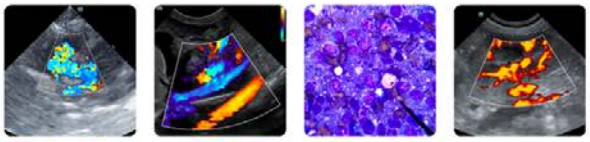


PATIENT

Smokey Swinehart

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Kaeli Witmer, DVM

INVOICE

74019

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Patient diagnosed with severe panuveitis. Severe buphthalmia with focal retinal detachment OU. Blood pressure WNL. Ophthalmology recommended blood screening which revealed hyperproteinemia, anemia. FeLV/FIV negative. Bartonella negative. Toxoplasma negative. U/S recommended as next step

Abnormal PE/Chem/CBC/UA Results: RBC 4.84 (6.50 - 11.53 M/µL) Hematocrit 23.9 (31.0 - 51.0 %) Total Protein 9.2 (6.3 - 8.8 g/dL) Albumin 2.4 (2.6 - 3.9 g/dL) Globulin 6.8 (3.0 - 5.9 g/dL) ALP 63 (12 - 59 U/L) Bilirubin - Total 1.7 (0.0 - 0.3 mg/dL)

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 in shape but borderline large in size (4.69 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 in shape but borderline large in size (5.19 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 large and hypoechoic, measuring 0.86 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.

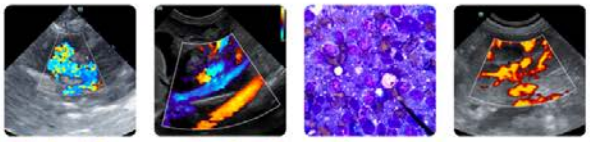
The right adrenal gland is large, measuring 0.96 cm at the cranial pole and 0.79 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large (1.07 cm). The spleen echotexture is mildly mottled, 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 large in size, and hyperechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The heterogeneous pattern is coarse, possibly consistent with a hyperechoic micronodular pattern.



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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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.22 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 left limb and body of the pancreas are 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic adrenals – Findings could be consistent with bilateral hyperplasia, bilateral adrenal mass lesion, or neoplastic infiltration.
- Borderline large, mildly 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.
- Hypoechoic, prominent left limb and body of the pancreas – Findings are consistent with pancreatic remodeling +/- chronic pancreatitis.
- Large, hyperechoic, heterogeneous/micronodular liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Borderline large kidneys – Generally the kidneys appear normal. The significance of this is uncertain at this time.

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- Prominent/ropey small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear large, rounded and hypoechoic. They are very difficult to differentiate from large lymph nodes in the region, but both are in a very classic position. Based on the history provided, metastatic or bilateral adrenal masses would be a concern.

The liver is large and hyperechoic with a very coarse/micronodular appearing parenchyma. Recommend a fine needle aspirate of the liver for cytologic evaluation (provided coagulation parameters are normal). Neoplastic infiltration would be a significant concern.

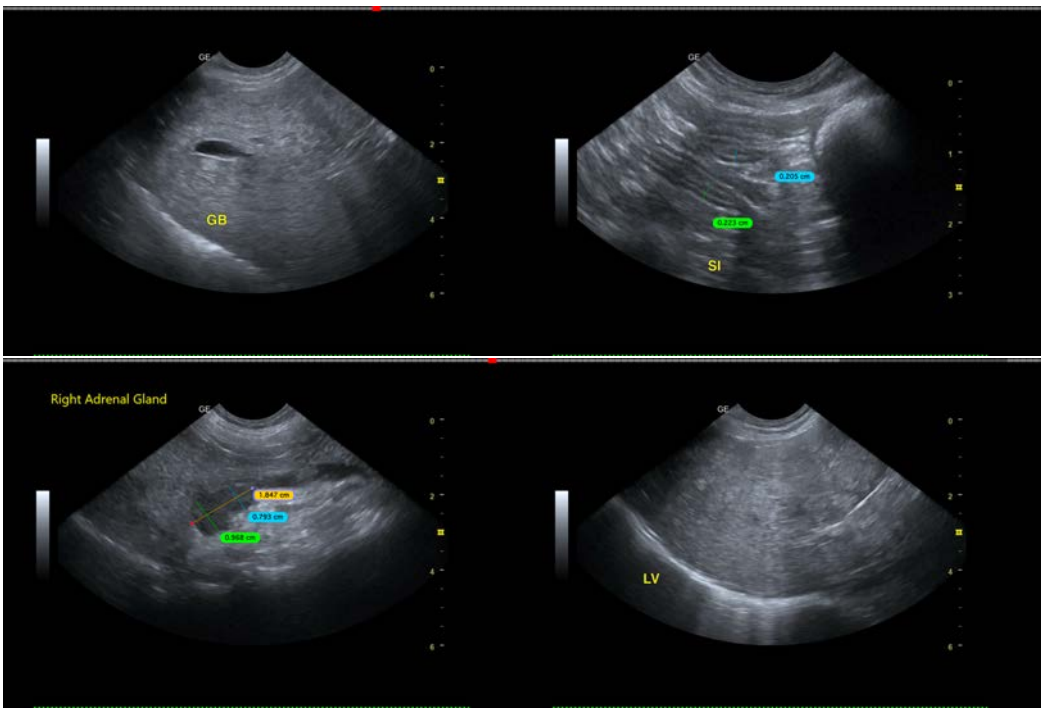
The spleen is borderline large and slightly mottled. The changes are relatively subtle. If no diagnosis can be obtained based on sampling of the liver, a fine needle aspirate of the spleen could be considered.

The small intestine appears somewhat "ropey" with a prominent muscularis layer. The significance of this in the absence of gastrointestinal symptoms is uncertain. Continued monitoring is warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

As a last resort you could consider a fine needle aspirate of the adrenals for cytologic evaluation (blood pressure reported as normal).

A protein electrophoresis could be considered to further evaluate the elevation in globulin reported.



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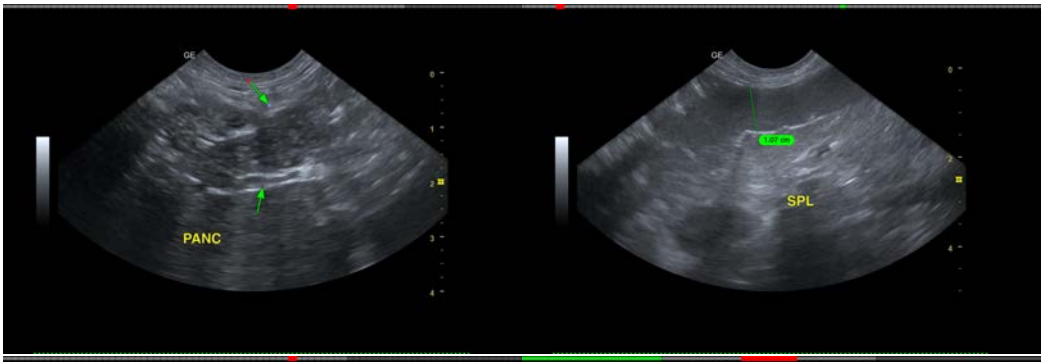

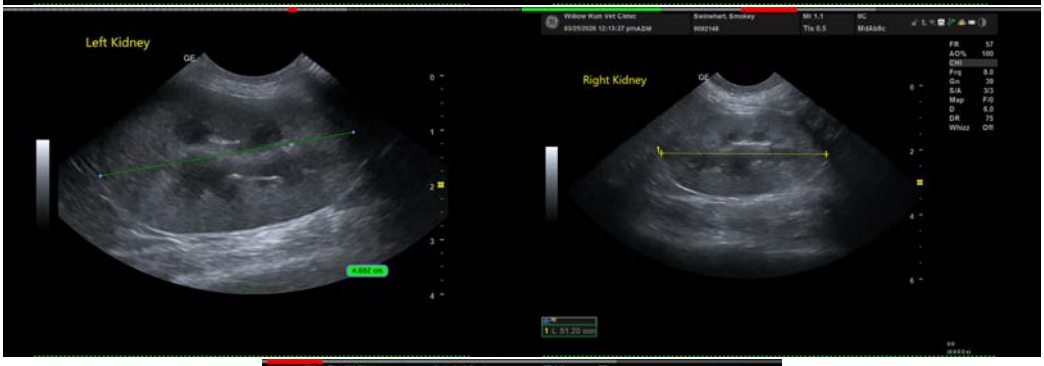

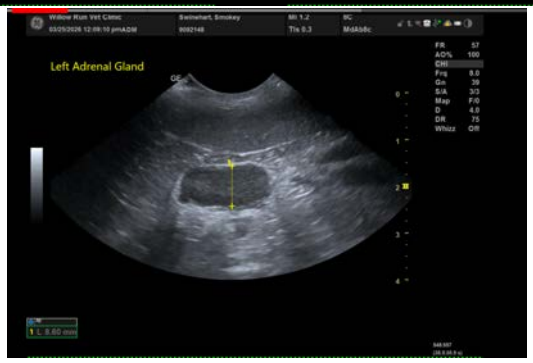

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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