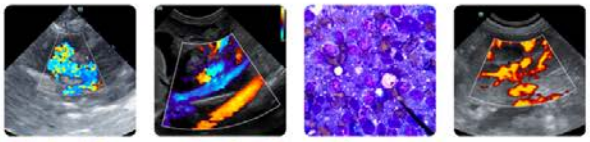

PATIENT

Peanut Mayersky

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact Female

AGE

11

WEIGHT

7.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Shane Stafford

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PRESENTING CLINICAL SIGNS

On 12/23/2025 patient was presented for senior wellness labwork and when to gather a cystocentesis it was noted their was walled off fluid cystic pockets throughout the abdomen. Fluid was collected and sent off which reported as Consistent with necrosis or cystic fluid with keratin debris. Clinical Pathologist said: To pursue imaging to determine the cause. Suspicious for of neoplastic process, intestinal disease, etc. Cat is clinically normal other than a fluid filled abdomen. Rivalta test was negative as well.

SITE 1 SOURCE ascites. SITE 1 VOLUME 5 mL. SITE 1 APPEARANCE pale yellow/very cloudy. SITE 1 PROTEIN (REFRACTOMETER) less than 2.5 g/dL. SITE 1 RBC COUNT less than 100,000 cells/uL. SITE 1 NUCLEATED CELL COUNT 9,930 cells/u

Did discuss with the owner that aspiration of any masses or abdominal exploratory is likely.

Abnormal PE/Chem/CBC/UA Results: Problem List//Differentials - Peritoneal Effusion: Differentials include neoplasia (lymphoma), Feline Infectious Peritonitis (FIP), right-sided heart failure, severe hepatopathy. Please see the attached physical exam notes, labs that was ran in house, and fluid analysis.

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.29 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.14 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

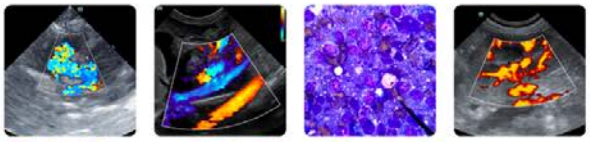
Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.80 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.



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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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened with a very prominent muscularis layer.

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 area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is diffusely mildly hyperechoic.

Other

There is a very large, thick-walled structure distended with echogenic fluid, consistent with a severely distended, enlarged, thickened uterus, which is somewhat plicated within the abdomen. This structure measures approximately 2.0 cm in diameter. In one view there is an echogenic, irregular mass effect associated with the wall of the uterus, measuring 1.59 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Diffusely thickened small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

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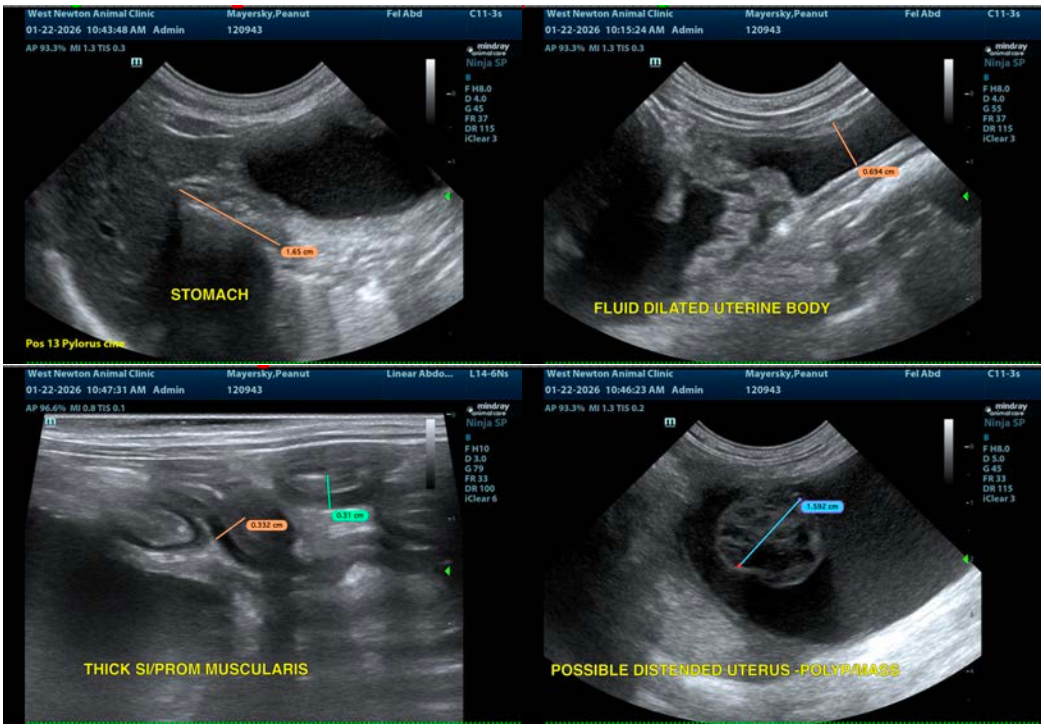
- Thick-walled tubular structure visualized within the abdomen (with intraluminal mass effect), consistent with a severely enlarged, thickened uterus distended with echogenic fluid (hydrometra, mucometra, pyometra, other) and a benign or neoplastic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, suspect tubular, thick-walled structure visualized within the abdomen. It is distended with echogenic fluid and is consistent with the uterus (hydrometra, mucometra, pyometra). On one view there is an intraluminal structure adhered to the wall most consistent with a mass effect (polyp, mass, etc.). Recommend exploratory surgery and ovariohysterectomy with samples for histopathology and cultures.

The small intestine is diffusely thickened with a prominent muscularis layer. If this patient has a history of gastrointestinal symptoms, weight loss, etc., this could be a factor. The changes currently are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out. Biopsies of the GI tract could be considered at the time of surgery.

Recommend 3-view thoracic radiographs and abdominal radiographs for further evaluation.



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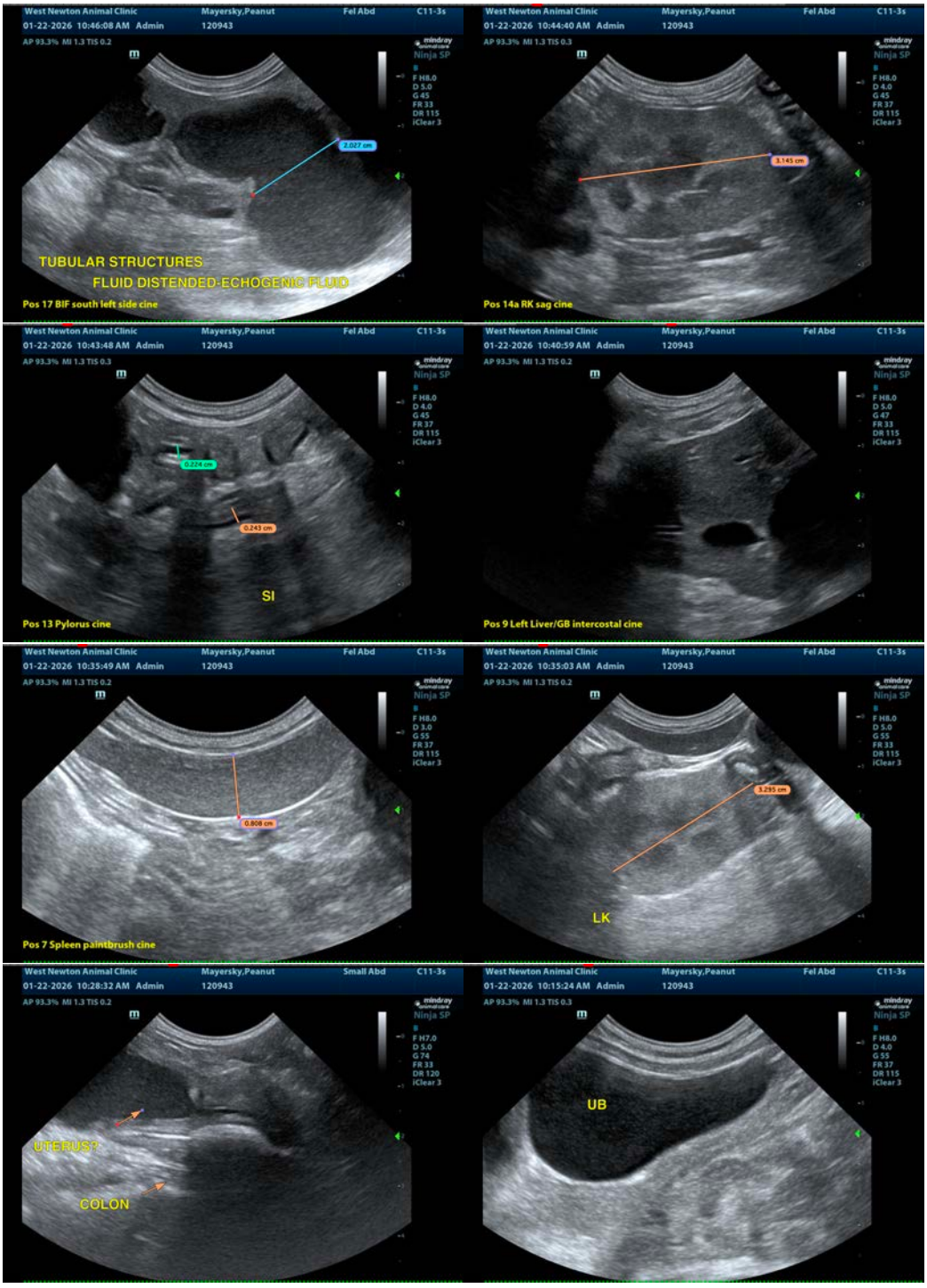

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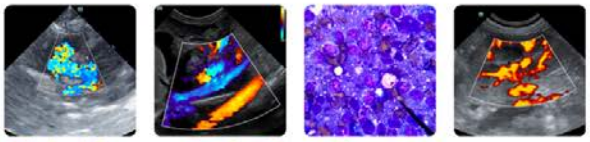

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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