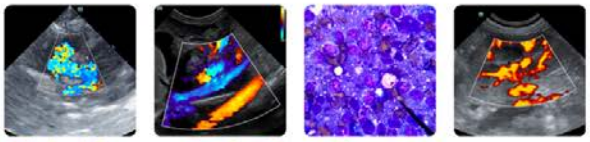

PATIENT

Norman McFadden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

10 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Kristen Henry, DVM

INVOICE

73631

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Pet presented yesterday for anorexia and inappropriate urination. Patient is hospitalized for pancreatitis episode (FPL positive). Radiographs show abnormal renal silhouettes. Azotemia, chronic anemia present on labwork

Abnormal PE/Chem/CBC/UA Results: Please see attached pages 11 and 12 for comprehensive case summary

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. There is a mild amount of gravity dependent echogenic debris. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.6 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.4 mm in width.

Spleen

The spleen is mildly diffusely thickened, measuring 1.1 cm in width, with scalloped margins. It has mildly hypoechoic echogenicity diffusely. A scant pocket of free fluid is noted near the tail of the spleen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a moderate amount of digested food. The jejunum wall is diffusely thickened with sections measuring up to 3.8 mm (normal feline intestines measure <2.8 mm). The colon contains a moderate amount of formed stool. Colon wall has normal thickness.

Pancreas

The pancreas is diffusely hypoechoic and enlarged, measuring 1.2 cm in width, with moderate surrounding hyperechoic fat. The patient appears to have significant pancreatic inflammation.

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Free Abdomen

There are multiple mildly to moderately enlarged hypoechoic mesenteric lymph nodes. A representative node measures 4.4 mm x 6.3 mm.

ULTRASONOGRAPHIC FINDINGS

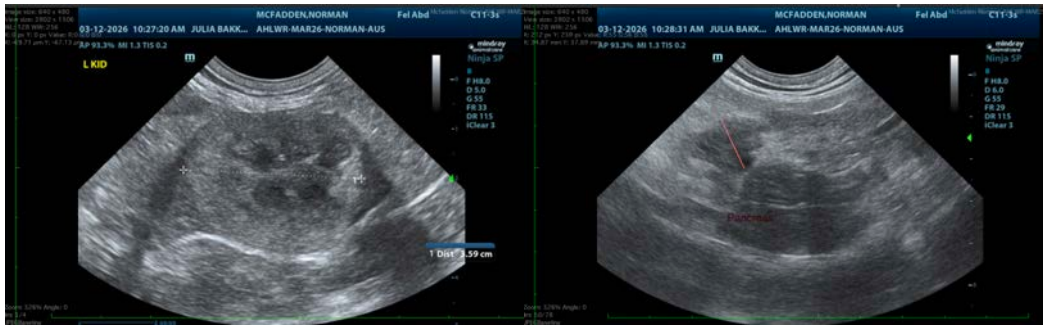
- Mildly thickened, hypoechoic spleen – This may be normal variation or could potentially represent infiltrative neoplasia such as lymphoma or mast cell disease.
- Scant pocket of free fluid near the tail of the spleen.
- Hypoechoic, enlarged pancreas – consistent with pancreatitis.
- Diffusely thickened small bowel – potentially consistent with infiltrative neoplasia such as lymphoma or mast cell disease. I suspect the small bowel disease is most likely causing a reactive pancreatitis leading to the patient's current episode of illness.
- Mildly to moderately enlarged mesenteric lymph nodes.
- Mild echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirate of the spleen with cytology is recommended to rule out infiltrative neoplasia. If possible, aspirate of the free abdominal fluid for fluid analysis and cytology is also recommended. If these cytologies are inconclusive, then, after patient recovers from the current episode of pancreatitis, consider GI biopsies either surgically or endoscopically (endoscopically preferred as it is less invasive) to determine underlying etiology of patient's disease process. I suspect primary disease is gastrointestinal disease leading to a reactive pancreatitis, and may have infiltrative splenic disease as well.

If urinalysis has not been performed, recommend urinalysis, and if active urine sediment, recommend urine culture. If possible, obtain ultrasound guided aspirate of fluid and submit for fluid analysis and cytology.

Prognosis is open pending results of recommended diagnostics.



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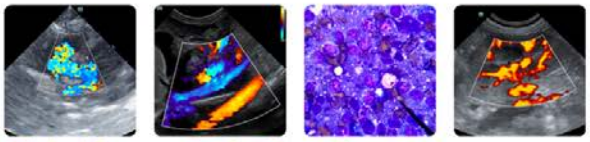

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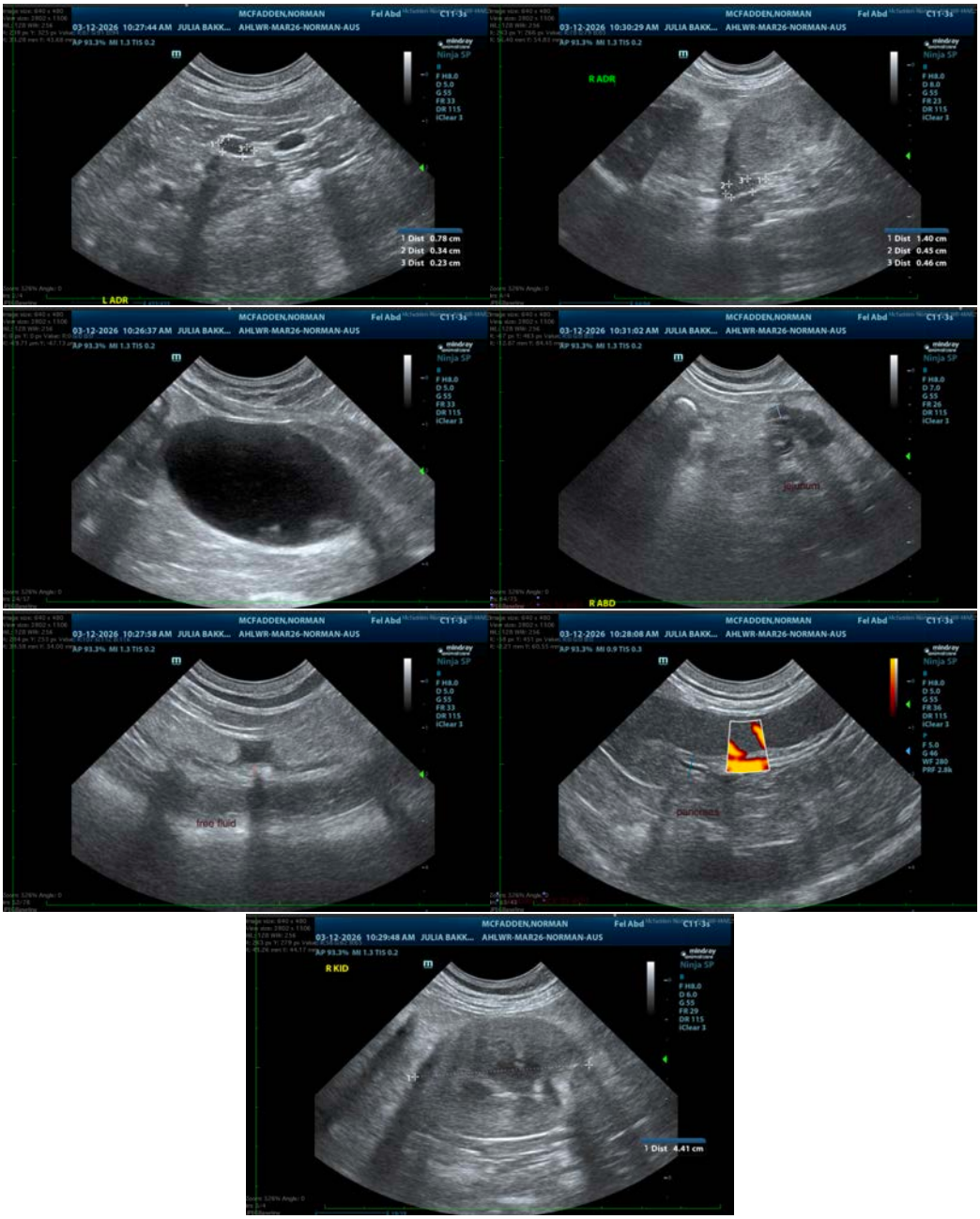

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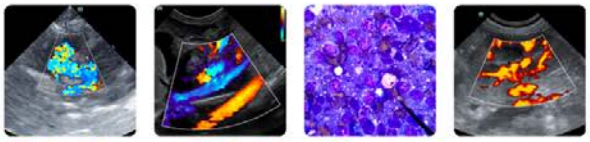

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com