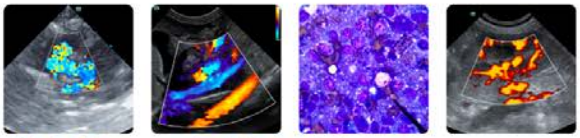

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Meow Hofstrand

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.84 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

BPH Salem

REFERRING VET

Dr. Marcberg

INVOICE

72122

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11/25/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: BAR, Cooperative for exam TPR: 100.8 F (aural), 200 bpm, purr/meowing/45 brpm BCS: 6/9, 11.84 lbs Eyes: OU mild nuclear sclerosis and small immature cataracts Ears: clean and clear Nose/throat: wnl Oral: 4/4 dental calculus, gingivitis, CRT <2 sec, mm pink and moist Skin: wnl, no ectoparasites observed, no evidence of dehydration Heart/Lungs: 3/6 parasternal heart murmur, lungs clear, normal respiratory effort *difficult to assess due to loud purring Abd: significant distention of the abdomen M/S: mild generalized muscle wasting, ambulatory on all four limbs Peri: wnl LN: wnl rectal: not performed Muscle score: mild generalized muscle loss

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values DX: CBC- WBC 33.48 H (3.66-16.31), NEU 31.86 H (1.84-11.01), HCT 30.2 L (30.3-49.7), RBC 6.03 L (6.71-11.97) IOF- BUN 15 L (16-36), GLU 190 H (71-159) Electrolytes- Na 168 H (150-165) SDMA- 16 H (0-14) Cardiopet proBNP- sent to ref lab, FedEx Tracking 4816 4553 0301 Fecal- no sample to collect UA- postponed Current Medications Clavamox Drops, Gabapentin Liquid Oral

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 (4.24 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 (4.01 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.

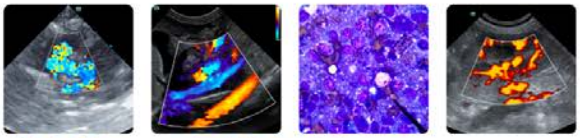
Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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 0.35 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 large and irregular in shape, measuring 1.3 cm in width at the level of the hilus. 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 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Definitive pancreatic tissue is not visualized. In the mid abdomen there is nodular hypoechoic tissue that could represent abnormal pancreas or omental nodules.

Free Abdomen

There is a large volume of echogenic free fluid. No significant lymphadenopathy noted. The omentum is diffusely nodular, and there is a focal area in the mid abdomen of poorly hypoechoic tissue with hyperechoic nodules.

ULTRASONOGRAPHIC FINDINGS

- Large volume echogenic free fluid – Recommend fluid analysis and cytology.
- Nodular omentum with a poorly defined area in the mid abdomen of hypoechoic nodular tissue – Findings could be consistent with carcinomatosis, abnormal nodular pancreas, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large volume of echogenic free abdominal fluid, and the omentum is irregular and hyperechoic. This could be secondary to carcinomatosis, peritonitis, or even nodular steatitis or similar. In the mid abdomen there is some poorly defined hypoechoic tissue with hyperechoic nodules, which could be a more prominent area of similar tissue or less likely nodular pancreas. Recommend fluid analysis and cytology and a fine needle aspirate of the hypoechoic mid abdominal nodular region. If a cytologic diagnosis cannot be obtained, surgical biopsies may be warranted.

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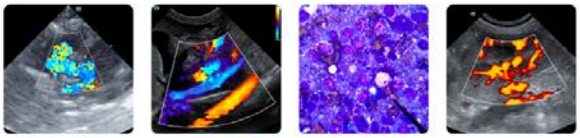

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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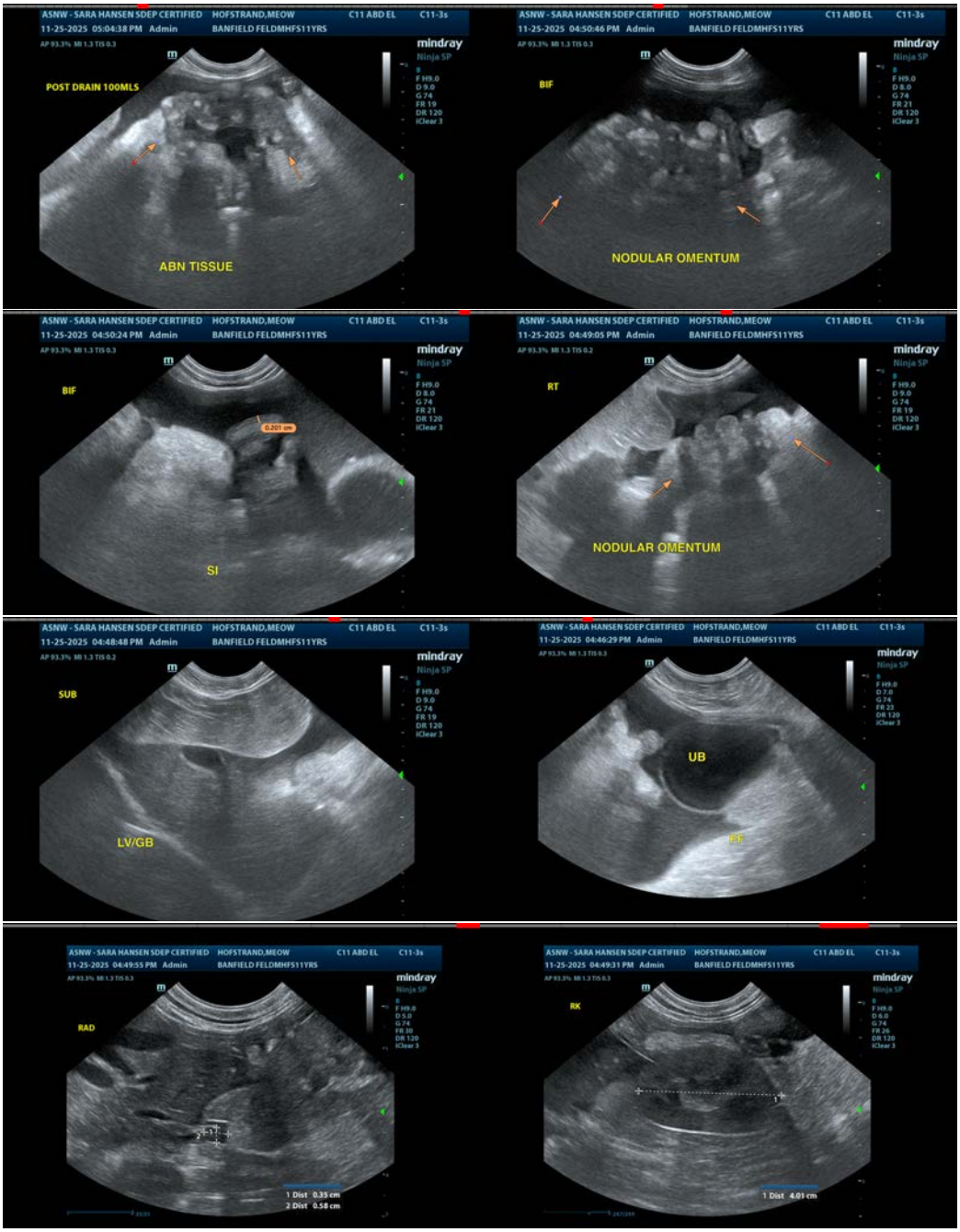

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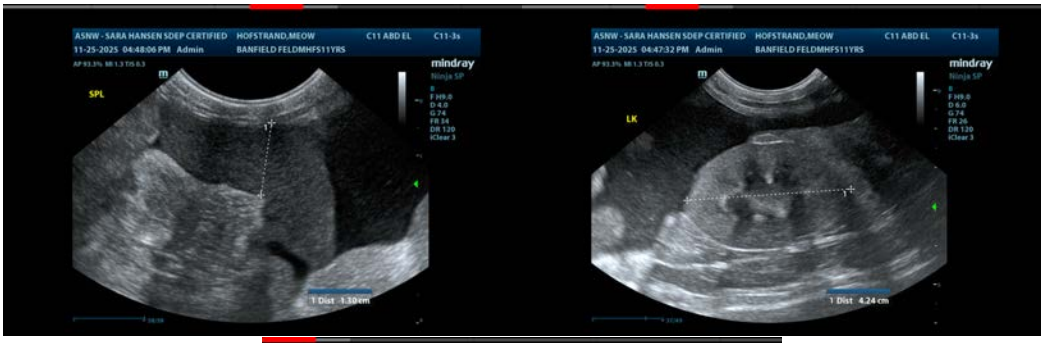

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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