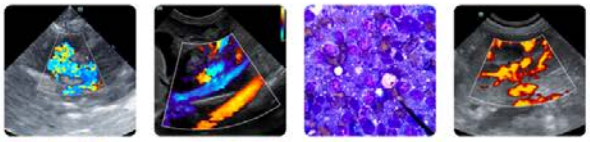

PATIENT

Chile Frey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.0 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

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PRESENTING CLINICAL SIGNS

Prior hx of presumptive IMHA (anemia, elevated TBILI, fever) 6/2024 that resolved w/ doxycycline and short course of pred. Chronic intermittent hx of conjunctivitis/chemosis alternating eyes since 8/2025 - slowly responsive to neopolydex drops. Elevated ALT, borderline anemia noted on pre - op labs for dental 1/2026. Examined 1 week after patient seen for pre - op labs for acute onset lethargy, generalized soreness. Low grade fever noted on exam. Lethargy, soreness has been noted intermittently @ home since then - responsive to onsior and clavamox but will come back when off of meds. Dental postponed for now.

Abnormal PE/Chem/CBC/UA Results: Intermittent low grade fever (102.8), fluctuating wt and dehydration on PE patient fractious so difficult to assess pain. Subjective pain cranial abdomen, neck soreness. BW 1/7/2026: CBC: HCT (30%) Chem: ALT (492), AP (106) Labs 1/13/2026: CHEM: increased AST (118), increased ALT (286), high normal TBILI (0.4) CBC: Thrombocytopenia (189K) w/ adequate estimate, neutrophilia (8736), lymphopenia (936) TT4: WNL @ 2.5 UA: USG = 1.050 2+ proteinuria (UPC WNL @ 0.2) IS Felv/FIV: negative/negative Whole body rads taken 1/19/2026: NSF P was doing well since last BW w/ continued onsior and other analgesics so pre - op labs repeated in attempt to schedule dental BW 3/3/2026: CBC: UR - anemia resolved Chem: TP (9.0), Glob (6.0), ALT (483), AP (124), BUN/Crea (50) Toxo titers pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

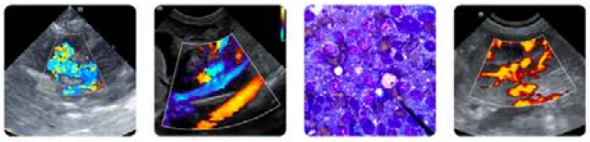
The left kidney has a normal shape and size (4.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.22 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 0.49 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 0.50 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.



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Spleen

The spleen is borderline large at 1.2 cm. 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 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 0.28 cm. Jejunum wall measures 0.18 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

The pancreas is prominent and hypoechoic as 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. There are occasional prominent mesenteric lymph nodes. An example of a cluster measures 0.47 and 0.40 cm in diameter. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- “Plump” spleen. Otherwise the spleen appears normal. Possible differentials include anatomic variation (big cat), congestion, lymphoid hyperplasia, splenitis, less likely neoplastic infiltration.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

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- Prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

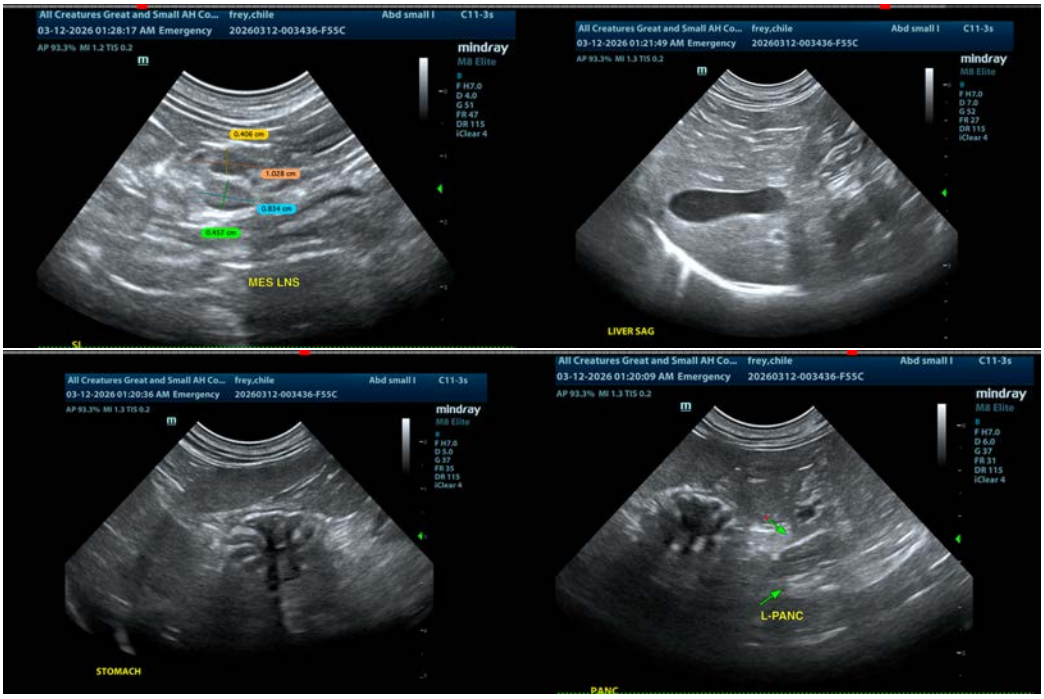
The changes observed on today's scan are relatively mild and non-specific. A definitive cause for the symptoms described is not observed.

No significant lesions were visualized associated with the liver. Findings are suggestive of a primary hepatopathy or reactive hepatopathy. Further evaluation could include pre- and post-prandial bile acids to assess liver function, and a fine needle aspirate of the liver.

Based on the history provided, there is concern for fever of unknown origin causing muscle aches, etc., although joint pain, polyarthritis, etc. could also be a factor. Consider the following:

- Recommend vector borne disease testing (I personally like NC State's vector borne disease lab – feline comprehensive panel). Ideally the patient should be off antibiotics at the time of testing.
- Consider a urine culture, looking for any evidence of infection in this region contributing to the symptoms reported.
- You could consider joint taps for cytology +/- culture, looking for evidence of polyarthritis.
- Recommend ocular exam, looking for evidence of uveitis.

Diagnostic testing for inflammation (joint taps, etc.) should be done off anti-inflammatories and antibiotics, particularly if cultures are being performed.



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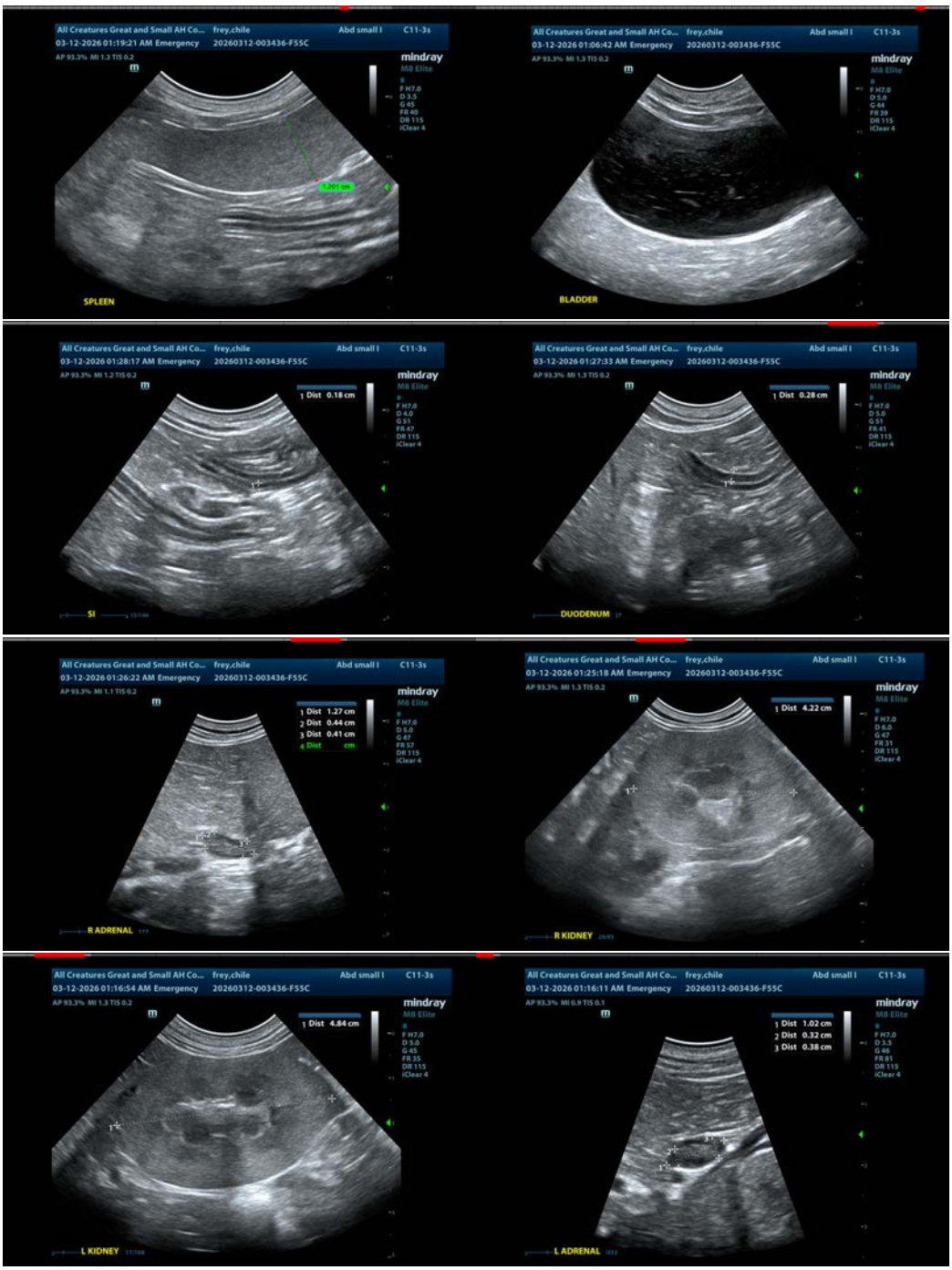

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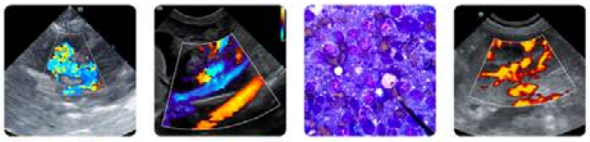

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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