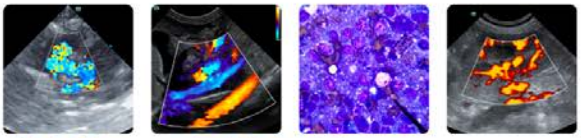


PATIENT

Boots Rodriquez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

18.5 Years

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Animal Hospital of Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

72507

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Very poor appetite, Distended abdomen, jaundice. Presented dehydrated, eating very little

Current meds: Clavamox, Fluids, syringe feed TID

Abnormal PE/Chem/CBC/UA Results: See attached labs (lots of abnormals) U/A: amorphous crystals, rbc, cocci, bacteria, usg 1.014

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 (3.76 cm). Overall echogenicity is normal with adequate 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 (3.51 cm). Overall echogenicity is normal with adequate 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 left adrenal gland is normal in size measuring 0.35 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 0.46 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.

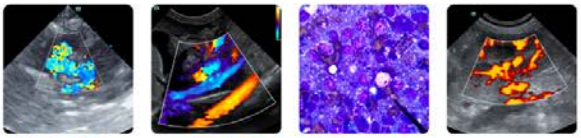
Spleen

The spleen is subjectively normal in size (0.67 cm). The spleen echotexture is heterogenous and mottled, 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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.



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Gastrointestinal

The stomach contains minimal luminal contents. 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 increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is segmental thickening of the muscularis layer in some regions of small intestine, and there is a focal area of intestine visualized in the cranial abdomen that exhibits severe thickening and complete loss of layering. The wall in this region measures 0.98 cm in 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

There is a moderate amount of highly echogenic free fluid. No lymphadenopathy noted. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen with surrounding free fluid – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.
- Segmental thickening of the small intestine with prominent muscularis layer and a focal section of bowel with complete loss of layering – Findings are concerning for focal infiltrative disease (round cell neoplasia, carcinoma, other).
- Moderate volume highly echogenic free fluid – Findings are most consistent with peritonitis or a neoplastic effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate amount of highly echogenic free fluid. This is visualized cranial to the urinary bladder around the spleen and in areas of the cranial abdomen. The appearance is concerning for an exudate. This could be consistent with a neoplastic effusion, a septic effusion, or highly inflammatory sterile effusion. Recommend sampling with fluid analysis, cytology +/- cultures. Consider evaluation in-

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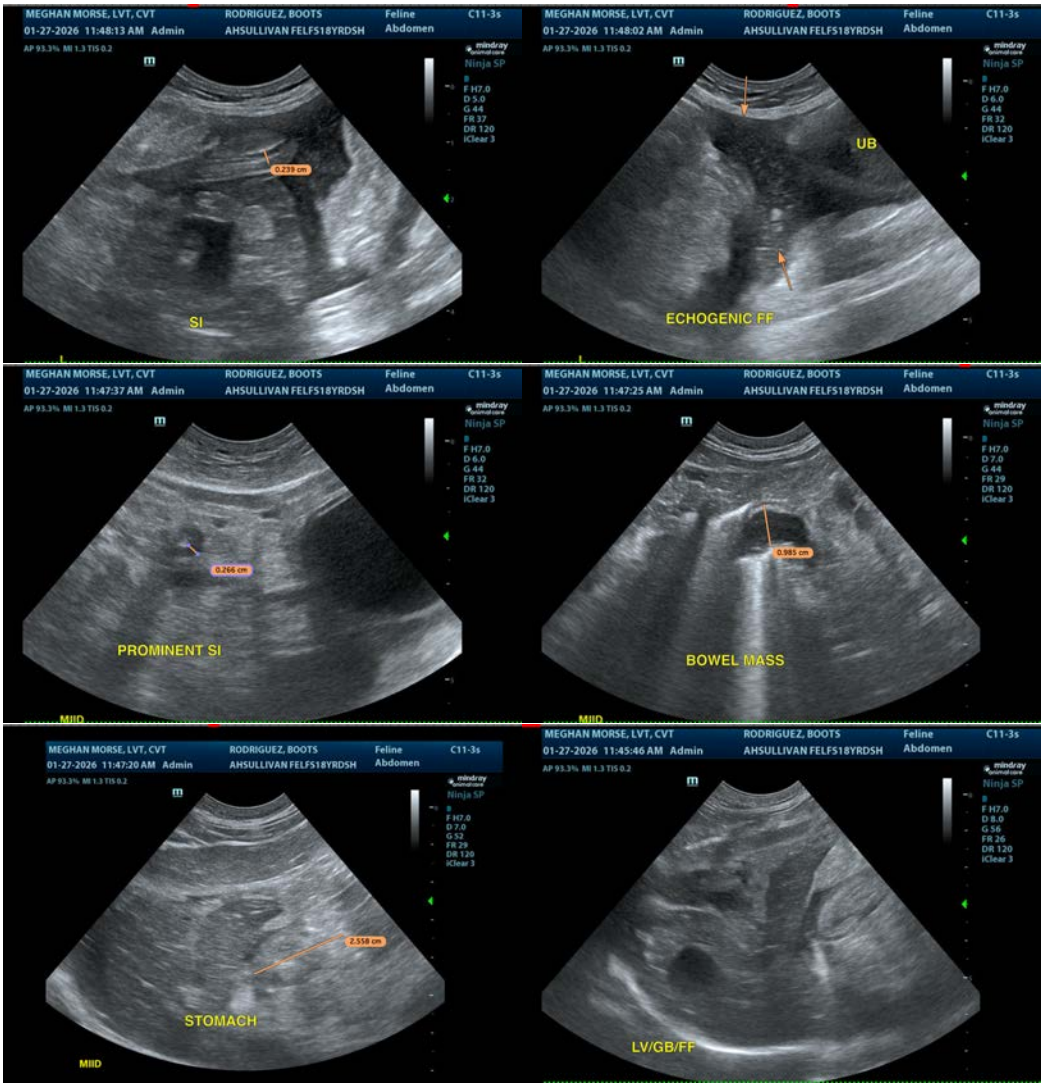
house, looking for intracellular bacteria that may necessitate emergency surgery (septic abdomen).

There is a focal area of gastrointestinal tract in the cranial abdomen most consistent with bowel that exhibits focal severe wall thickening and complete loss of layering. Findings are concerning for infiltrative disease. Recommend a fine needle aspirate of the bowel wall in this region.

The spleen and liver appear somewhat heterogeneous. The appearance may be somewhat affected by free fluid in the region. If the recommended sampling is not diagnostic, fine needle aspirates of the liver and spleen could be considered. Otherwise, surgical explore with intention to further investigate and obtain samples for histopathology may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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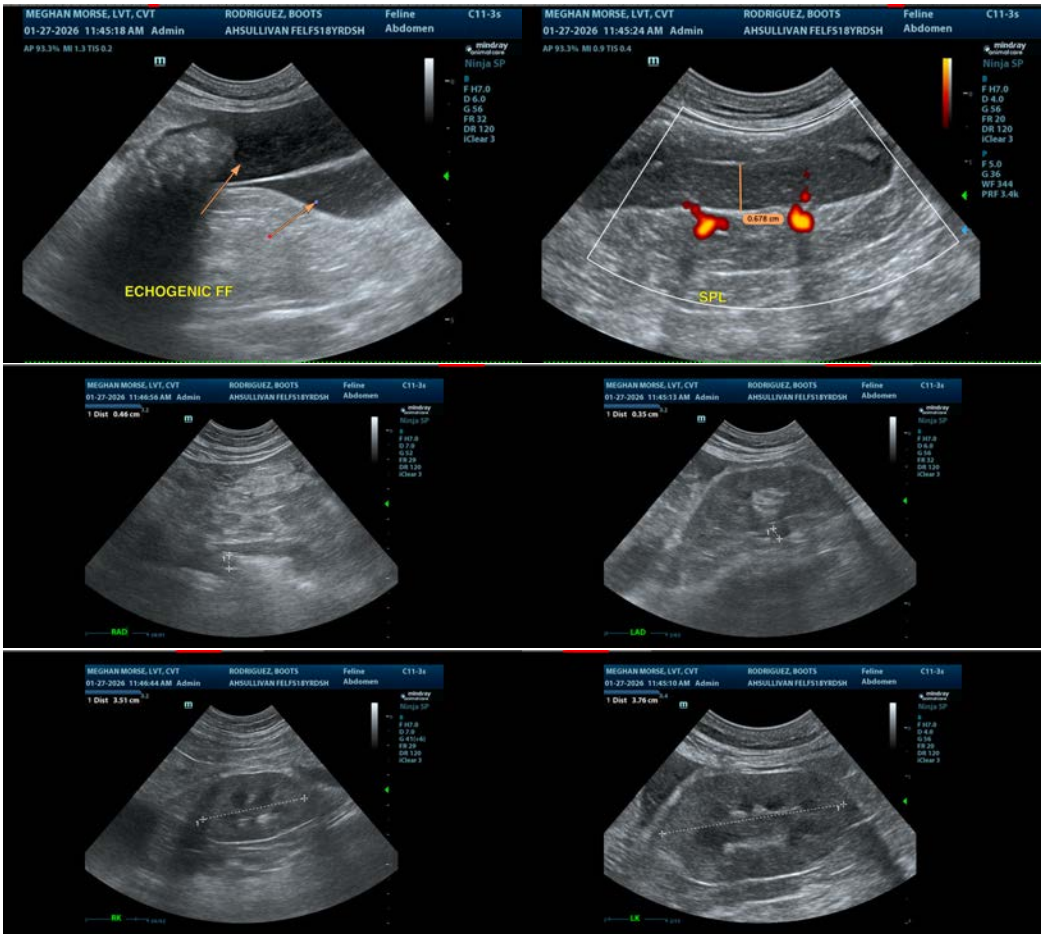

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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