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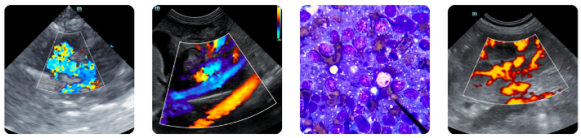

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
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PATIENT
Savage Davies

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
6 years

WEIGHT
16 lbs

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

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
Pinion Veterinary Hostpiral

REFERRING VET
Dr.

INVOICE
11550

DATE
3/24/2026

PRESENTING CLINICAL SIGNS

- Reason for Visit: QAR Ps presenting for not eating and ADR.
- E/D: eating less only licking gravy or tuna water drinking normally
- Diet: kibble free fed but P is not interested in kibble O has been feeding wet food and canned tuna.
- C/S/I/V/D: no c/v/s/d/i.
- Performed fast U/S, confirmed fluid in abdomen, performed abdominocentesis, collected 3 mls pale yellow fluid, slightly turgid. Blood collected for chem 15/cbc/lytes/sdma, platelets low, slide review showed significant clumping. Possible bands, ALT low. No other abnormalities. Advised O of findings and possible causes for ascites (FIP, neoplasia, parasites, infection, etc).

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 (4.61 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 (5.25 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 0.4 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.

Spleen

The spleen is subjectively normal in size (1.03 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. There is a moderate amount of non-organized echogenic debris. 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.

Most of 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. The duodenum measured as normal (0.29 cm in wall thickness) and the jejunum measured as normal (0.18 cm.) Visualized peristalsis appears appropriate. The duodenum appears slightly corrugated, most consistent with focal enteritis.

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, hypoechoic and mottled. In the region of the body of the pancreas there is a hypoechoic mixed echogenicity structure possibly consistent with a lymph node, or even pancreatic nodule measuring 1.02 cm x 1.35 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity revealed a large amount of echogenic free fluid. There are occasional prominent lymph nodes. A pancreaticoduodenal lymph node measures 0.62 cm in diameter. Examples of mesenteric lymph nodes measure 0.36 cm x 2.35 cm, and 0.45 cm x 1.61 cm. The omentum is diffusely irregular/borderline nodular and hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic and mottled pancreas. Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis. A possible neoplastic process is a concern.
- Cranial abdominal focal lesion most consistent with an abnormal lymph node, pancreatic nodule, etc.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Corrugated duodenum. Findings are most consistent with duodenitis/enteritis.
- Large volume of mildly echogenic free fluid with hyperechoic, irregular, nodular omentum. Findings could be consistent with carcinomatosis or peritonitis (inflammatory, bacterial). FIP etc..)

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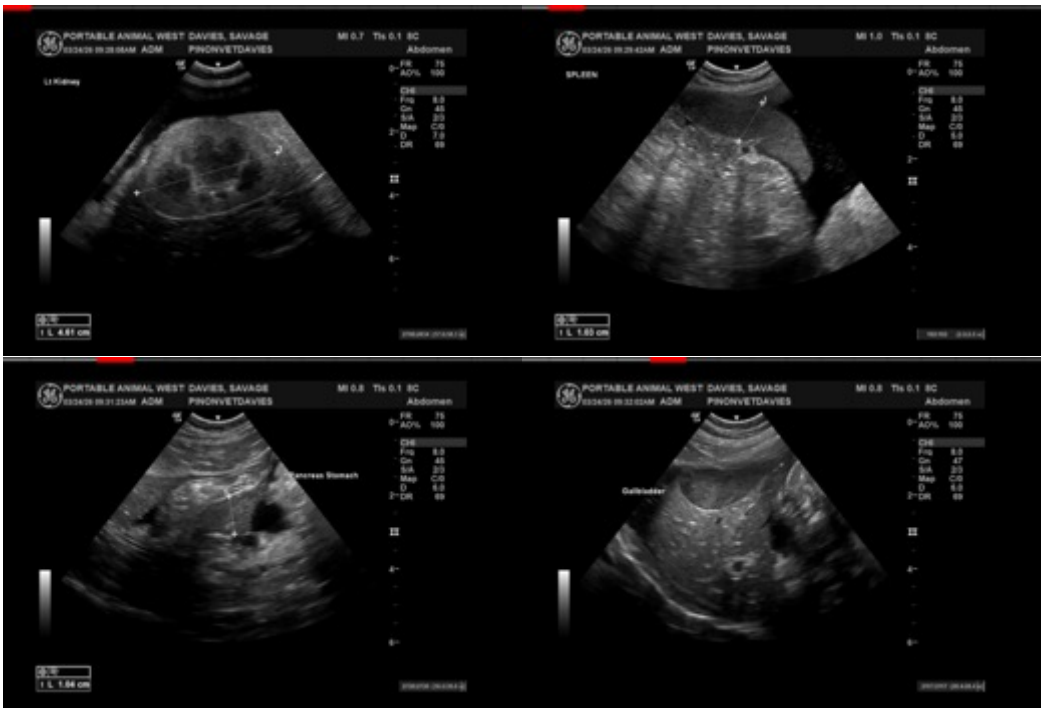
- Mesenteric lymphadenopathy-changes could be consistent with metastatic disease or highly reactive lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a large volume of echogenic free fluid and the omentum appears irregular in some areas, with a borderline nodular appearance. These changes could be consistent with carcinomatosis although you can also see similar changes with chronic inflammatory fluid. Recommend fluid analysis and cytology to better evaluate. Additionally, recommend a fine needle aspirate of the nodular/irregular omentum, the pancreas and the focal mass effect/lymph node visualized in the cranial abdomen. This is adjacent to the body of the pancreas which appears somewhat mottled, hypoechoic, and prominent. These changes could be seen with chronic remodeling and mild active inflammation, or with early neoplastic change.

The results of the fluid analysis will help to narrow your differential list. Consider Three View thoracic radiographs, both to evaluate the pulmonary parenchyma and the cardiac silhouette (a cardiac ultrasound may be warranted). Ultimately, if sampling does not result in a definitive answer, surgical biopsies may be necessary. The primary concern in this individual would be an underlying neoplastic process, although a definitive mass effect is not visualized and other differentials are possible.



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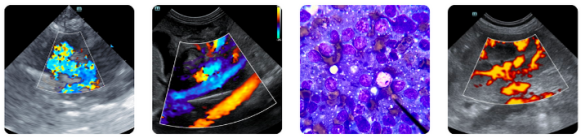

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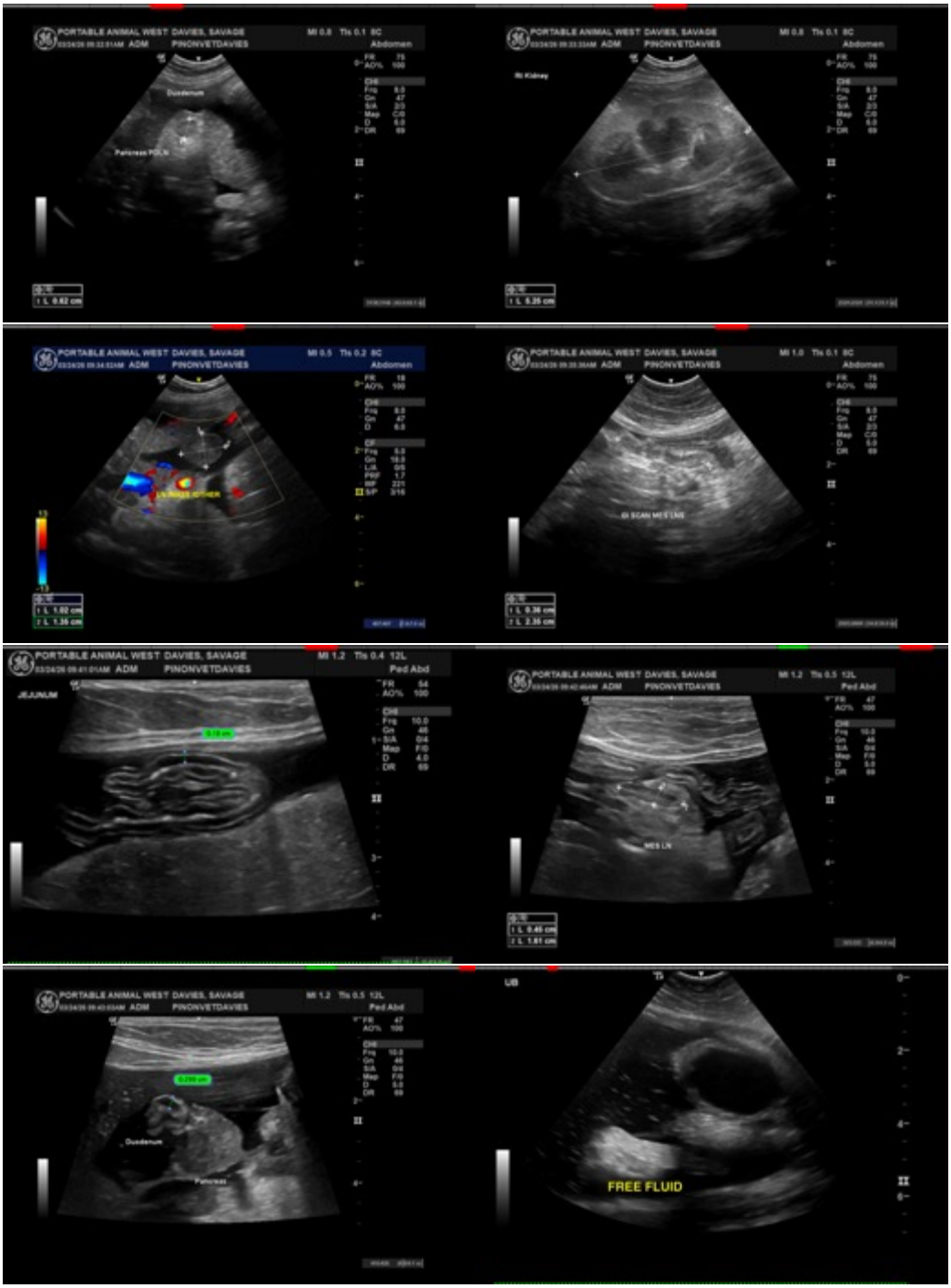

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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