PATIENT

Tony Keefer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Penn Valley Veterinary Associates

REFERRING VET

Dr. Nancy Reese

INVOICE

10771

DATE

10/20/2025

PRESENTING CLINICAL SIGNS

Tony is a 3 yr old male neutered feline who presented 11/13/25 with an acute history of marked lethargy, dehydration, fever of 103F, hunched back and painful abdomen. He had a circular hole/wound on his left side. His CBC showed pancytopenia of the Radiographs: decreased detail in cranioventral abdomen but we did not think he had an obstructive pattern. A pellet was noted under the skin on the right side of the distal thorax. He clinically improved a lot with IV fluids, antibiotics and some prednisone. He remained anorexic. The owner was able to force feed for 2 days but then he vomited a large amount on the evening of 11/16 and he represented 11/17. I thought his intestines felt “clumped” in the area of the decreased detail on the previous rads- he also had mild increased respiratory rate and effort- repeat rads looked more abnormal in the cranioventral area and it looked like some pleural effusion on the lateral and right middle lobe consolidation on the VD. I was concerned the pellet may have gone through the abdomen causing the inflammation/clumping of the intestines and maybe the pleural effusion and wanted and U/S to better see the area(s). He has now improved since 11/17- he defecated this am, seems to be breathing better, and ate some baby food yesterday but is fasted this am.

Abnormal PE/Chem/CBC/UA Results: WBC- WBC: 0.6 (L) 3.5-16.0 10 3 /µL Neuts: 246 (L) 2500-8500 /mL Lymphos: 324 (L) 1200-8000 /mL Monos: 18 0-600 /mL 0 eos, 0 basos, no increased bands; HCT 43. Clin path review: Neutropenia with mild toxic changes; thrombocytopenia; no abnormalities detected in the erythrocyte line FeLV/FIV neg; panleuk (parvo test): neg.

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 (4.29 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 (4.58 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 0.44 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 0.41 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

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The spleen is subjectively normal in size (0.86 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 bile duct is somewhat prominent measuring at 0.26 cm.

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 duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas distension. Wall thickness is normal. The duodenum measured as normal (0.23 cm in wall thickness) and the jejunum measured as normal (0.17 cm.) There's a focal section of bowel visualized medial to the spleen, which appears very abnormal in that it is somewhat bunched and irregular, surrounded by severe focal inflammation (pain is reported on scanning this area.) There's corrugated bowel and irregular hypoechoic tissue in some areas, consistent with echogenic fluid, inflammation, etc. Theres some irregularities to the bowel wall which are almost concerning for foreign material. Findings are very concerning for focal peritonitis, adhesions, possibly even a perforation.

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 visible and mottled. 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 revealed a small amount of free abdominal fluid. There are enlarged GI lymph nodes visualized. An example measures 0.52 cm. The left iliac lymph node measures 0.48 cm. The omentum is severely hyperechoic in the mid cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with pancreatic remodeling +/- mild pancreatitis.
- Focal mid abdominal inflammation most consistent with peritonitis with abnormal bowel in the region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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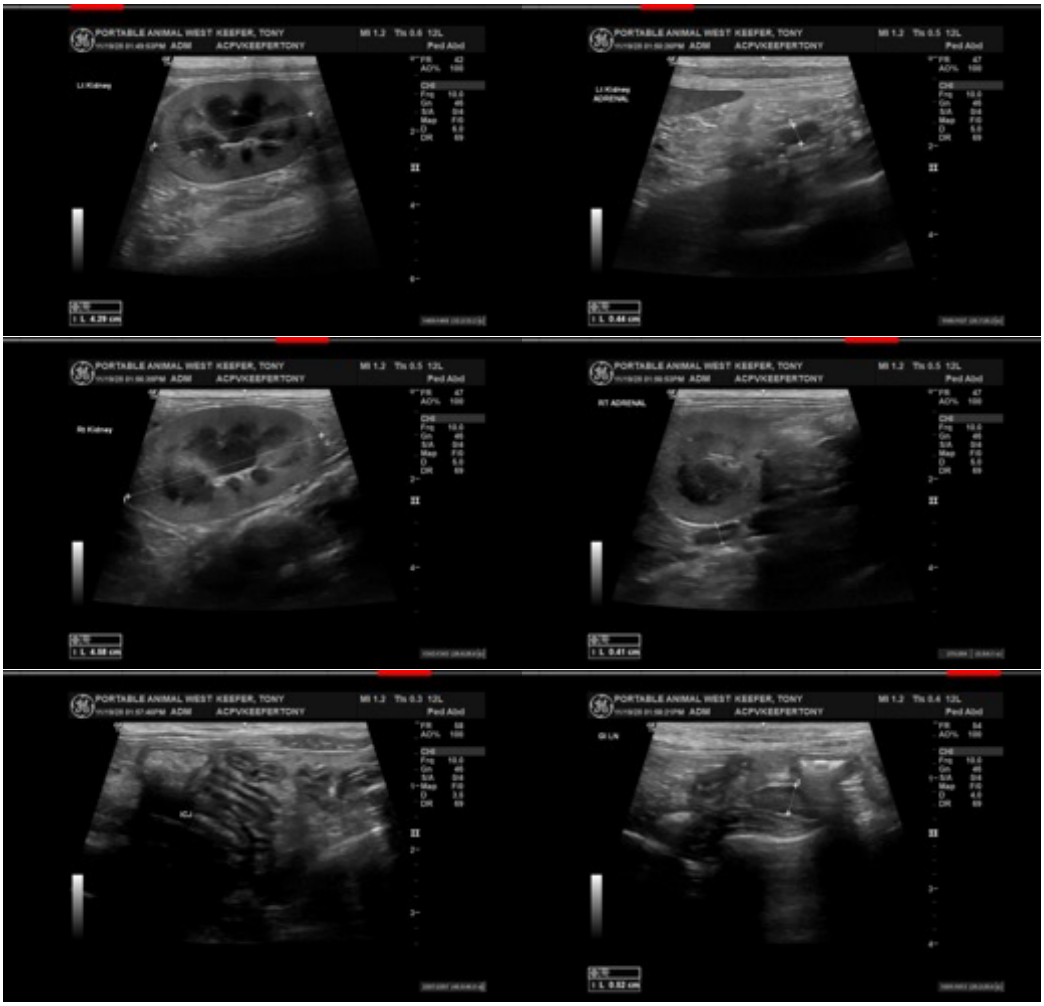
There's a focal area of peritonitis visualized medial to the spleen. There is abnormal bunched/corrugated bowel in this region and some echogenic free fluid. The nature of this lesion is not definitively clear but there's concern for possible adhesions, possibly even a perforation. The leukopenia reported could be consistent with sepsis. Although the patient is clinically improving, this is very concerning. If possible, consider a contrast CT scan of this region. If that is not possible then consider surgical explore if the patient is stable enough. You could consider sampling of the free abdominal fluid or even a fine needle aspirate of the hypoechoic tissue adjacent to the inflammation. If intracellular bacteria are visualized, you would know surgery is a necessity. Repeat abdominal radiographs could be considered looking for any evidence of free air, etc.



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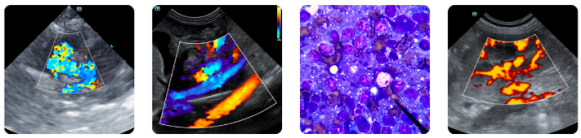

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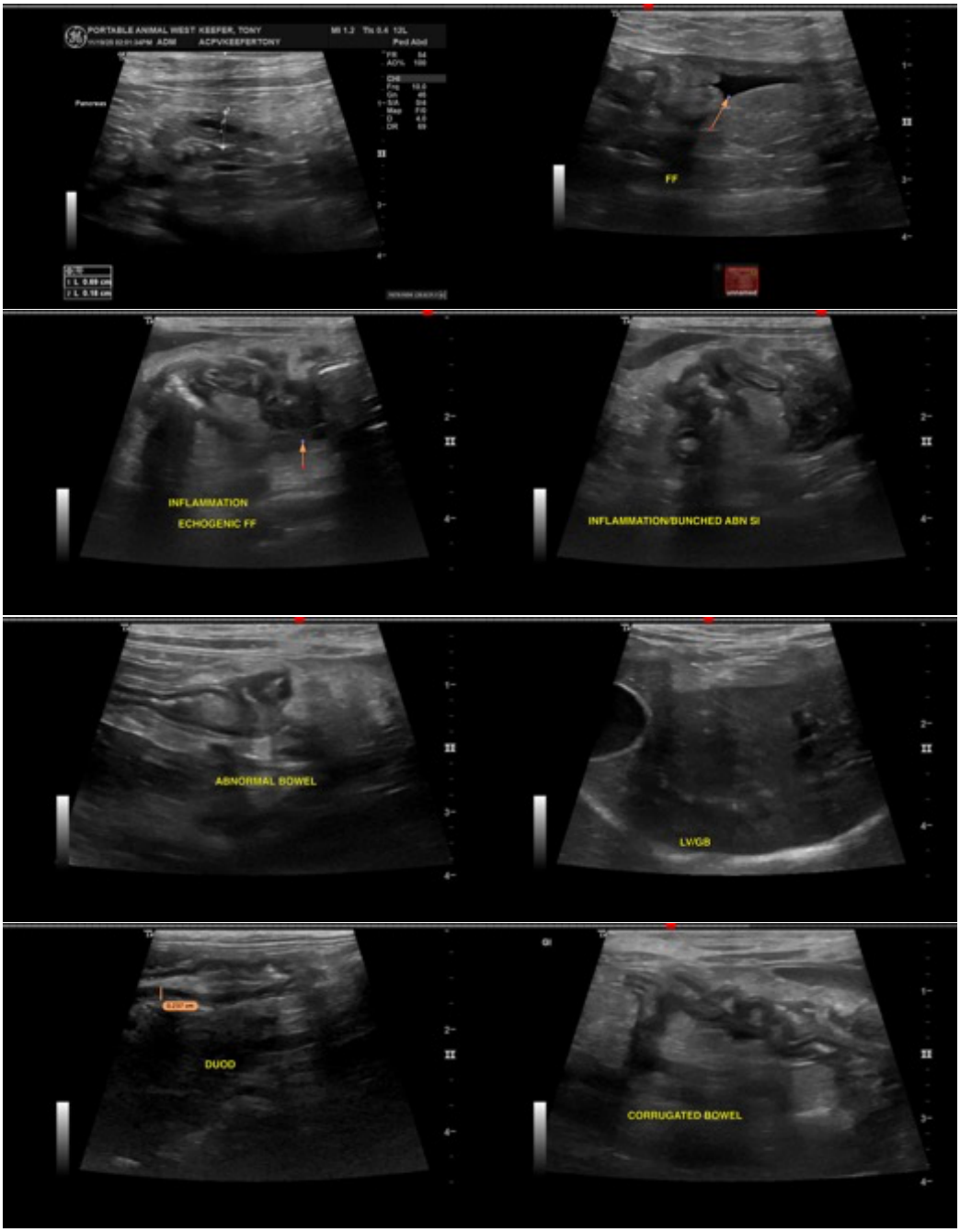

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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