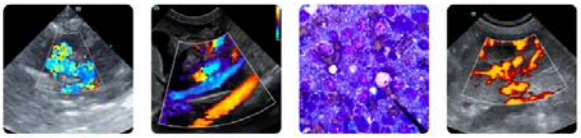


PATIENT

Toby Le

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Baker

INVOICE

71995

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Not eating wet food only small amounts of dry. QAR, dehydrated, lethargic, fever 104.8 R/O FIP vs. neoplasia, vs other.

Abnormal PE/Chem/CBC/UA Results: TP-11.2 Alb-2.2 Glob-9.0 AGratio-0.2 BUN-9 RBC-4 HGB-6.8 HCT-22 PLT-126

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.16 cm) with mild pyelectasia at 0.17 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.45 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.39 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 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.

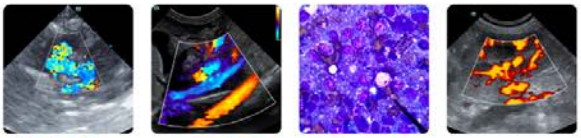
Spleen

The spleen is borderline large (1.12 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 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.

Some of the visualized areas of 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 0.31 cm. Visualized peristalsis appears appropriate. There is a focal loop of bowel that appears severely thickened with loss of layering. This is strongly suspected to be duodenum. This bowel loop measures 1.24 cm in diameter, and wall thickness measures 0.53 cm.

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 left limb of the pancreas is mildly prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. There is a large, irregular, hypoechoic lymph node in the right cranial abdomen measuring 1.51 cm x 1.81 cm. Additionally, there is a large sublumbar lymph node visualized measuring 0.59 cm in diameter. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Borderline large spleen – Findings could be consistent with anatomic variation (large cat), congestion, lymphoid hyperplasia, splenitis, or neoplastic infiltration.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- Diffusely “ropey” small intestine with a focal section of bowel most consistent with duodenum that appears severely thickened with loss of layering – The diffuse changes could be consistent with significant inflammatory or early neoplastic change. The severely thickened bowel with loss of layering is concerning for early infiltrative disease (round cell neoplasia, other.
- Cranial abdominal lymphadenopathy – Findings are concerning for metastatic lymph nodes. Highly reactive lymph nodes are possible.

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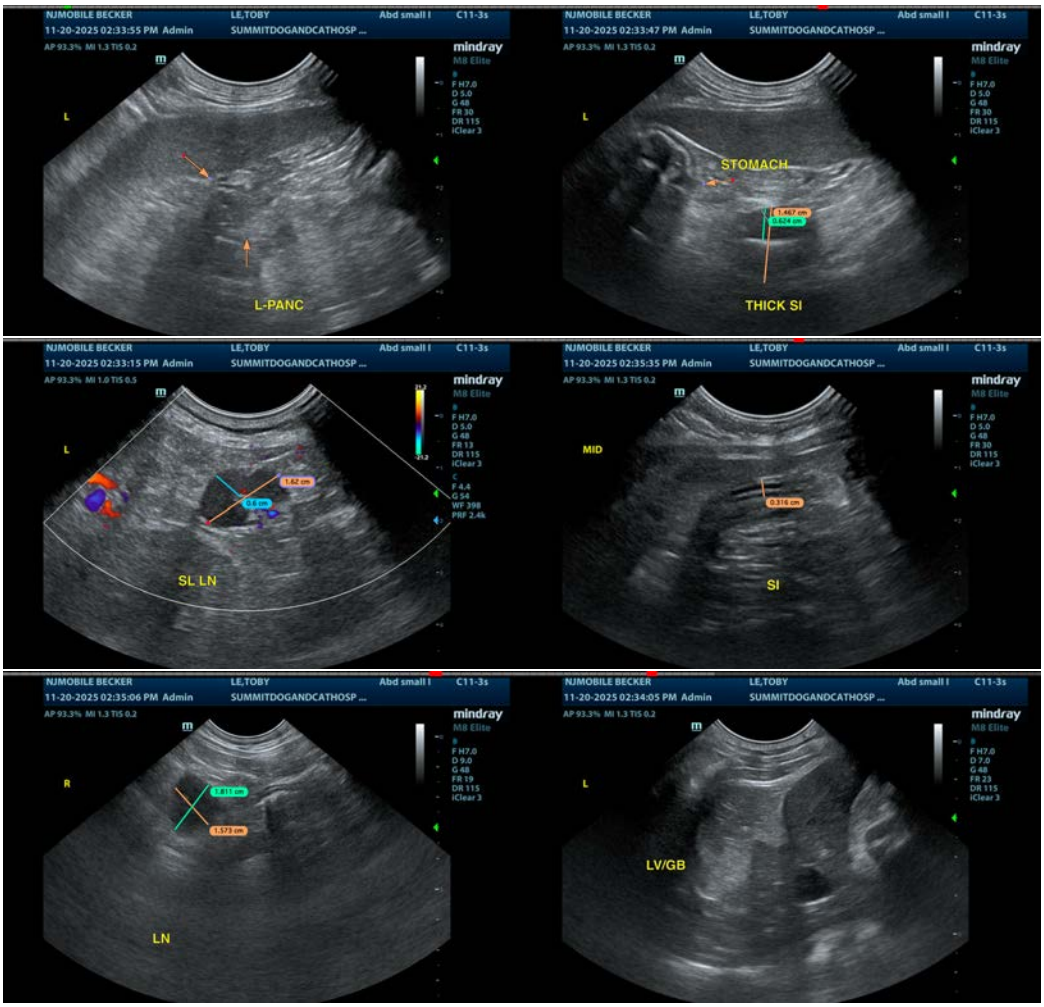
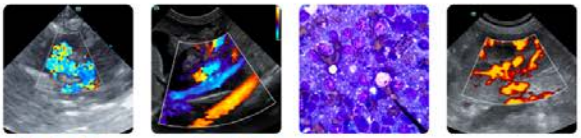
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of small intestine that appears severely thickened with significantly reduced detail of wall layering. These changes are concerning for infiltrative neoplasia, although severe inflammatory type change is possible. Additionally, there is a large, hypoechoic, irregular lymph node in the right cranial abdomen. Recommend a fine needle aspirate of this lymph node. If a safe window is not available for sampling, you could try to aspirate the wall of the thickened bowel loop. Otherwise, surgical biopsies may be necessary.

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



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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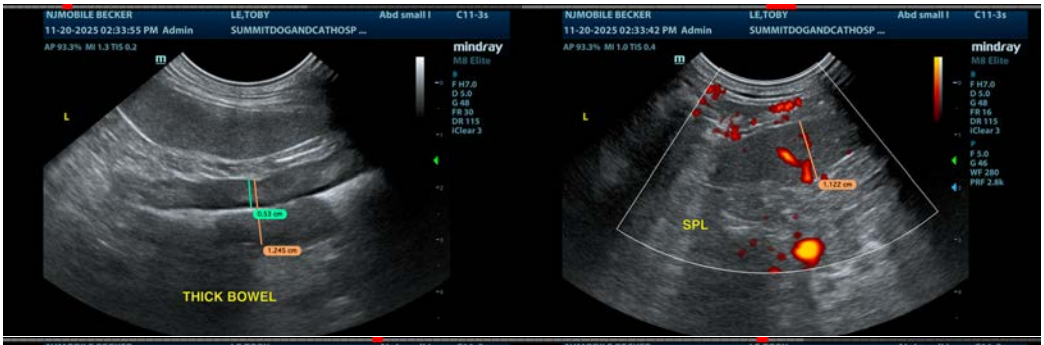

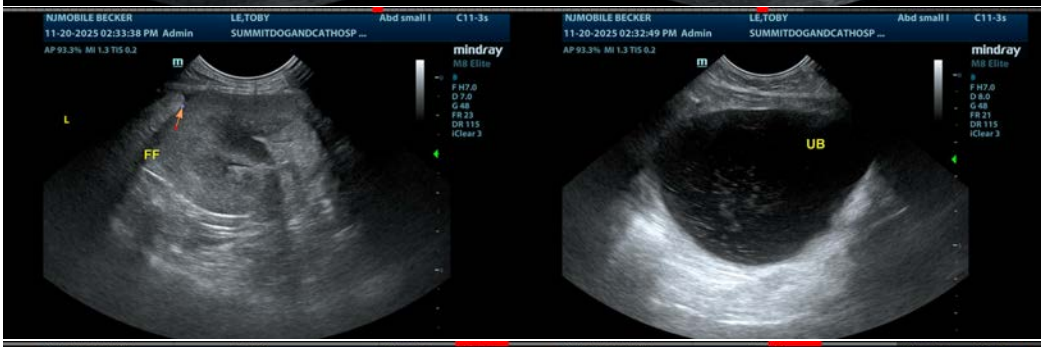

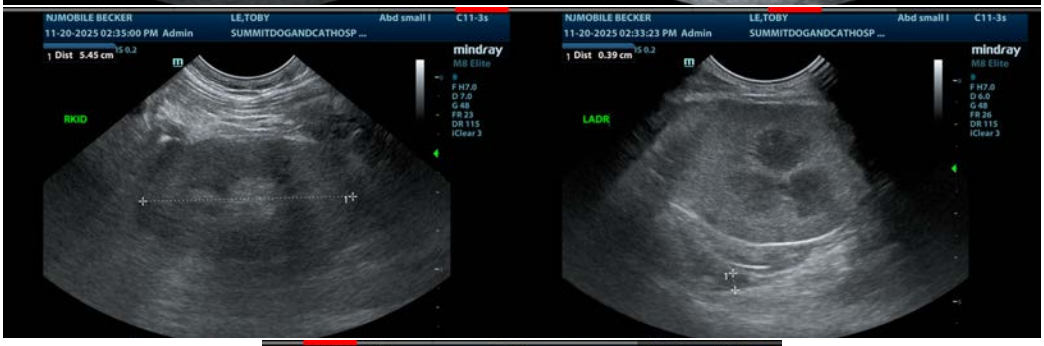

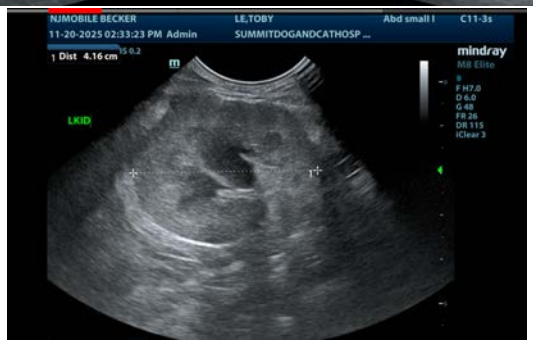

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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