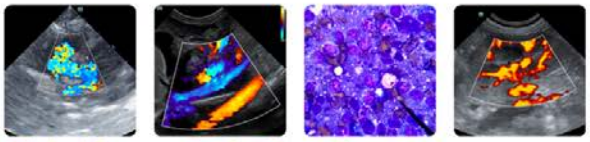


PATIENT

Cali Brutlag

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Lake Region Small Animal Center

REFERRING VET

Kendra Greiner, DVM

INVOICE

74874

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Presented decreased appetite over he past week, eating smaller amounts of Science Diet kibble. Usually eats very readily. She's had increased retching/gagging for about a week - extending her neck but not vomiting. Was very lethargic on Saturday, hid most of the day. Recent visit to another DVM revealed a WBC of 50K, mild anemia and thrombocytopenia. Start on prednisone 5mg PO on 4/26/26. Was also given an antibiotic injection, fluids, and anti-nausea medication at presentation with other DVM. Client initially found blood tinged vomit with a foreign object/material in it (stick like). As of today, doing better at home. Hematemesis rule outs - FB ingestion, gastric ulceration, open. Leukocytosis: r/o inflammatory response to FB, infectious, neoplasia.

Abnormal PE/Chem/CBC/UA Results: 4/27/26. PE: unremarkable. CBC: RBC 2.47, HGB 5.5, MCV 69, MCH 22.3, PLT 26, WBC 57.93, Lym 14.52, Neu 37.91, Eos 2.01, nRBC 53 Pathologist reviewed Blood Cytology: "The degree of expansion and cellular atypica are compatible with hematopoietic neoplasia, yielding considerations for leukemia or Stage V Lymphoma. ...recommended flow cytometry". "Reactive population unlikely." FELV/FIV/HW: Negative

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 (4.18 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 (4.25 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.

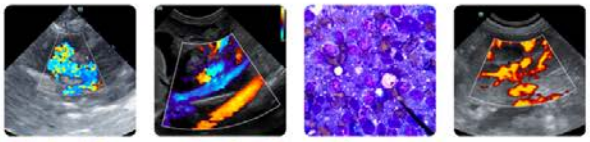
Adrenal Glands

The left adrenal gland is normal in size measuring 0.30 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 0.31 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 slightly hypoechoic, measuring at 1.18 cm. 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 a large amount of fluid and shadowing ingesta. 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. There is some fluid and shadowing ingesta visualized within the pylorus, but a definitive obstruction is not clearly visualized (a partial obstruction cannot be ruled out).

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.26 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There are segmental areas of small intestine that appear mildly fluid distended and gassy.

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 area of 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, 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

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Borderline large, hypoechoic spleen – Possible differentials include anatomic variation, congestion, lymphoid hyperplasia, splenitis, or neoplastic infiltration.
- Large fluid/shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history. If the patient was adequately fasted, this could represent ingested foreign material or gastric ileus.

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- Areas of segmental fluid and gas distention of the small intestine – Findings could be consistent with an enteritis type pattern, partial obstruction, or passing foreign material cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

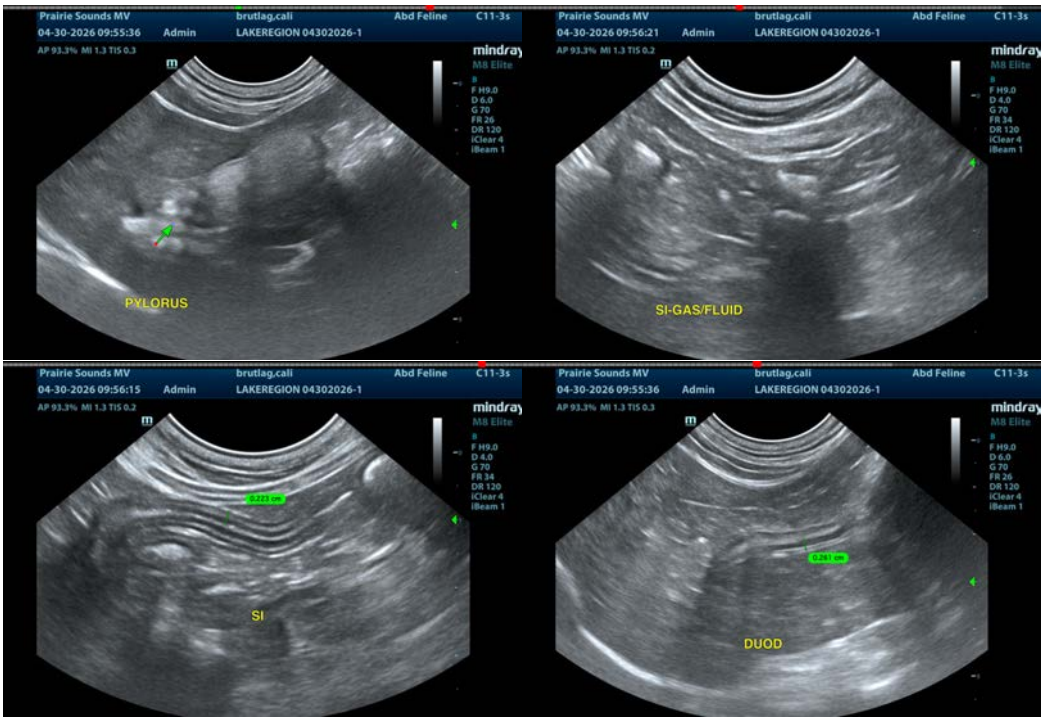
The changes observed on today's scan are relatively mild. The most notable change is that the stomach is significantly distended with fluid and shadowing material. This interferes with full evaluation of the stomach and makes the pylorus difficult to clearly visualize, but there is some shadowing material and fluid in this area. A definitive obstruction is not noted but cannot be ruled out. Correlate with abdominal radiographs. Options would include continued monitoring for emptying and evaluation with a more prolonged fast, or upper GI endoscopy, potentially to further evaluate. If not already done, recommend examination under the tongue, looking for string foreign body or similar.

No significant lesions were visualized associated with the small intestine, but this does not rule out an enteropathy. If this is suspected you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence.

The spleen is slightly enlarged, but this is a big cat, and it is slightly hypoechoic. A fine needle aspirate could be considered to look for round cell neoplasia or similar.

Given the findings on the pathologist review, consider flow cytometry. Consultation with a veterinary oncologist may be helpful, as a bone marrow aspirate may be warranted.

If not already done, recommend 3-view thoracic radiographs.



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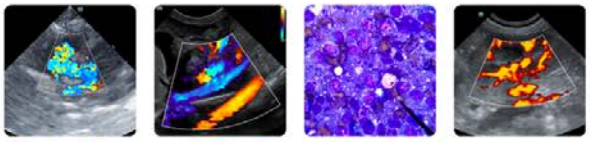

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SonoPath.com info@sonopath.com 1.800.838.4268

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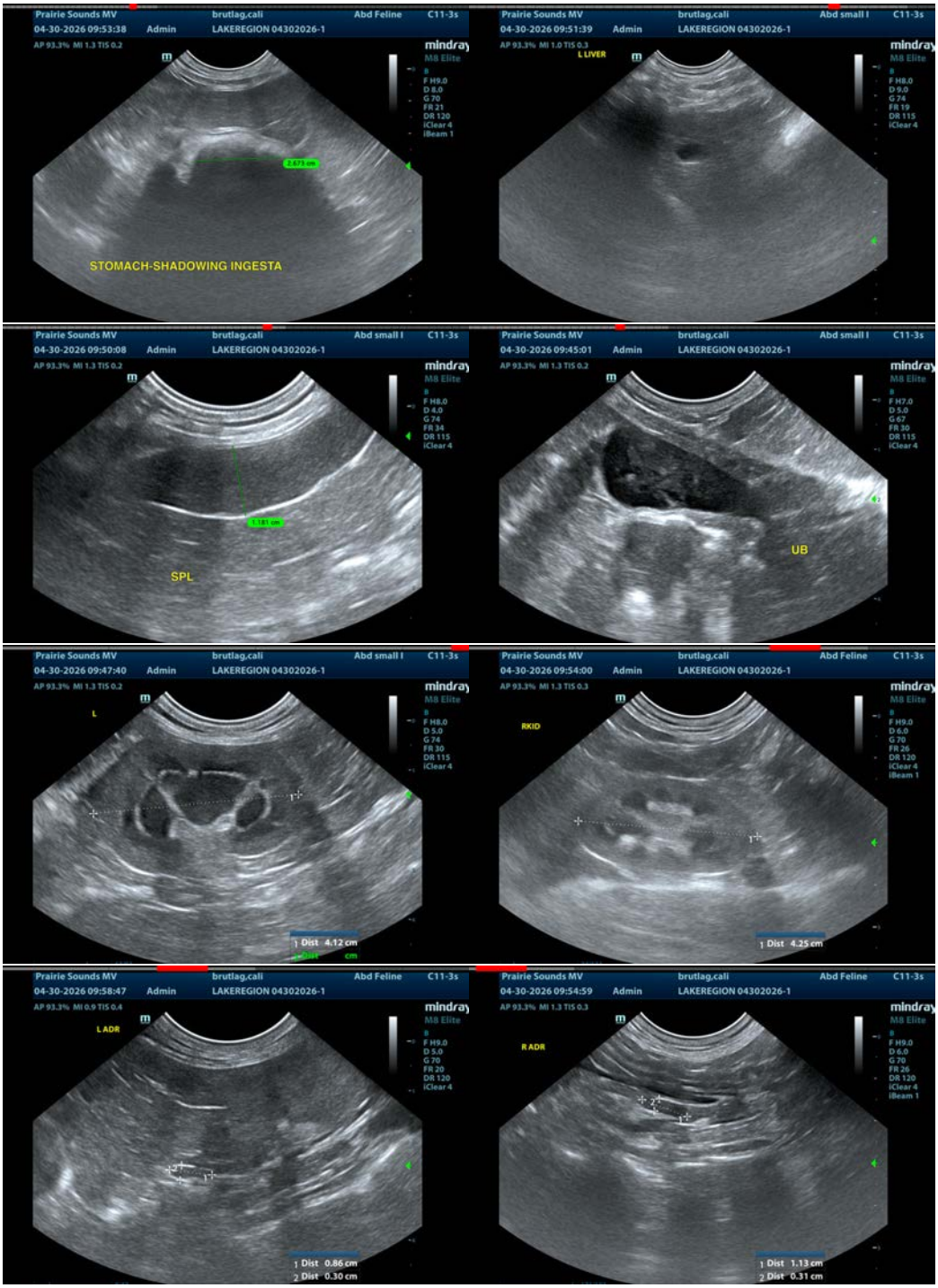

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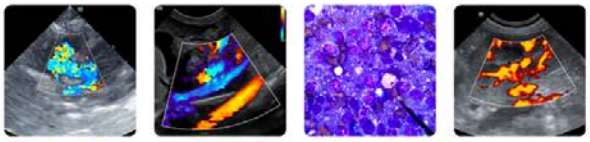

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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