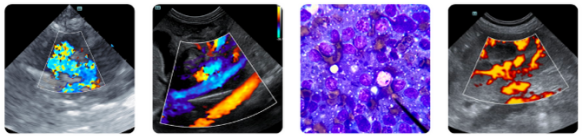


PATIENT

Royce Nowicki

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7y 6m

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

13149

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Concern for neoplasia
- GI issues
- V+ w/blood
- Current meds: GABA; Cerenia; (Torb/Midaz)

Abnormal PE/Chem/CBC/UA Results: GGT 6; Crea 0.6

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. Primarily dependent particulate 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.

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 3.9 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

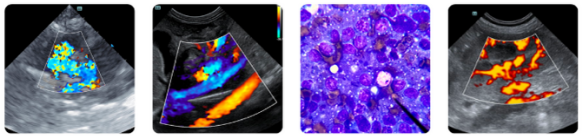
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

Spleen

The spleen was mildly enlarged in size exhibiting 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 1.3 cm width level of the mid spleen.

Liver

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 and was non-distended in size with mildly hyperechoic, progressively shadowing ingesta. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained wall layer ratio and non-thickened intestinal wall. Mild, segmental, non-obstructive ileus and concurrent segmental, mildly hyperechoic ingesta to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Minor, prominent colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic to peri-ileocolic hyperechoic omentum. An example of lymph node size was 1.0 cm in diameter. No evidence of peritoneal effusion present.

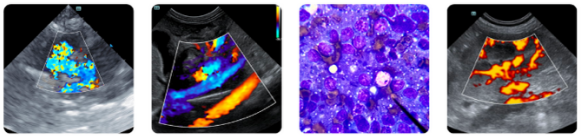
ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly – suspect secondary to sedation, potential incidental hyperplasia, hematopoiesis or inflammation, occult to emerging splenic neoplasia, all potentials
- Structurally normal gastrointetsinal tract with mild gastric and segmental intestinal ingesta and non-obstructive intestinal ileus
- Mild colic lymphadenopathy – suspect reactive hyperplasia or lymphadenitis, no

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of definitive or overt neoplastic criteria including no evidence of gastrointestinal mural pathology. Structurally normal gastroenteropathy with potential for mild to non-obstructive gastric and segmental metabolic ileus, non-obstructive hairball density or similar possible. No indication for immediate surgical intervention. If chronic or recurrent GI issues, a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Gastrointestinal support and +/- hairball therapy if clinically indicated with clinical and sonographic monitoring of gastrointestinal motility or persistent gastric and segmental intestinal ingesta is recommended. If persistent non-sedated splenomegaly or evidence of weight loss, splenic FNA cytology using 25-gauge needle and assuming normal clotting status is recommended.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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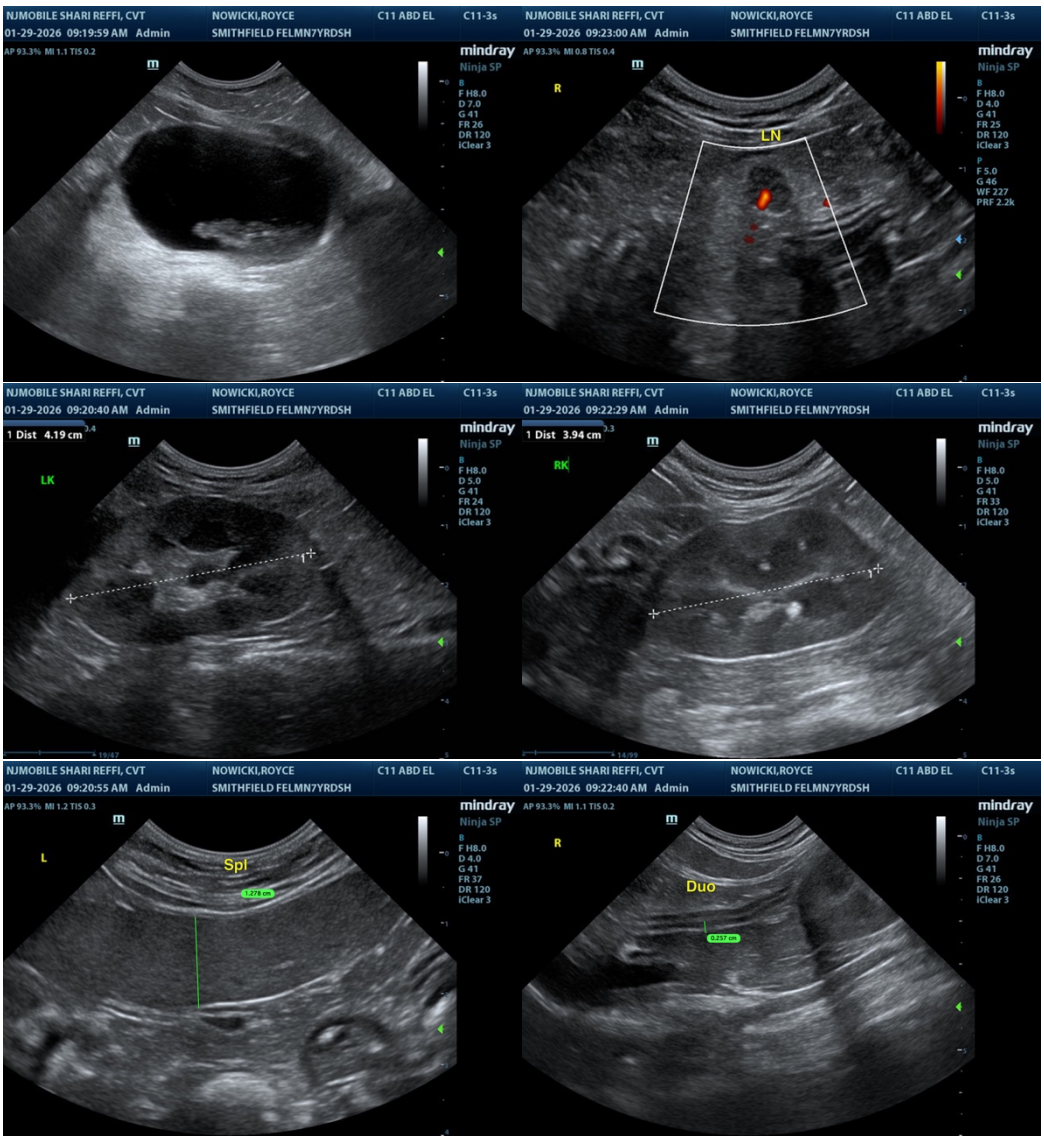

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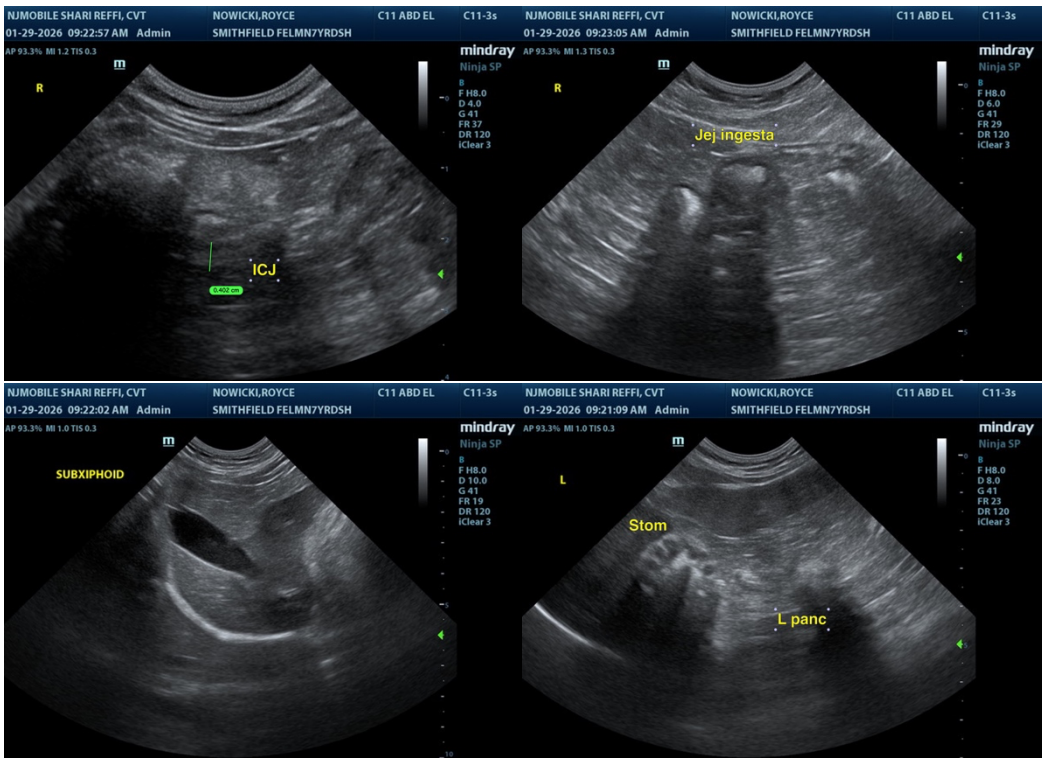

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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