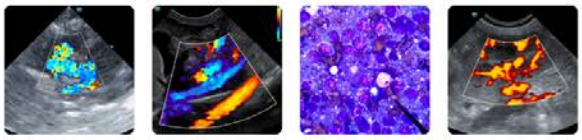


PATIENT

Mia Schiff

SPECIES

Feline

BREED

DSH

SEX

Spayed Femlae

AGE

1 Year 2 Months

WEIGHT

8.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Not Provided

REFERRING VET

Dr. ErynT

INVOICE

75545

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: P has been ADR since the weekend, hiding and being less social. She also is shying away from her belly being petted and O note that she is a cat that usually really likes belly rubs. Physical exam findings: -QAR -mm moist pink/CRT < 2 sec -H/L normal and clear -abd pain is apparent during palpation -umbilical hernia is present, but it does not feel overtly abnormal and is not very large - about 1-2cm in diameter and is firm.

Abnormal CBC/CHEM Values: -slightly increased HCT at 51.7% (51% high end) -borderline elevations in ALP at 69mg/dL (59 on high end) NSF otherwise. There is a lack of a stress leukogram which I find odd considering P is not feeling well. Abnormal UA Values: NSF. Radiograph Findings: N/A - O has cost constraints, so we are prioritizing u/s w imaging today. Reason for Ultrasound: Yesterday's ultrasound showed something in the stomach. P also had significant pain response during the scan esp on the lateral abdominal walls. I'd also like the umbilical hernia checked in more
detail.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild dependent 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 is normal in size but somewhat plump and rounded in appearance, measuring 3.17 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 size but somewhat plump and rounded in appearance, measuring 3.62 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.

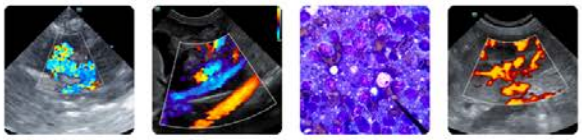
Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.39 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 (1.09 cm in width at the level of the hilus), 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.



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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 gallbladder has a bilobed configuration. The gall bladder lumens are moderately distended. The walls of the gall bladder are 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.

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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There is a section of jejunum with very subtle asymmetrical thickening of the wall, primarily involving the muscularis layer. This measures at 0.24 cm x 1.12 cm. No evidence of surrounding inflammation. The wall thickening is asymmetrical in this region. Normal bowel wall measures 0.24 cm. The focal section of thickening measures 0.40 cm.

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 somewhat hypoechoic and prominent near the body. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

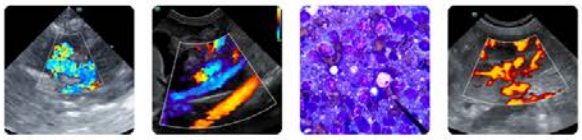
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy with occasional prominent mesenteric lymph nodes. Some lymph nodes near the Ileocecocolic junction are prominent, measuring 0.30 cm and 0.21 cm. The omentum is of normal echogenicity.

An umbilical hernia is visualized at the ventral body wall. This appears to contain a small amount of herniated fat or omentum, measuring at 1.43 cm. The body wall defect measures 0.22 cm.

PRIMARY FINDINGS

- Mild dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Subjectively rounded/plump kidneys – The significance of this is uncertain. Correlate with urinalysis and renal values. Recommend continued monitoring for any evidence of progressive enlargement.



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- Prominent, hypoechoic body of the pancreas – Findings could be consistent with mild active or resolving pancreatic inflammation.
- Subtle irregular focal asymmetrical wall thickening of the jejunum – This could represent focal inflammation, early neoplastic change, etc.
- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymphadenopathy.
- Umbilical hernia – No evidence of herniated bowel or similar visualized.
- Borderline large spleen – The spleen measures as slightly large but does not have any overt abnormalities – Differentials could include anatomic variation, congestion, splenitis, lymphoid hyperplasia, or less likely neoplastic infiltration.

SECONDARY FINDINGS

- Bilobed gallbladder – This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of prominent/slightly rounded/swollen kidneys. The significance of this is uncertain, as no elevations in renal values are reported. There is no surrounding inflammation, pyelectasia, etc. Recommend continued monitoring and potential reevaluation if the symptoms appear to be progressing. Possible differentials could include pyelonephritis, acute renal injury, FIP, round cell neoplasia, etc., although these typical present much more prominent lesions. Recommend a urinalysis +/- culture for further evaluation.

Similarly, the spleen is somewhat prominent but otherwise appears normal. Recommend continued monitoring for further enlargement. A fine needle aspirate could be considered if indicated.

The body of the pancreas is slightly prominent and hypoechoic without significant amount of inflammation. Correlate with a PLI level. If this is elevated, consider treatment for pancreatitis.

There is a subtle section of small intestine that has focal wall thickening. The significance of this is uncertain, but reassessment should be considered, looking for progression of this lesion (recheck in 3-4 weeks, sooner if not doing well).

If not already done, recommend screening for FELV/FIV, evaluation of globulin levels, the aforementioned urinalysis, etc. Thoracic radiographs could be considered and evaluation for possible fever.

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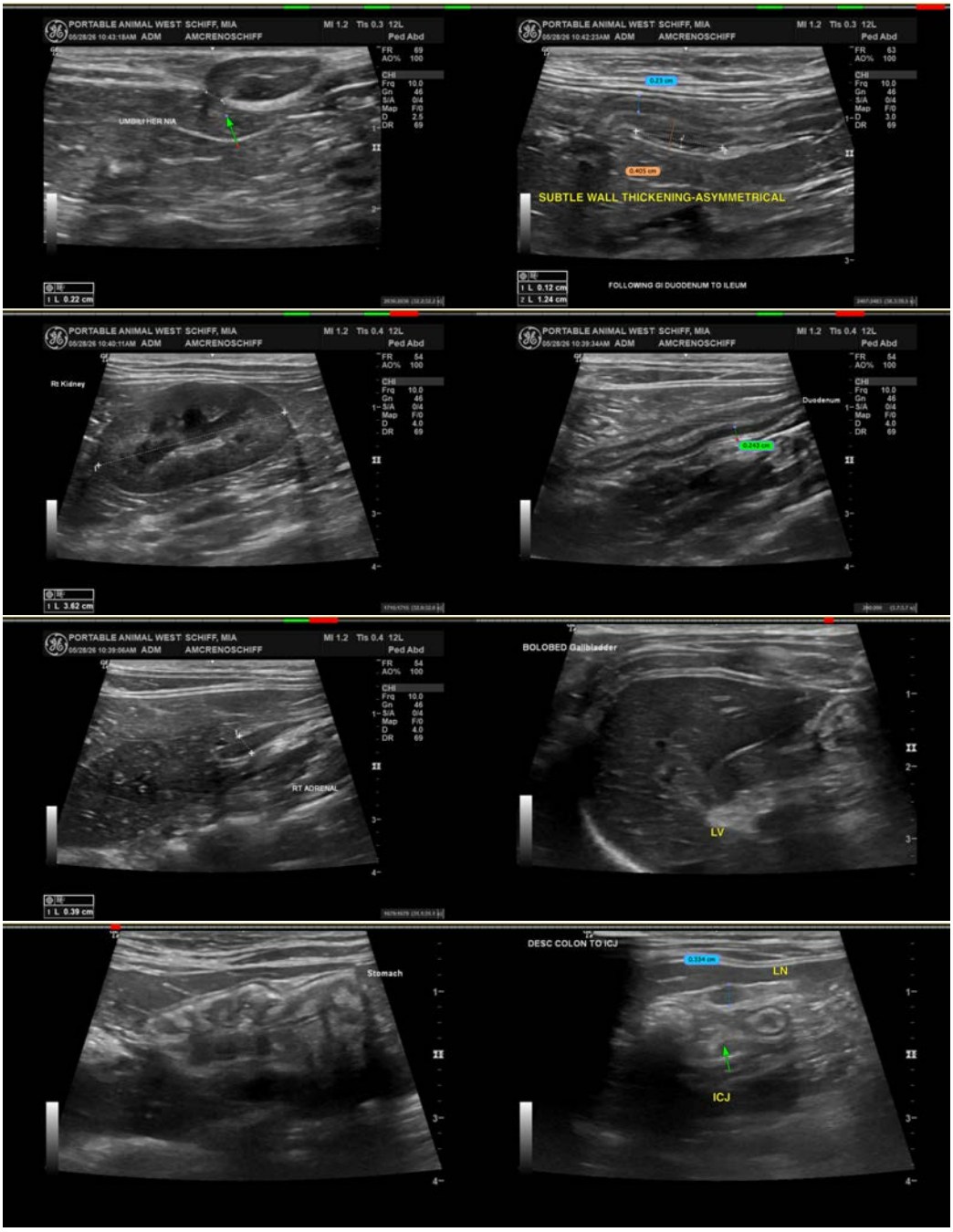

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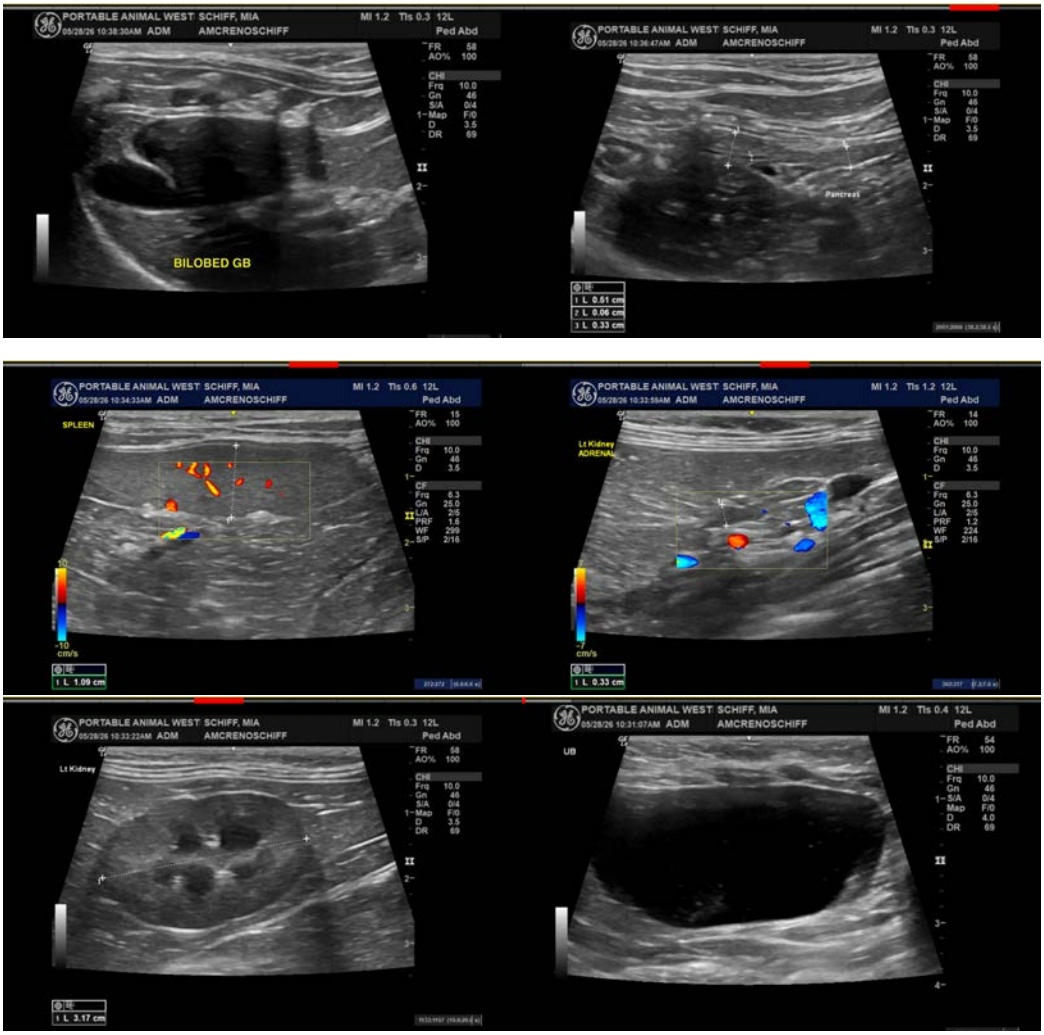

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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