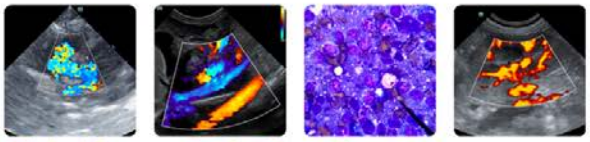


PATIENT

Hexxus Hammond

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.42 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Knudson (Southglen Vet)

INVOICE

72724

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: 2 day history of hyporexia and lethargy. FIV positive. UTD on vaccines and dewormer, indoor only. Currently in hosp, IVF, emavert 1 mg/kg IV q 24 hr mirtazapine transmucosal q 24 hr ampicillin 22 mg/kg IV q 8 hr buprenorphine 0.015 mg/kg IV q 8 hr

Abnormal PE/Chem/CBC/UA Results: PE: Slightly reduced muscling on hindlimbs. Approx 5% dehydration. Painful on palpation of left and cranial abdomen. CBC: RBC = 4.19 x10^12/L (6.54 - 12.20) HCT = 24.0 % (30.3 - 52.3) HGB = 7.2 g/dL (9.8 - 16.2) WBC 0.97 x10^9/L (2.87 - 17.02) LYMPHS 0.36 x10^9/L (0.92 - 6.88) NEUT 0.37 x10^9/L (2.30 - 10.29) EOS 0.00 x10^9/L (0.17 - 1.57) PLT = 53 K/uL (151 - 600) MCV = 57.3 fL (35.9 - 53.1) MPV = 22.0 fL (11.4 - 21.6) PCT = 0.12 % (0.17 - 0.86) CHEM: BUN 4.9 mmol/L (5.7 - 12.9) GLOB 59 g/L (28 - 51) QPLI WNL

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 (3.94 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 (4.24 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.28 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.

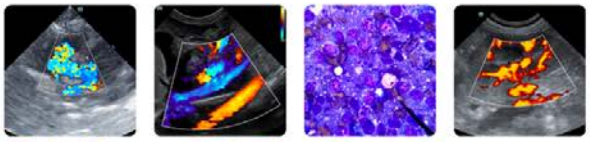
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.93 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.



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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. Duodenum wall measures 0.21 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled pancreas (both limbs) – Findings are most consistent with pancreatic remodeling +/- mild pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal gastrointestinal lesions are visualized to explain the symptoms reported. The pancreas appears somewhat prominent. Some of this could be pancreatic remodeling, although mild inflammation could also be possible. Correlate with a PLI level. If this is significantly elevated, consider empirical treatment for pancreatitis.

The lab work submitted is suggestive of pancytopenia. Recommend a repeat CBC with a pathologist review for further evaluation. If symptoms are persistent despite symptomatic therapy, and the CBC changes are persistent, a bone marrow evaluation may be warranted. If symptoms are persisting or progressive, additionally you could consider repeat imaging in the future, looking for the development of more prominent lesions.

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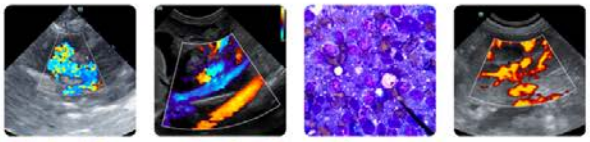

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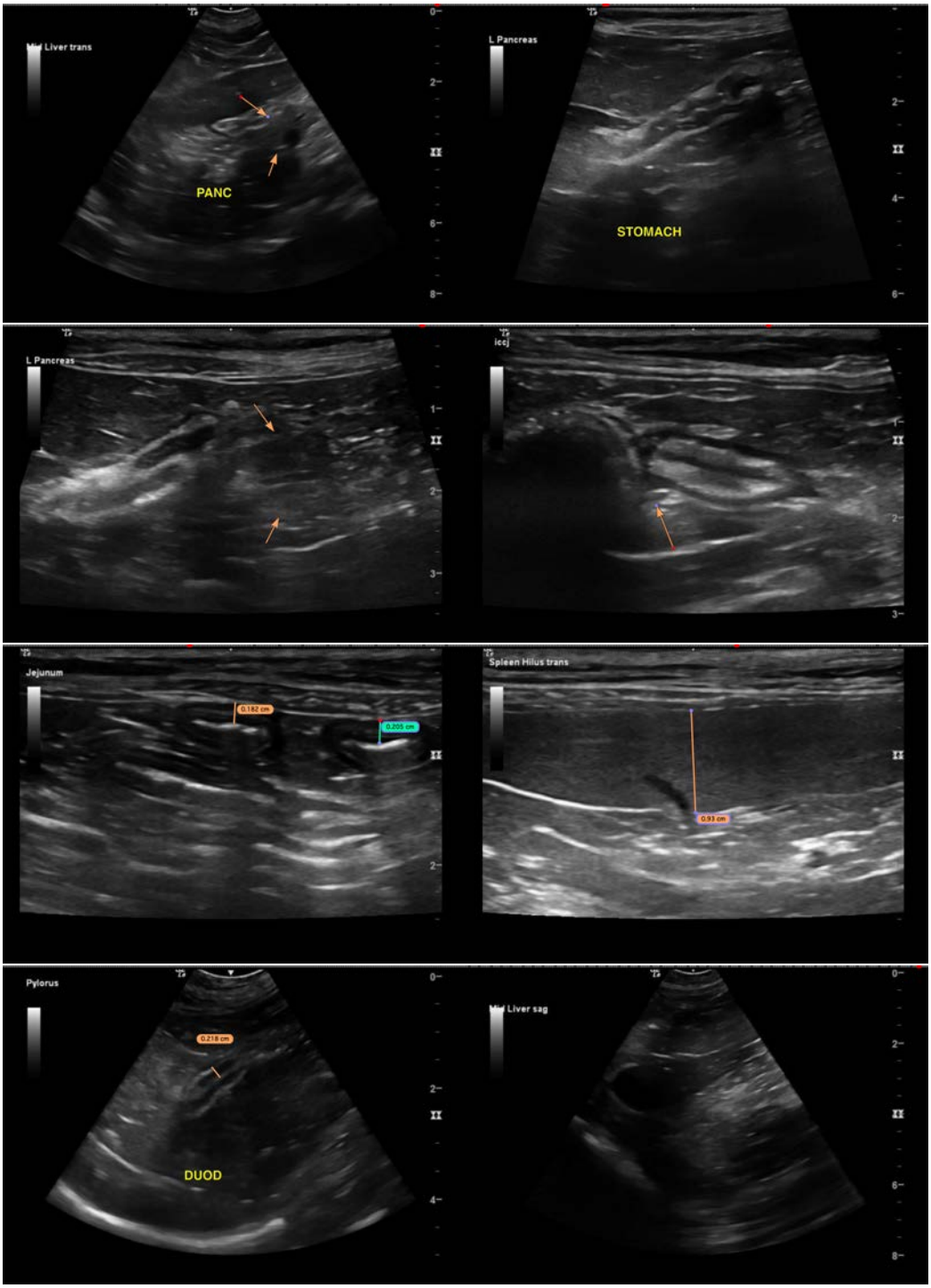

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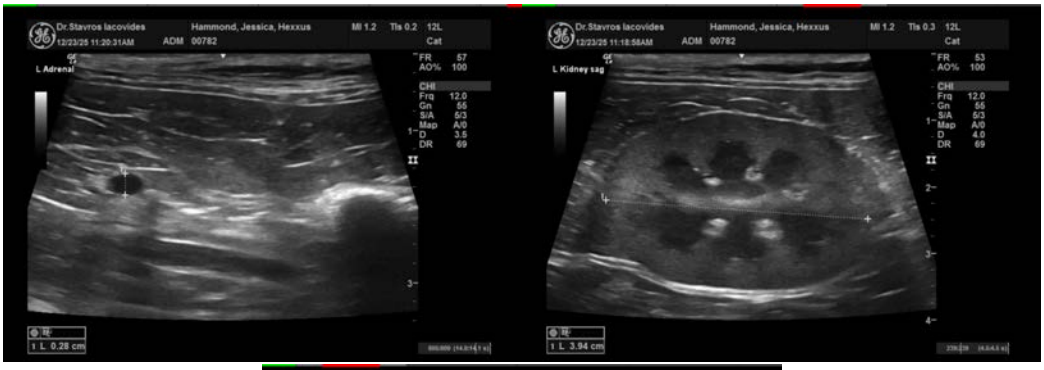

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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