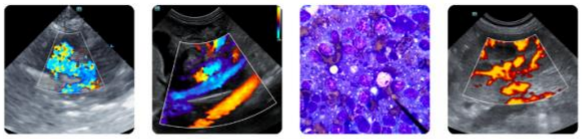


PATIENT

Sophie Smith

SPECIES

Feline

BREED

Munchkin

SEX

Spayed Female

AGE

1 Year

WEIGHT

3.2 kg

INTERPRETED BY

Kathleen A. Sennello DVM, MS, DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Best Friends AC

REFERRING VET

Phoebe Weaver, DVM

INVOICE

35537

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: Sophie, a 1 yo DS Munchkin, presented for new pet exam. On exam it was noticed she had a grade II/IV L heart murmur and a distended abdomen. U/S did not show any free fluid but may have seen concerning structure. Owner wanted to pursue both echo and u/s.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.95 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

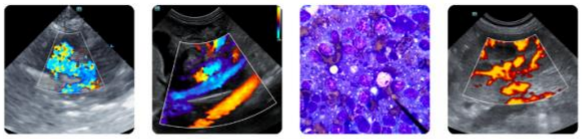
The spleen is subjectively normal in size (0.98 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a moderate amount of fluid and shadowing ingesta. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the



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gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The duodenum has mild to moderate fluid distention. The jejunum is minimally fluid distended. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.21 cm in wall thickness) and the jejunum measured as normal (0.21 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic in the left limb as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is mildly reactive mesentery in the region of the pancreas.

Free Abdomen

There is no free fluid. There is a moderate diffuse lymphadenopathy present with clusters of mesenteric lymph nodes. An example near the ileocecal junction measures 0.68 cm x 0.49 cm and 0.99 cm x 0.51 cm. A large mid abdominal lymph node measures 0.85 cm x 1.28 cm. There are prominent sublumbar lymph nodes dorsal to the urinary bladder, measuring 0.34 cm x 0.94 cm and 0.43 cm x 0.67 cm. A pancreaticoduodenal lymph node measures 0.93 cm. The omentum is mildly diffusely hyperechoic particularly around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Prominent and hypoechoic pancreas (particularly the left limb) with mild regional mesenteric inflammation.
- Moderate mesenteric lymphadenopathy- Findings could be consistent with a reactive lymphadenopathy or potentially less likely-other processes (lymphoma, FIP, etc.) A late juvenile lymphadenopathy is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of free abdominal fluid and no focal mass lesions observed. The pancreas is prominent in the left limb. The significance of this is difficult to assess. In the absence of symptoms, you could consider a PLI level and continued monitoring of symptoms, values, etc. If the patient is not feeling well, empirical treatment for pancreatitis could be considered.

The nature of the significant lymphadenopathy is uncertain. This can be seen in juvenile animals. If this patient is asymptomatic, options would include continued monitoring or potentially a fine needle aspirate on one of the larger mid abdominal lymph nodes observed. Continued monitoring of lab work and patient's symptoms is recommended. Reevaluation of these abnormalities could be considered in the future to reassess. Recommend full current blood work, including retroviral status (if

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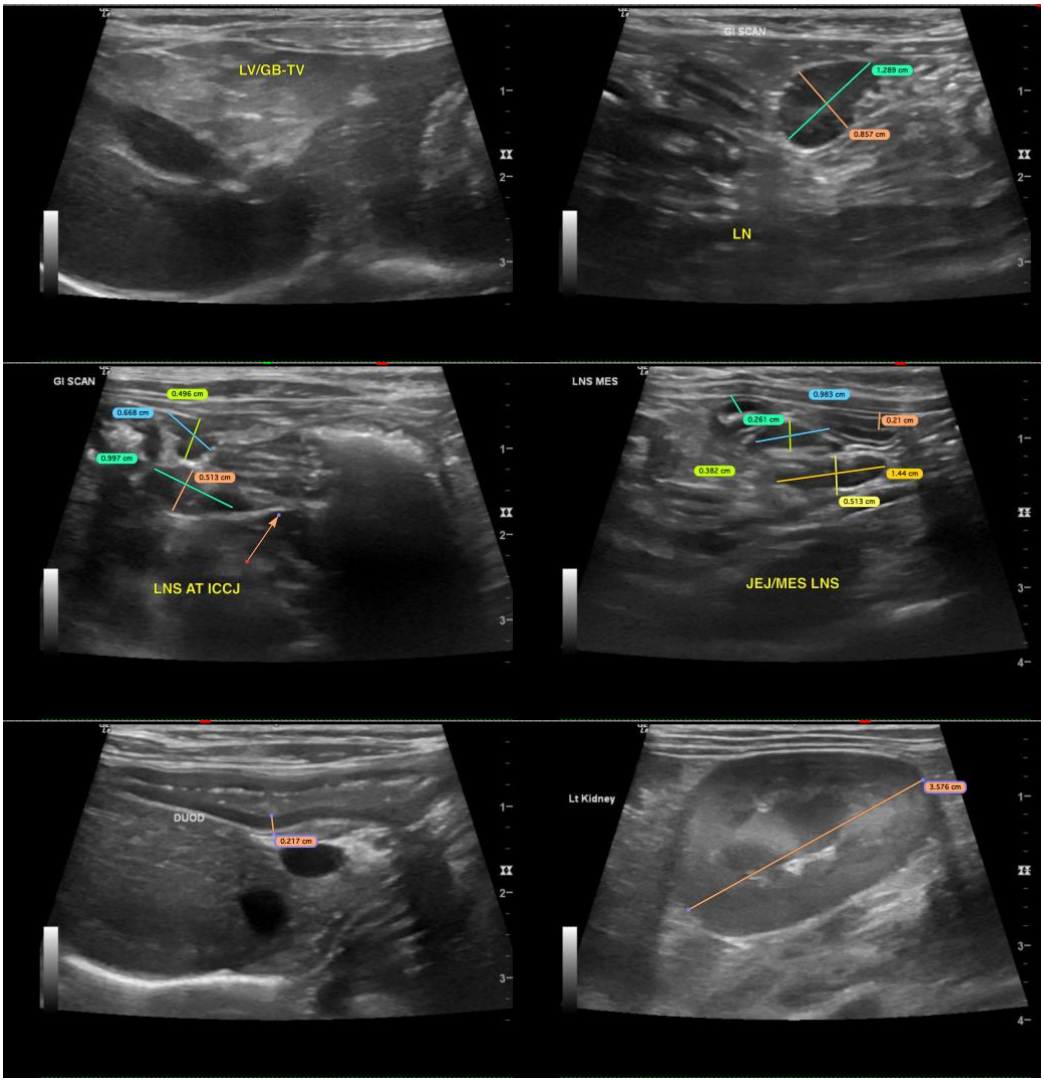
not done recently).



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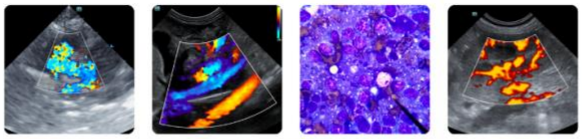

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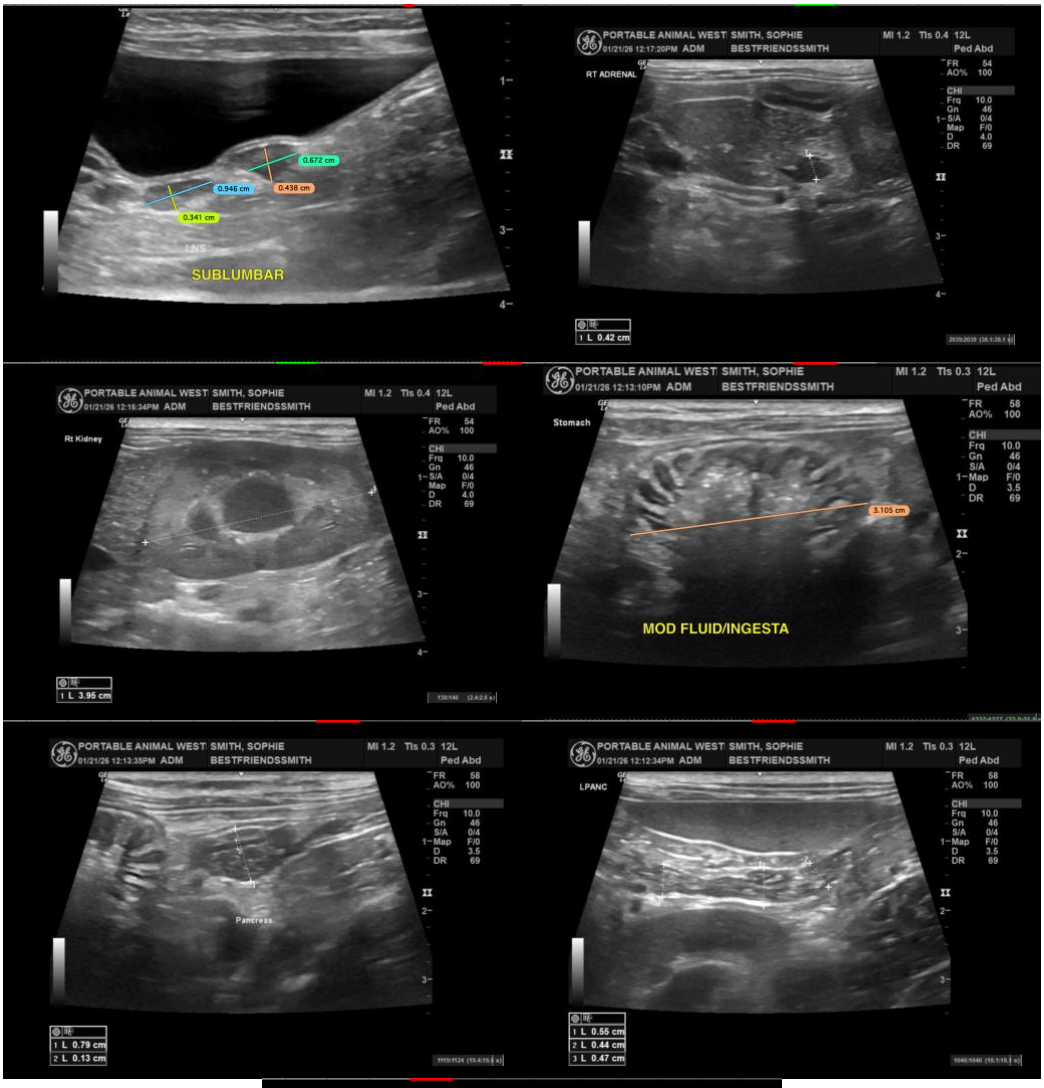

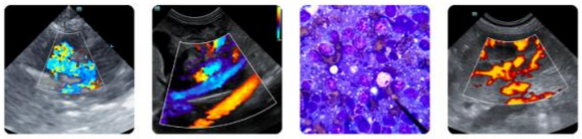

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com