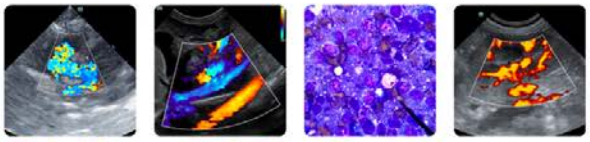


PATIENT

JJ Li

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

7 Years 10 Months

WEIGHT

4.91 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

Alpine 24/7 ER

INVOICE

73030

DATE

2/17/26

PRESENTING CLINICAL SIGNS

1-week history of: Vomiting (resolved) Progressive inappetence (improved). Polyuria/polydipsia (persistent), Lethargy (improved)

Abnormal PE/Chem/CBC/UA Results: Physical Examination: Bright, alert, responsive: Normothermic (previous fever up to 40.4°C resolved): HR 145 bpm, Hydration adequate CBC: Marked leukocytosis (31 → 27 x10^9/L) Mature neutrophilia + monocytosis (improving) Chemistry: Low BUN (4.2–4.3 mmol/L) Creatinine normal Mild hyperglobulinemia Normal glucose (8.8 mmol/L) Electrolytes: Developed hypernatremia (Na 164 → 175 mmol/L) Corrected with IV fluids Currently stable Urinalysis: USG 1.012 (true isosthenuria). Negative glucose/ketones, Very dilute urine Radiographs: Mild bronchial/interstitial pattern (clinically insignificant) No GI obstruction

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, or masse. In the region of the trigone there is a small hyperechoic foci measuring 0.17 cm with a subtle shadow, possibly consistent with a small mineralization.

The left kidney is normal/borderline large in size with a slightly swollen appearance, measuring 4.04 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 is normal/borderline large in size with a slightly swollen appearance, measuring 4.45 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.

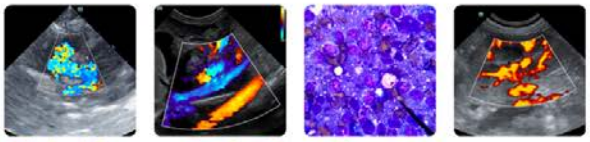
Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 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 borderline large and mottled, measuring 1.07 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. Duodenum wall measures 0.20 cm. Jejunum wall measures 0.16 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 normal and isoechoic to surrounding 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. There is a mesenteric lymphadenopathy present with a large, hypoechoic lymph node visualized near the ileocecal junction measuring 0.89 cm x 1.82 cm, and a jejunal lymph node measuring 0.97 cm x 1.32 cm. Other less prominent lymph nodes are visualized near the ileocecal junction measuring 0.24 cm and 0.26 cm in diameter, etc. The omentum is hyperechoic around the large hypoechoic lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Small suspected mineralization visualized in the urinary bladder – Correlate with urinalysis results and continued monitoring.
- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Subjectively prominent, slightly “swollen” appearing kidneys – Findings could be normal for this individual or could be consistent with inflammatory or early infiltrative disease.
- Occasional large, hypoechoic mesenteric lymph nodes – Findings are most consistent with highly reactive or early neoplastic lymph nodes.

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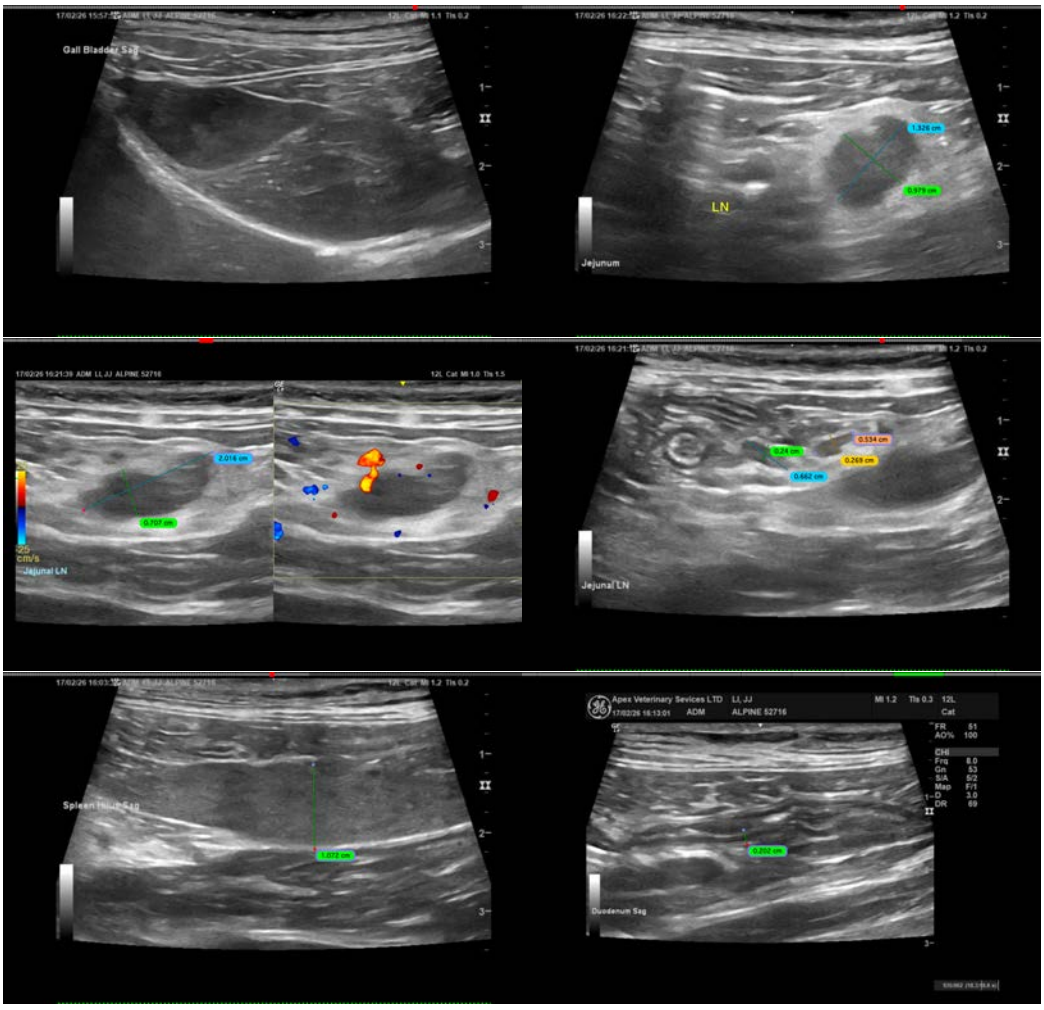
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is borderline large (this is a fairly large cat) and is somewhat mottled in appearance. Given the lymphadenopathy present, there could be concern for an underlying neoplastic process. Consider a fine needle aspirate for further evaluation.

Subjectively, both kidneys are somewhat large/ “plump”. This could be normal for this individual, but if symptoms are persistent, consider repeat imaging of the kidneys in the future, looking for any progressive change. Consider a urinalysis and culture to further evaluate for possible pyelonephritis, etc.

There are occasional large, hypoechoic mesenteric lymph nodes in the abdomen as well as numerous small prominent lymph nodes. If a safe window for sampling of one of the larger lymph nodes is available, you could consider cytologic evaluation.

If symptoms are persistent or progressing, you could consider repeat imaging in the future, looking for further enlargement of the lymph nodes, progressive renal changes, etc.



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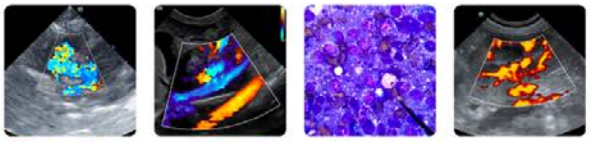

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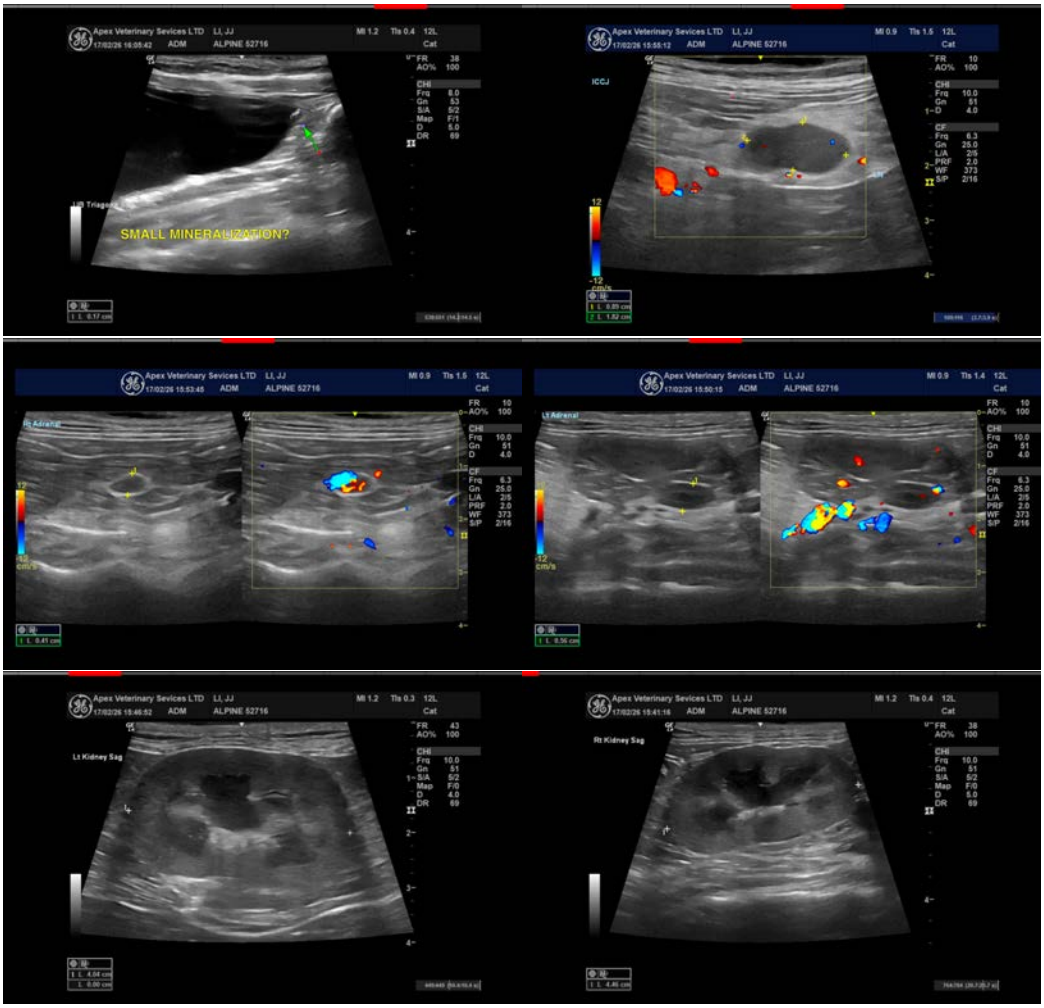

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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