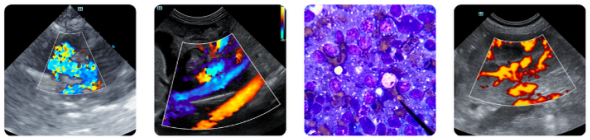

PATIENT

Castor Koinoff

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

15y

WEIGHT

6.99 kgs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

History: Castor has a prior history of chronic renal disease with some possible acute on chronic in May - June 2025 when he was IRIS stage 3, this has improved at this time and is now IRIS stage 1 with no significant uremia. There is also a history of several episodes of possible pancreatitis in 2020 and 2022. He presented on Jan 6, 2026, with a history of 24 hours of hiding, lethargy, anorexia and one episode of vomiting several days before. Bloodwork at that time showed an improvement in his previous uremia and mild to moderate hyperglobulinemia. He was treated supportively in clinic with SQ fluids, an injection of maropitant and mirtazapine to stimulate his appetite, he seemed to improve with this treatment. January 14, 2026, he presented again with similar clinical signs, at that time his appetite has been reducing over the previous week and there was some vomiting and significant lethargy. On exam the main finding was abdominal pain. A spec CPL was significantly elevated indicating possible pancreatitis. A urinalysis showed evidence of some possible mild infection with cocci bacteria and some blood seen on a dry mount of the urine. It was arranged for him to have an AUS the following day but this was delayed until Jan 16 due to weather. On Jan 16 he presented with pyrexia T=40.6, repeat blood work showed that his hct had dropped from 35 to 21, his hyperglobulinemia is persistent, and radiographs show evidence of a very large spleen and some loss of detail.

Abnormal PE/Chem/CBC/UA Results: See above

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

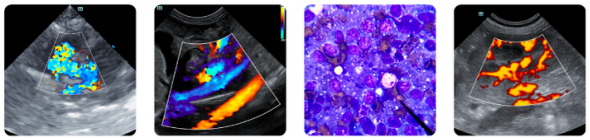
The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.4 cm.

Spleen

The spleen was borderline mildly enlarged in size with symmetrical contour and mild heterogeneous parenchyma. No definitive splenic masses visualized. The spleen measured 1.1 cm in diameter width level of the mid spleen.

Liver

The liver presented mildly enlarged in size with normal vascular volume. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver



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parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, well-demarcated to non-capsule deforming, hyperechoic to cystic nodules to small masses noted with an example measuring 2.4 cm in diameter. The gallbladder was non distended in size with mild, non-organized, gravity dependent, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

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 intestinal walls demonstrated intact borderline mildly thickened wall with propensity for mildly thickened muscularis layer. Minor altered wall layer ratio and empty gastrointetsinal lumen ot the level of the colon.

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

Pancreas

The pancreas was mildly prominent in size with mild capsule asymmetry with variable non-homogeneous remodeled parenchyma. Subtle right pancreatic limb nodules were present. Mild peripancreatic hyperechoic omentum.

Free Abdomen

No evidence of omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged non-homogeneous spleen - hyperplasia, hematopoiesis, inflammation, emerging to occult neoplasia, assuming non-sedated, all potentials
- Hepatomegaly with intermittent, hyperechoic to cystic intraparenchymal nodules/small masses - biliary cystadenoma, cystic nodular hyperplasia, biliary cystadenocarcinoma, all potentials
- Mild gallbladder debris
- Chronic/chronic active pancreatitis pattern with remodeling
- Intact mildly thickened small intestine with empty gastrointetsinal tract
- Mild chronic renal changes, normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, splenic and hepatic parenchyma/nodule to small mass FNA cytology warranted for further clarification. The small intestine exhibited mild thickened wall which although potential for patient variant suggests mild enteropathy, i.e. IBD or other potential for emerging to occult intestinal round cell neoplasia, i.e. lymphoma or multicentric neoplastic criteria not excluded. Pending sampling, a GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

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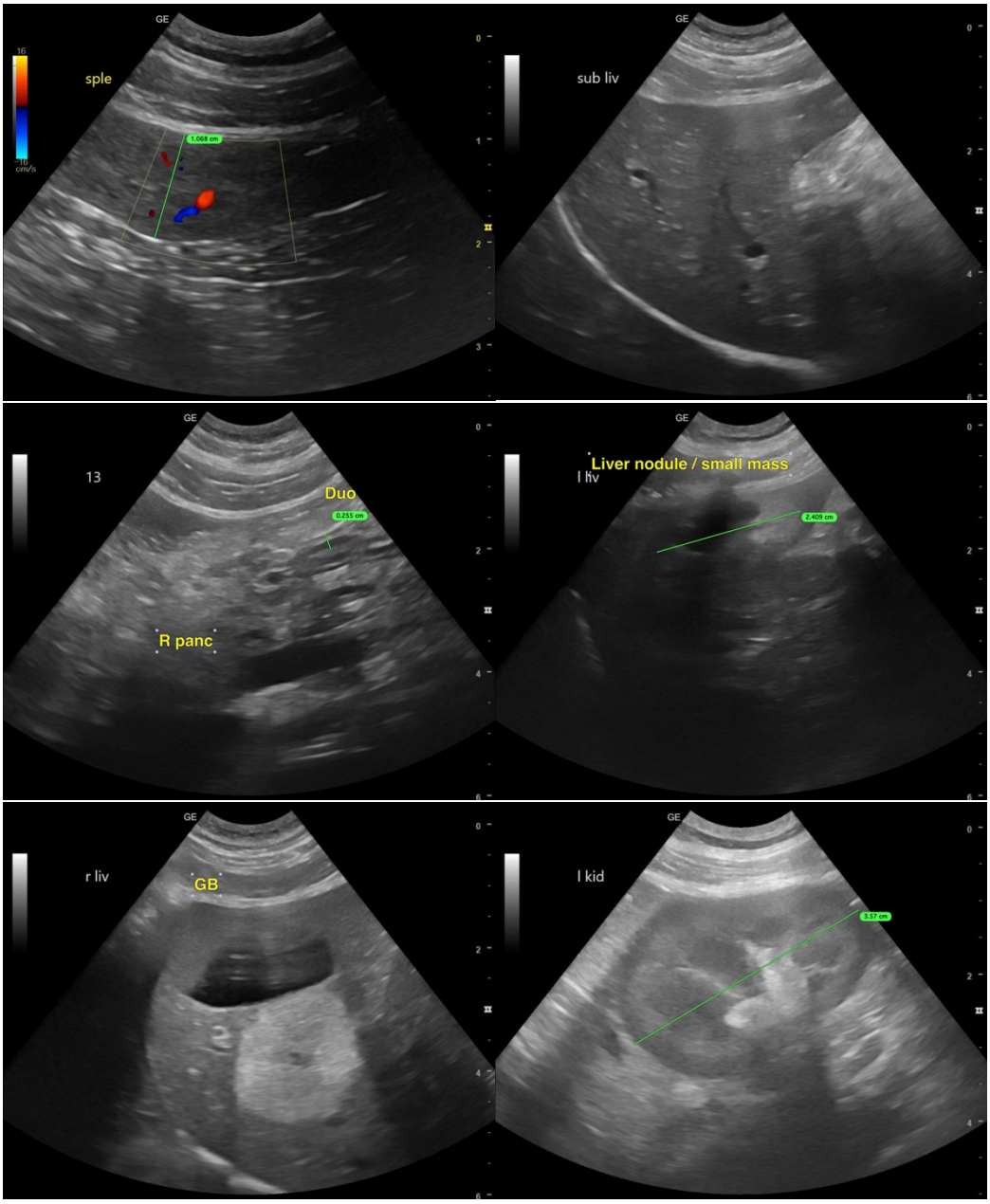

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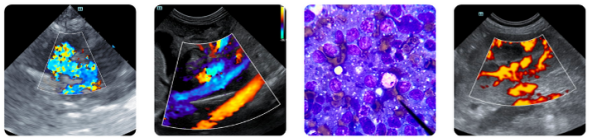

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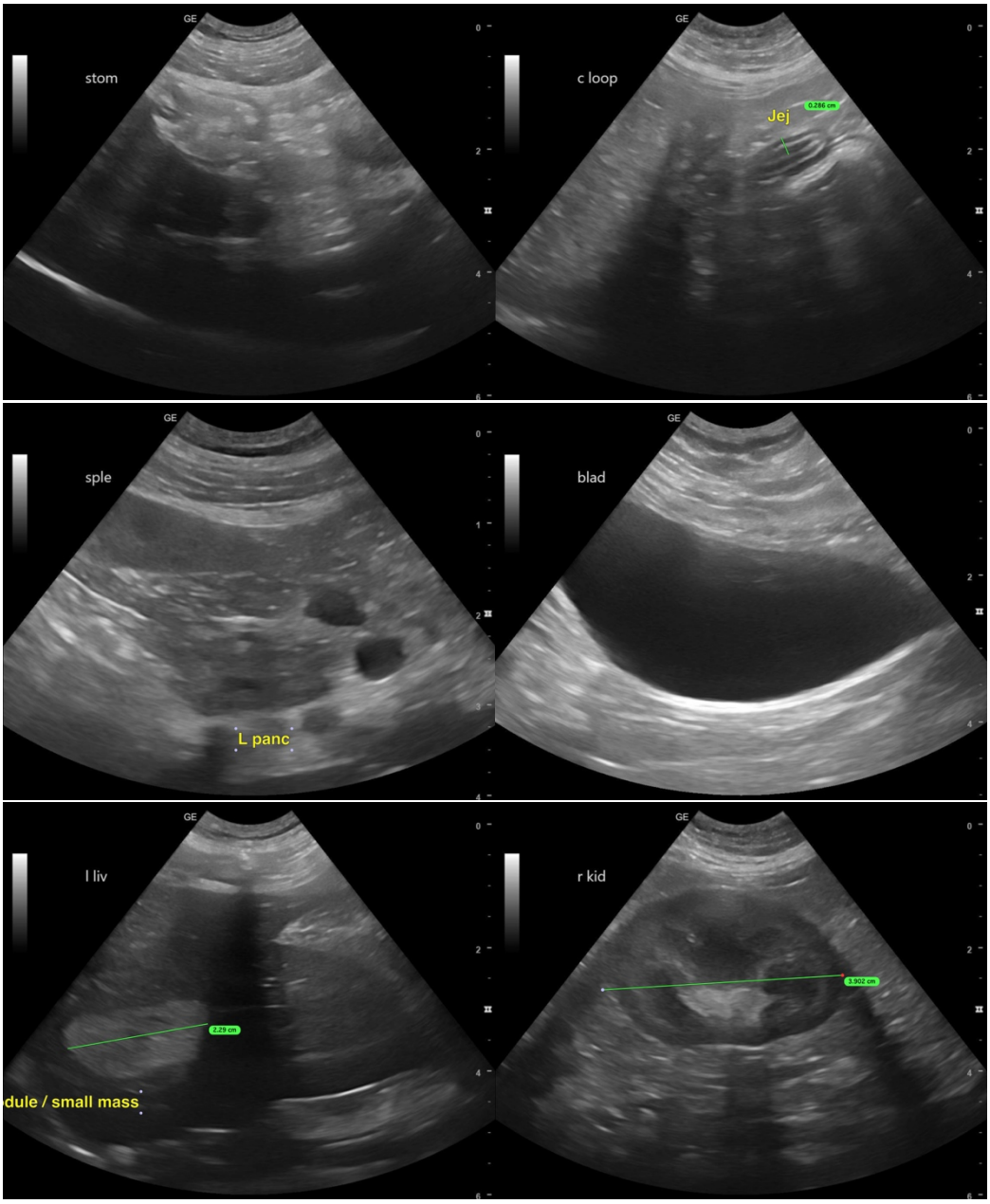

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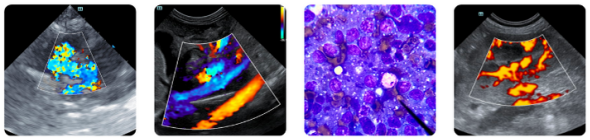

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com