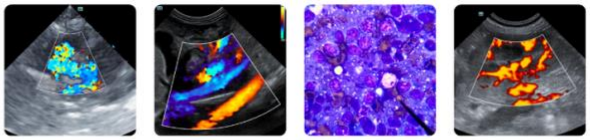


PATIENT

Monkey Carnes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

5.1 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13225

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Presented for acute anorexia since Monday following a second dose of dewormer, with progressive lethargy and one witnessed vomiting episode; owner reports increased oral fussing and possible nausea. Lethargic, dull

Abnormal PE/Chem/CBC/UA Results: @ rDVM @ 6p: CBC: Eos 0.13 (L) Chem: WNL Snap: FeLV/FIV negative @ HAEC Intake: EPOC: cSO2 81.2 (H) unremarkable. CONCLUSIONS: Normal abdomen. Radiographically occult pathology of the GI tract (e.g. gastritis, gastroenteritis) remains a consideration for this patient based on the clinical information available.

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. Dependent lumen 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

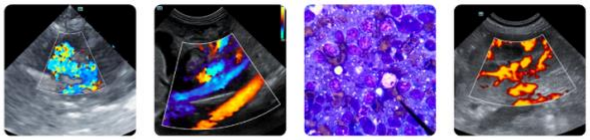
Spleen

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.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 wall layering with primarily maintained wall layer ratio with segmental propensity for mildly thickened jejunum with mildly prominent jejunal muscularis layer. Empty intestinal lumen without obstructive pattern to the level of the colon. The jejunum wall measured up to 0.27 cm to 0.28 cm wall width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

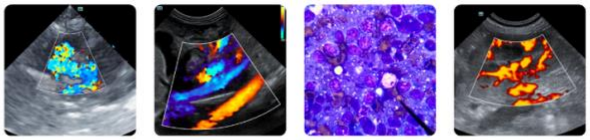
Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.7 cm x 0.63 cm.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Empty small intestine exhibiting intact normal to segmental mildly thickened wall.
- Intermittent mild mesenteric lymphadenopathy- suspect hyperplasia, mild lymphadenitis, secondary to inflammatory bowel episode.
- Normal area of the pancreas.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific inflammatory bowel episode with potential for emerging IBD, less likely emerging to occult intestinal neoplasia or FIP are all potentials. No evidence for surgical intervention was supportive care indicated. Empirical therapy for non-specific inflammatory bowel/gastroenteritis with clinical and as needed sonographic monitoring is recommended. Recheck sonogram if persistent or progressive gastrointestinal signs, evidence of weight loss or progressive lymphadenopathy. Urine culture and sensitivity, if evidence of inflammatory sediment/pyuria, is recommended.



SonoPath.com info@sonopath.com 1.800.838.4268

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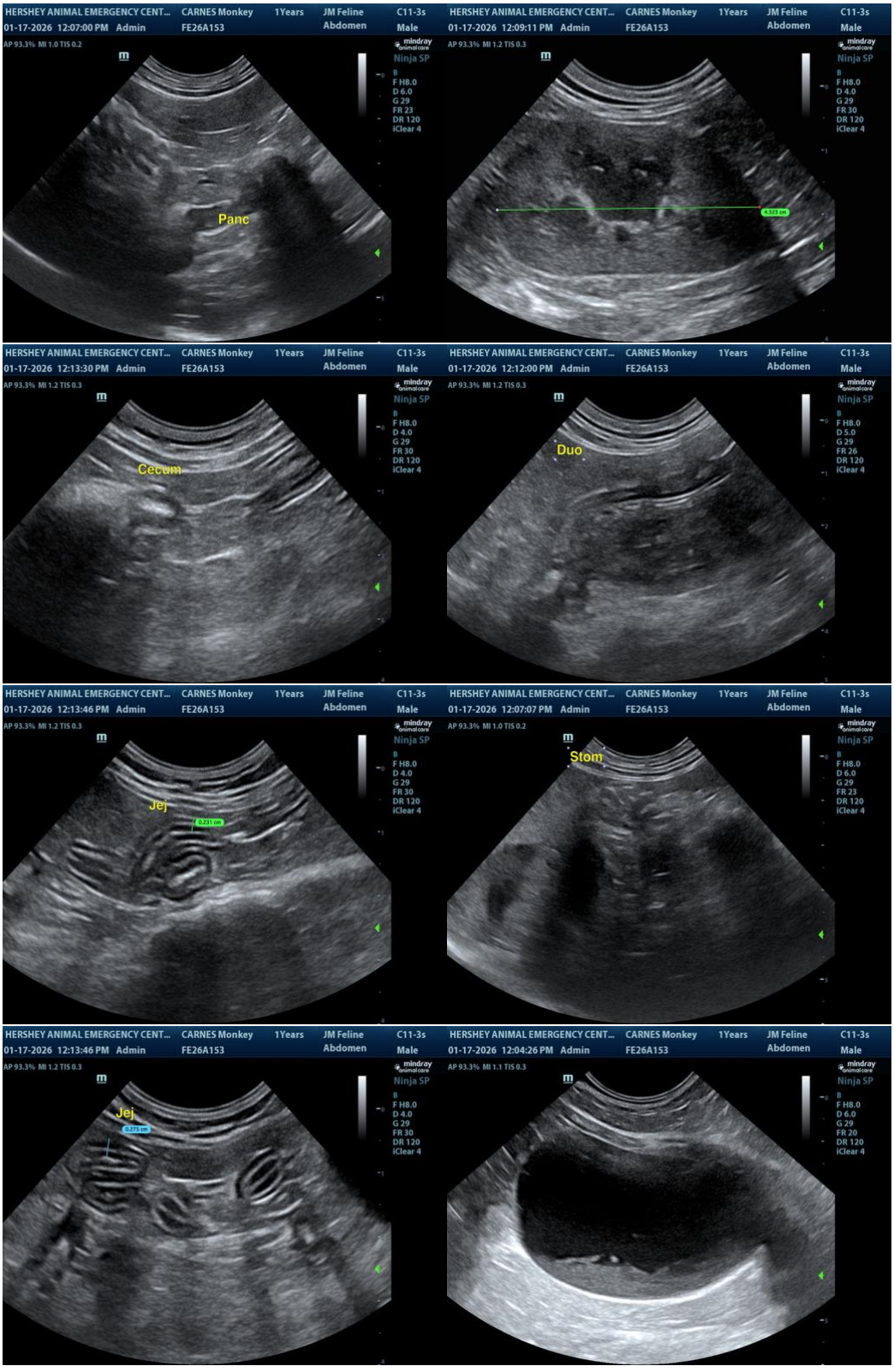

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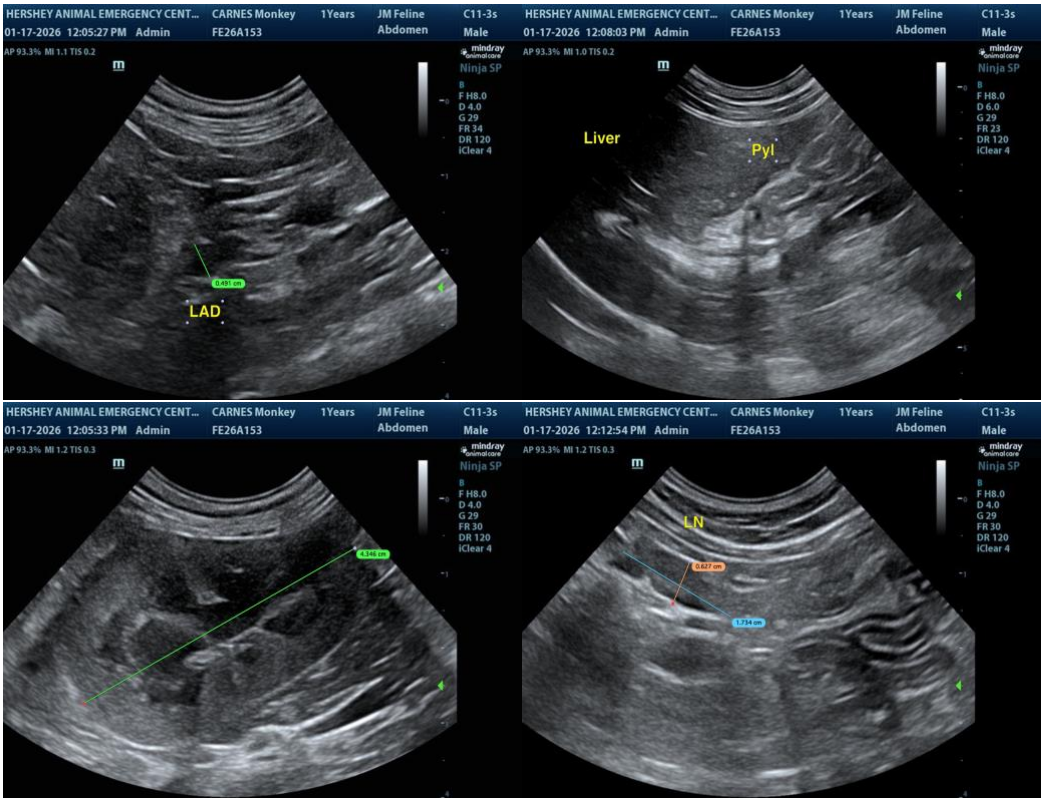

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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