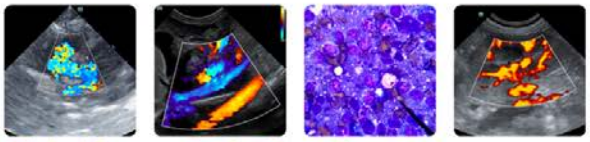


PATIENT

Quack Clark

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16 Years

WEIGHT

3.34 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Little Creek VC

REFERRING VET

Dr. Mutlow

INVOICE

72746

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, Concern for abdominal mass.

Abnormal PE/Chem/CBC/UA Results: UA: Clarity = Slightly Cloudy Sp Gravity = 1.015 ,pH = 5.0 ,PRO = 30 mg/dL ,GLU = Negative ,KET = Negative ,BLD = 250 Ery/uL ,BIL = Negative ,UBG = norm Creatinine increased from 170-532 within 1 month.

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 is normal/borderline large in size, measuring 3.78 cm, with mild pyelectasia at 0.18 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 (3.18 cm) with mild pyelectasia at 0.14 cm and a small non-obstructive nephrolith measuring 0.27 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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.

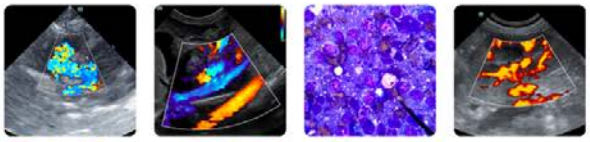
Spleen

The spleen is normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There are too numerous to count, large, expansile, hyperechoic nodules in the parenchyma, generally varying in size from approximately 0.40-0.80 cm.

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.

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 0.25 cm. Jejunum wall measures 0.20 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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. The mesentery in the region appears mildly prominent.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional isoechoic to slightly hyperechoic mesenteric lymph nodes. A jejunal lymph node is visualized measuring 0.40 cm x 1.11 cm. A lymph node near the ileocecal junction is visualized measuring 0.45 cm in diameter. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys, with very mild pyelectasia and a right-sided non-obstructive nephrolith – Recommend a blood pressure evaluation, urinalysis and culture.
- Numerous expansile, hyperechoic nodules in the spleen – These have a somewhat benign appearance (benign myelolipomas), although the expansile nature is concerning. Recommend a fine needle aspirate for further evaluation.
- Pancreatic changes in the left limb, most consistent with chronic pancreatic remodeling/chronic pancreatitis.
- Prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen has numerous large, expansile, hyperechoic nodules. These generally have the appearance most consistent with benign myelolipomas. Both the expansile nature and the lesions are somewhat less common in cats. Recommend a fine needle aspirate for further evaluation.

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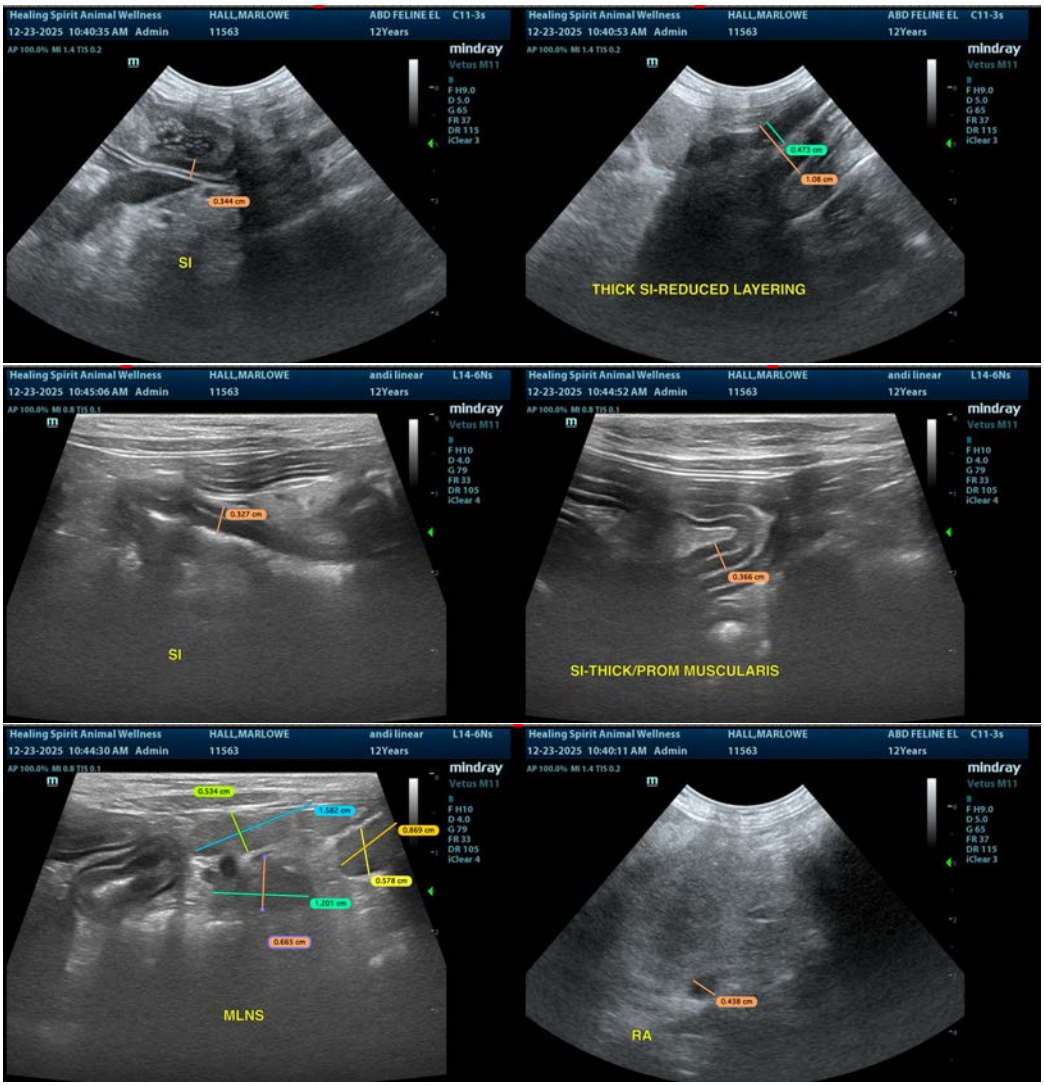
The left limb of the pancreas is prominent and hypoechoic with some mild surrounding reactive mesentery. Correlate with a PLI level. Consider empirical treatment for chronic pancreatitis if PLI is abnormal or this is clinically suspected.

Both kidneys have mildly reduced corticomedullary distinction and mild pyelectasia. If there is concern for pyelonephritis, recommend a urine culture and consider a blood pressure evaluation.

No significant gastrointestinal lesions are observed, although this cannot be ruled out. If underlying gastrointestinal disease is suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence that could indicate a need for further evaluation.

If symptoms are persistent, repeat imaging in the future may be warranted to look for the progression of today's lesions or the development of new lesions. If not already done, 3-view thoracic radiographs may be helpful.



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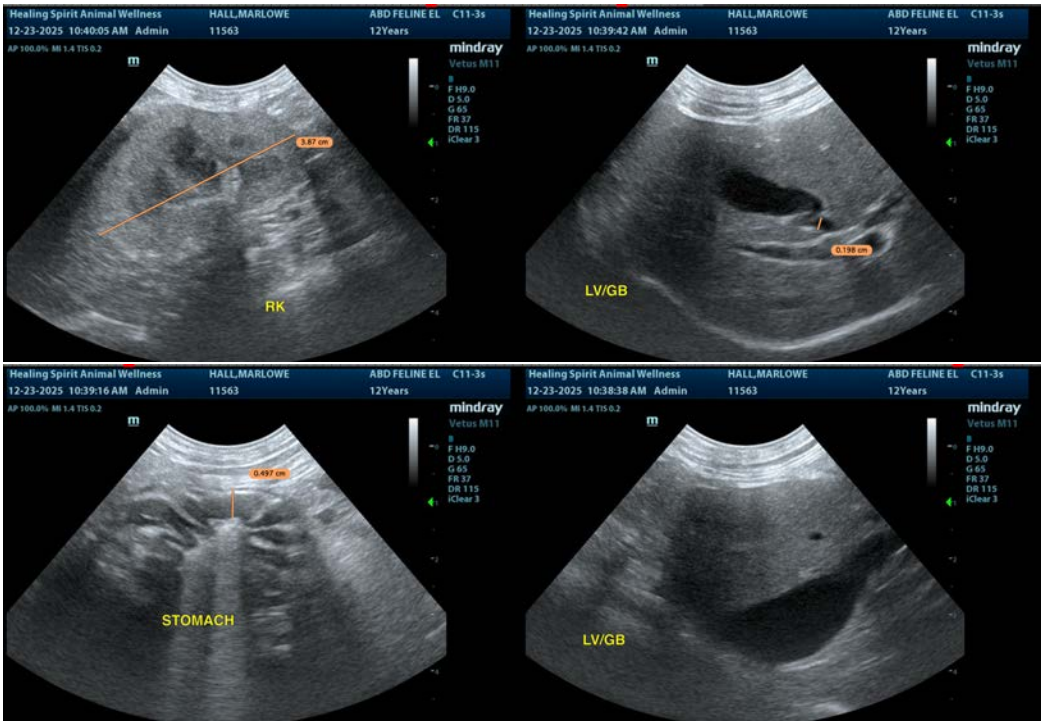

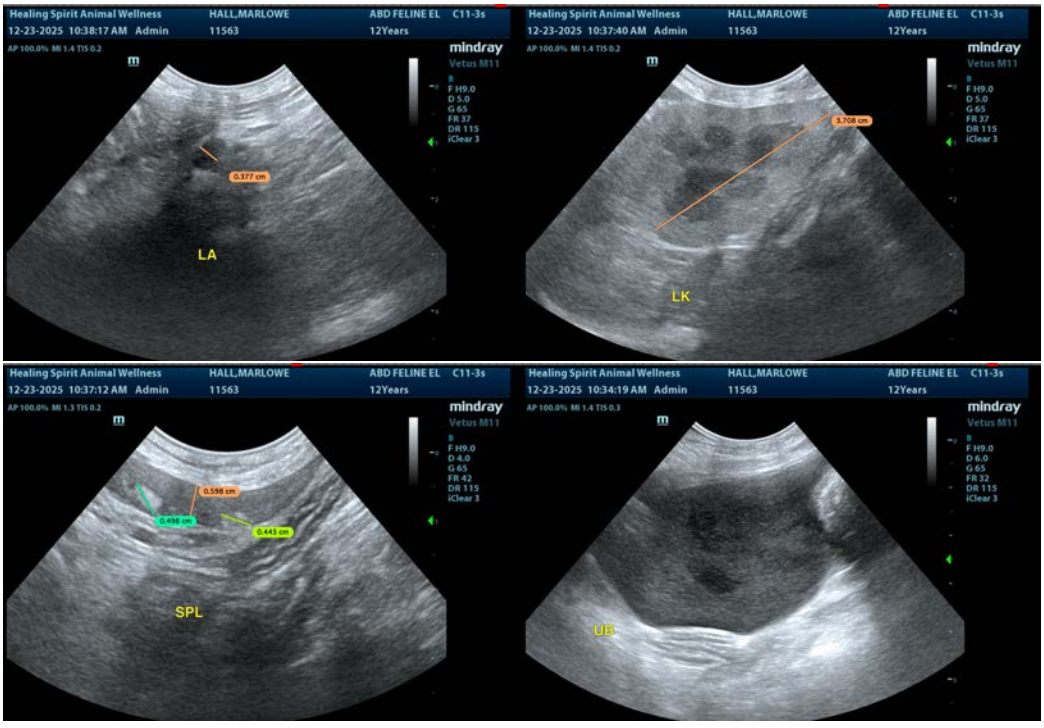

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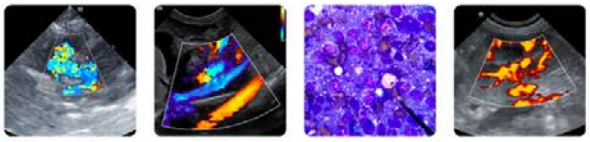

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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