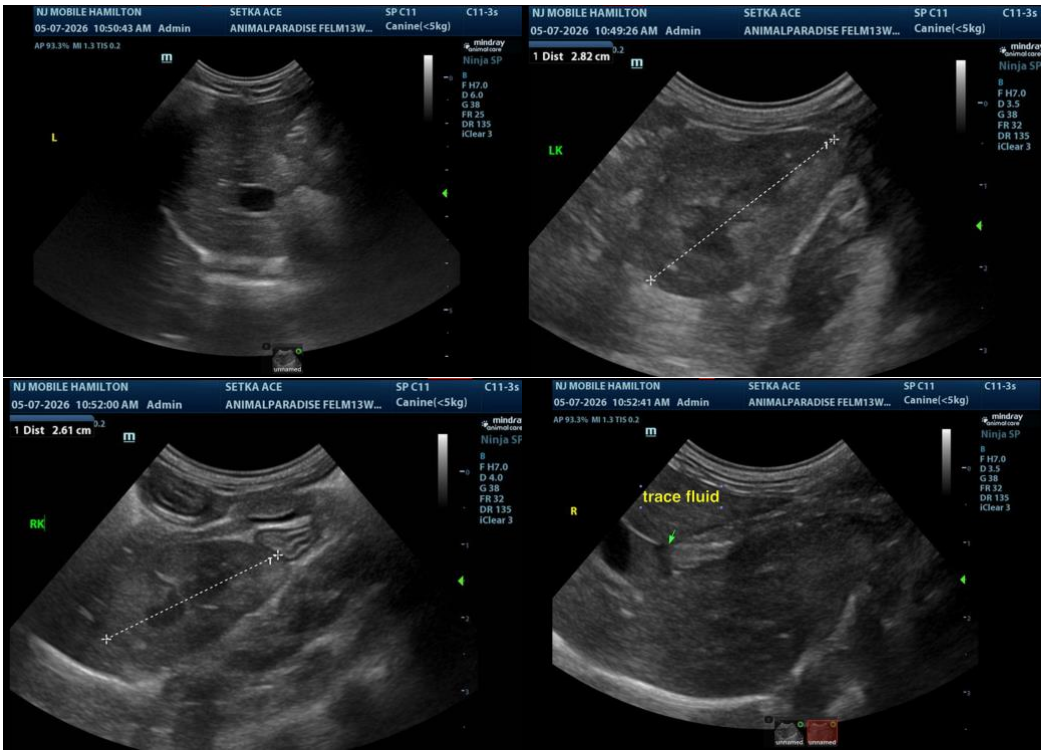
Slight **free fluid** was noted.

ULTRASONOGRAPHIC FINDINGS

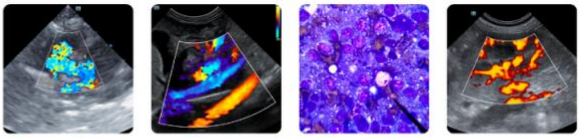
- Mild intestinal thickening
- Reactive mesenteric lymphadenopathy
- Slight free fluid, likely physiologic or owing to lymphatic congestion
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal parasites or nonspecific GI insult is suspected. I cannot rule out occult FIP in this patient, which would necessitate full thickness intestinal and lymph node biopsies.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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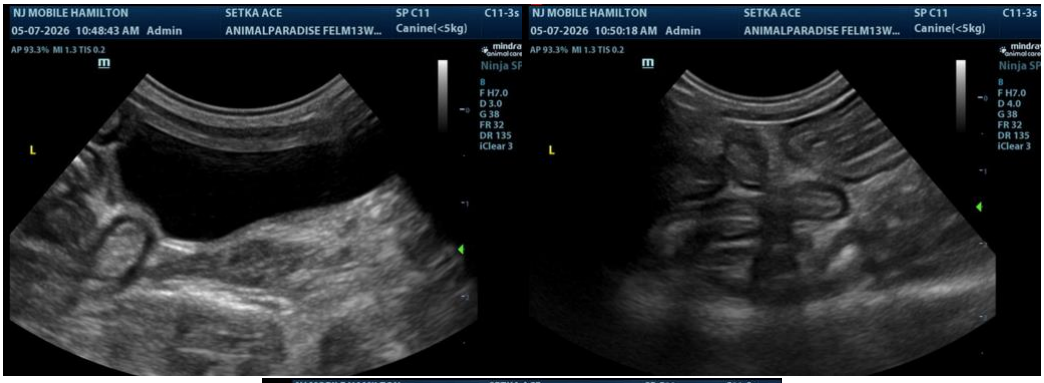

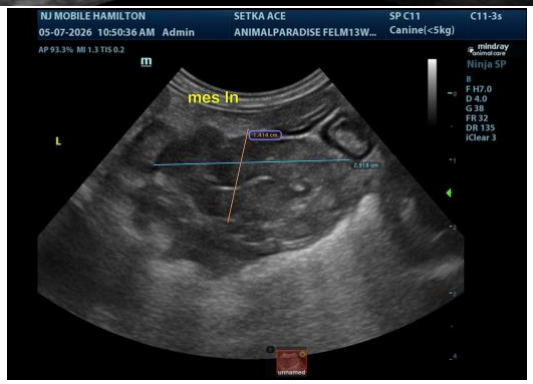

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com