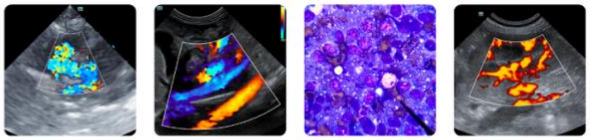


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Paulo Santoro

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

6.69 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

13155

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Patient presented on 1/6 for decreased eating and drinking of 2 days duration. Weight loss of 0.35 kg noted since December 2025. SQ fluids and Cerenia given pending lab results. Appetite improved initially for 48 hours, then decreased again. Repeat SQ fluids and Cerenia until u/s could be performed were not successful in encouraging eating. Additional weight loss noted today on admit for u/s. Patient has not eaten since a small amount this past weekend. More drooling noted at home by owner.

Abnormal PE/Chem/CBC/UA Results: Matted fur from drooling Epaxial muscle wasting with weight loss. Periodontal disease. See attachment for labwork. Hypercalcemia, azotemia with inappropriate USG and increased SDMA, increased ALP/AST

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of mild medullary mineral were present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

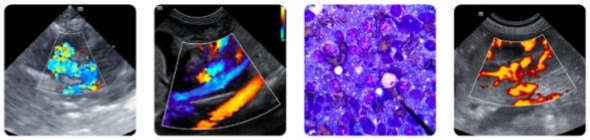
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.78 cm width level of the mid spleen. A solitary well demarcated hyperechoic mildly expansive splenic nodule was visualized measuring 1.65 cm in diameter.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized mass or nodules.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact mildly thickened wall layering exhibiting segmental propensity for mildly thickened hyperechoic jejunal submucosa layer. The jejunum wall measured 0.27 cm to 0.29 cm wall width. The duodenum wall measured 0.30 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was mildly prominent and nonhomogenous with mild capsule asymmetry. Mild regional peripancreatic hyperechoic omentum.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting pinpoint to focal medullary mineral.
- Urinary bladder sediment.
- Sonographically normal liver/spleen.
- Mild gallbladder debris.
- Suspect chronic pancreatitis.
- Intact mildly thickened small intestinal wall with generalized empty gastrointestinal lumen.
- Mildly expansive hyperechoic splenic nodule- myelolipoma, nodular hyperplasia, neoplasia not excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive intra-abdominal neoplastic criteria was not obviously met. The thickened small intestine may indicate chronic enteropathy criteria such as chronic IBD or other inflammatory disease. Potential for emerging or occult intestinal round cell neoplasia such as lymphoma may present in a similar sonographic manner, however, no evidence of typically associated to swollen mesenteric lymphadenopathy.

Further assessment may include (assuming normal colony status using 25-gauge needle) screening hepatosplenic FNA cytology, three view chest radiographs, a GI panel to include PLI, TLI, cobalamin and folate, and UPC level if non-inflammatory proteinuria. Empirical gastrointestinal support and therapy for suspect chronic pancreatitis are recommended.

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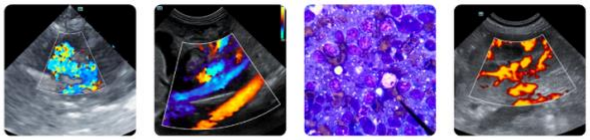

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Educational Teleconsultation Services™

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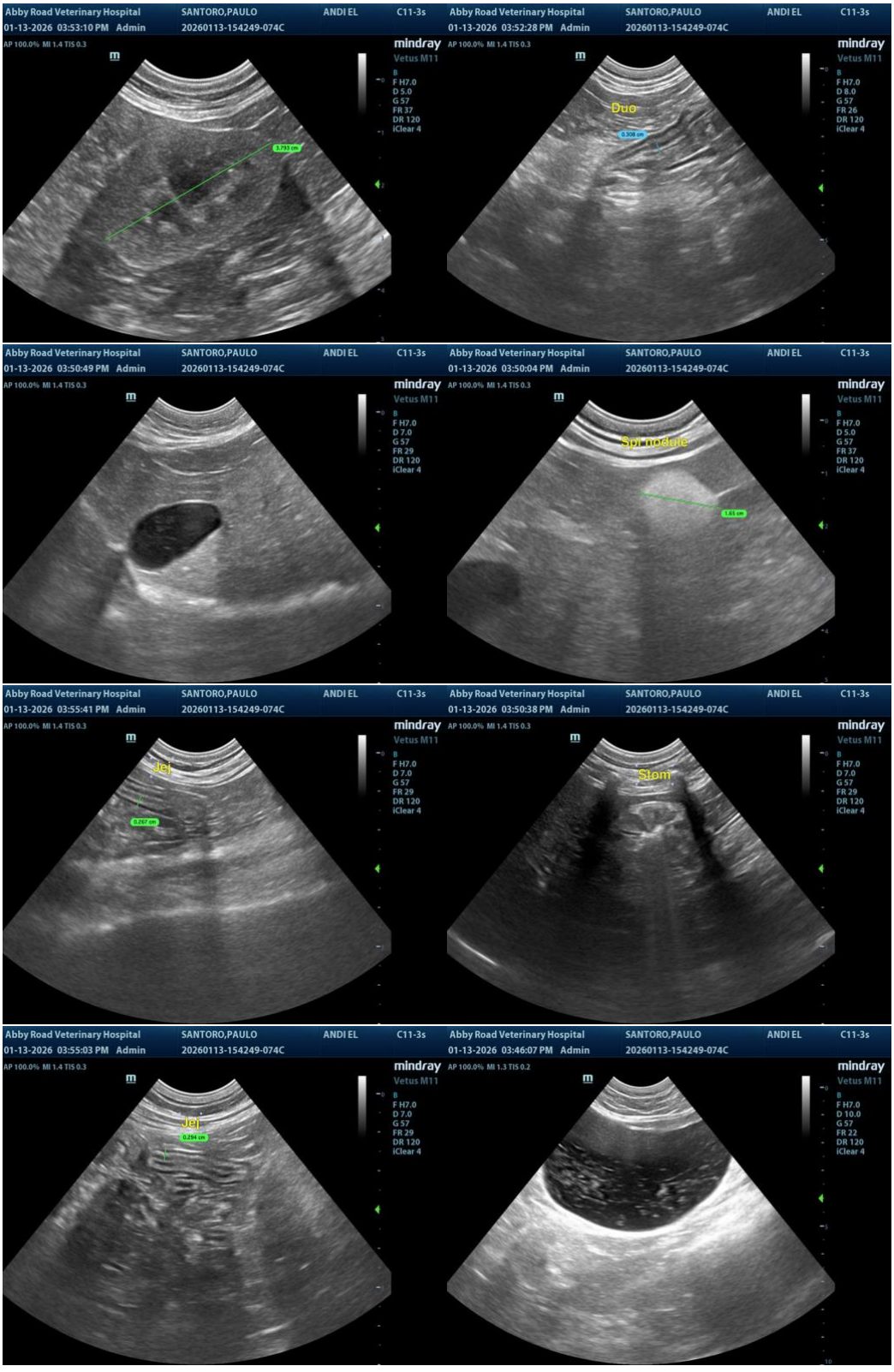

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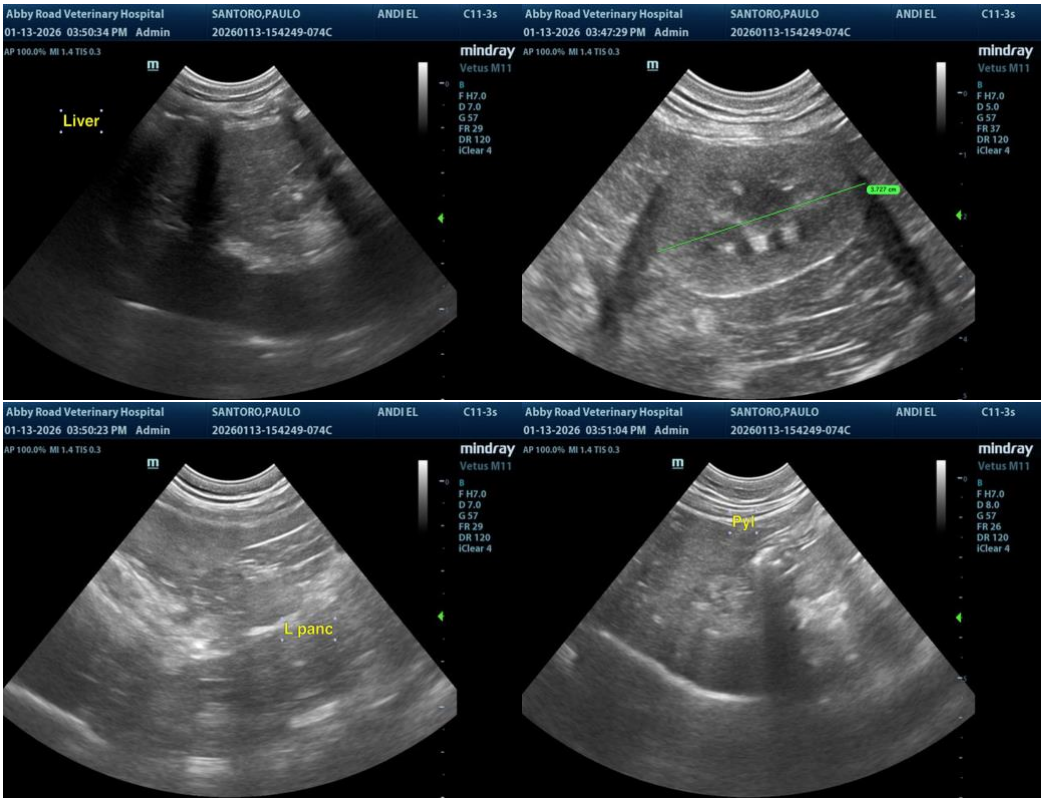

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com