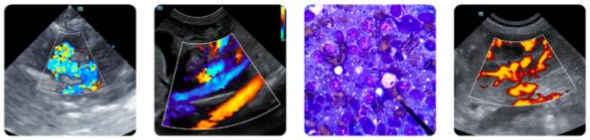


PATIENT

Ninja Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.8 pounds

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Camille Petrizzo

INVOICE

14731

DATE

03/29/26

PRESENTING CLINICAL SIGNS

- 2-3 day history of vomiting and anorexia, and hiding in the house
- Indoor/outdoor cat, but does spend time alot of time outside
- no other major medical hx of concern

Abnormal PE/Chem/CBC/UA Results: Vetscreen/cbc/T4 (3/28): PLT 112 (200-500) LYM 1024 (1200-1800),SDMA 15.2 (<15) T4 1.2 (0.8-4.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with a moderate amount of echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. The right adrenal gland measured 0.40 cm width. The left adrenal gland measured 0.34 cm width.

Spleen

The spleen was mildly increased in size with a smooth rounded capsule contour. There were multifocal discrete small hypoechoic nodules throughout the parenchyma. There was no capsular distortion associated with these nodules. There was good vascularity at the hilus on power doppler exam. The spleen measured 1.0 cm in width at the hilus.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was moderately distended with fluid and echogenic contents suspected to be ingesta. The pyloric outflow was clearly imaged and appeared patent. The duodenum and the remainder of the small intestine were largely empty. The visible small intestine loops appeared normal in thickness and layering. The ICJ was clearly visualized and was normal in structure and layering.

PATIENT

Ninja Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.8 pounds

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Camille Petrizzo

INVOICE

14731

DATE

03/29/26

The colon wall was diffusely thickened with maintained wall layering. The mucosal layer was moderately thickened, while the submucosal layer was echogenic and prominent. Non-formed to liquid luminal contents were present.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were largely isoechoic to adjacent fat with no evidence of peripheral inflammation. There was a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

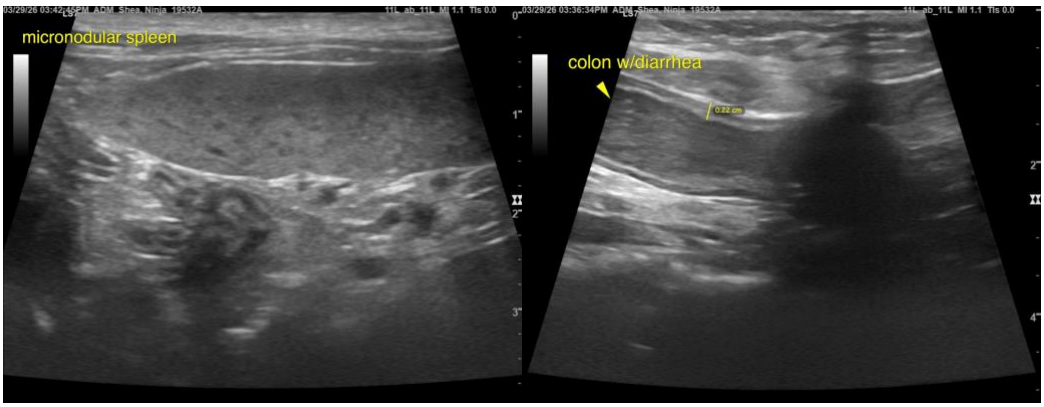
- Pancreatitis, active - primarily right limb
- Gastric distension with fluid - suspect gastric stasis/hypomotility
- Colitis pattern with diarrhea
- Micronodular spleen - ddx splenitis vs potential for emerging round cell neoplasia
- Urinary bladder sediment, moderate
- Interstitial nephrosis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care is indicated - hydration support, analgesia for the pancreatitis, anti-emetics, etc. The GI presentation could be seen with dietary indiscretion, IBD and/or be secondary to pancreatitis.

FNA of the spleen with a 25G needle would be needed to differentiate between splenitis and emerging round cell neoplasia. Benadryl injection prior to FNA is recommended in case of MCT.

The urinary sediment should be correlated with urinalysis findings for clinical significance.



PATIENT

Ninja Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.8 pounds

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

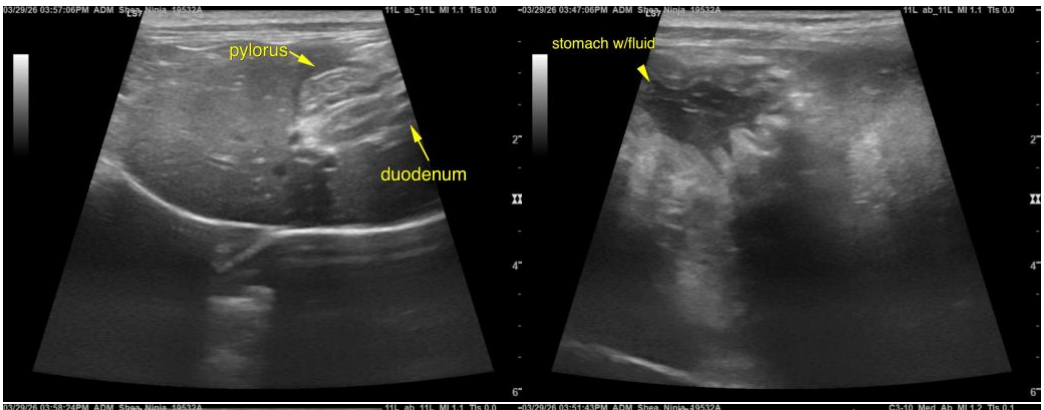
Dr. Camille Petrizzo

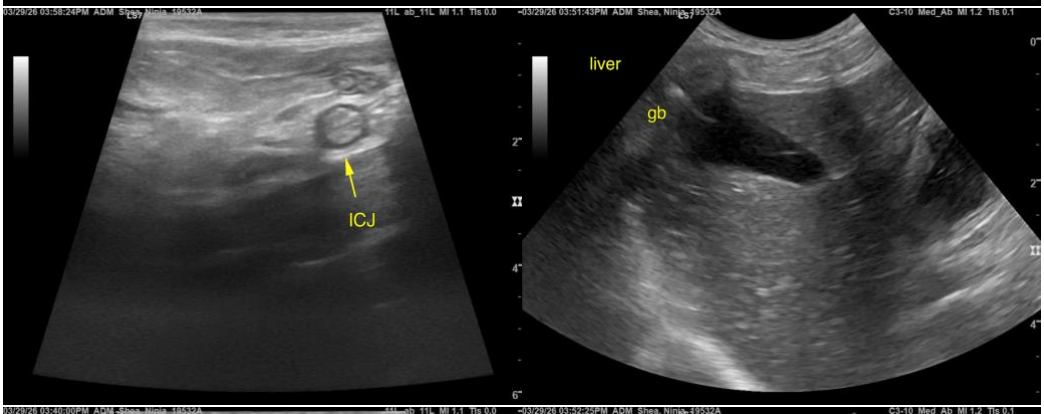
INVOICE

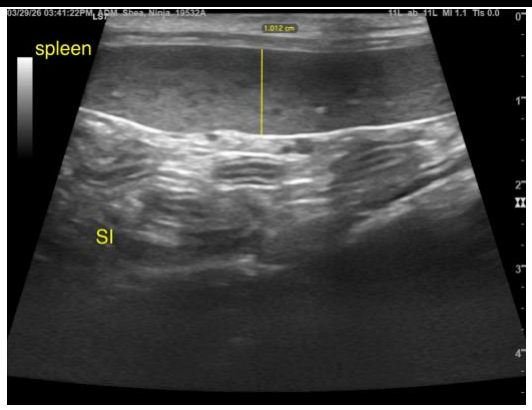
14731

DATE

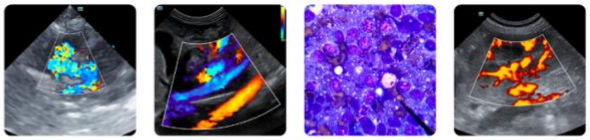
03/29/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ninja Shea

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.8 pounds

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Camille Petrizzo

INVOICE

14731

DATE

03/29/26

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com