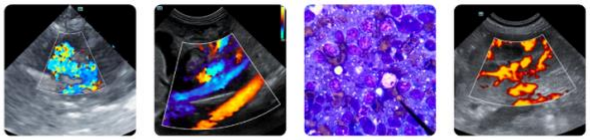


PATIENT

Magoo Labelle

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

6.6 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Mohamed Nasr

INVOICE

12937

DATE

01/03/2026

PRESENTING CLINICAL SIGNS

History of Chronic vomiting for several months. Frequency increased over the past few days and progressed to anorexia. Initial imaging showed food in stomach even after not eating for a couple of days. Resolution after 12 hours of supportive care (IV fluids and anti-nausea). Mineralization is noted in both kidneys and small stones are present in the bladder on radiographs. Patient ate over night at home.

CBC: Within normal limits. No evidence of infection or inflammation. Chemistry Panel: Kidney and liver values are normal. A mild increase in glucose is noted - likely due to stress.

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 change 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. Pinpoint to focal areas of mild medullary mineral were present bilaterally. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No evidence of pathology in the area of the left or right adrenal glands.

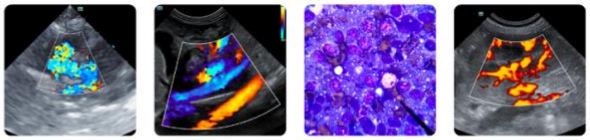
Spleen

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. A solitary noncapsule deforming nodule was present in the mid spleen exhibiting primarily hyperechoic parenchyma with subtle hyperechoic periphery measuring 0.64 cm in diameter. The spleen measured 1.0 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 common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without obvious evidence of obstruction to pyloric outflow. The pylorus wall measured 0.32 cm wall width.

The intestinal walls demonstrated intact mildly thickened wall layers with mild altered 1:3 muscularis / mucosa ratio owing to mildly prominent muscularis layer most notable in the jejunum. The duodenum wall measured 0.28 cm wall width. The jejunum wall measured up to 0.30 cm wall width.

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

Pancreas

The parenchyma of the left 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 mid abdomen mildly prominent to enlarged 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 1.3 cm x 0.36 cm. No evidence of peritoneal effusion or omental masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal stomach with nonshadowing gastric ingesta.
- Mild IBD intestinal pattern.
- Intermittent mild mesenteric lymphadenopathy.
- Normal area of the pancreas.
- Noncapsule deforming primarily hyperechoic splenic nodule- suspect hyperplasia or myelolipoma.

Secondary Findings

- Pinpoint to focal areas of mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is most consistent with food echogenicity in conjunction with the patient's history. No evidence of mechanical gastrointestinal obstruction i.e. foreign material or mural masses, etc. Mild potential for occult to emerging small intestinal round cell neoplasia not technically excluded yet thought less likely. A definitive diagnosis would require intestinal biopsies for histopathology. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Initial gastrointestinal support which may include novel protein or hydrolyzed diet, probable possible long term dietary therapy and as needed gastroprotectants with clinical and as needed sonographic monitoring if progressive gastrointestinal signs or weight loss, is recommended. Sonographic monitoring of the splenic nodule for evidence of progression is recommended.

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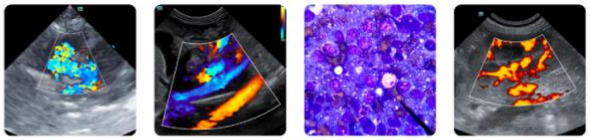

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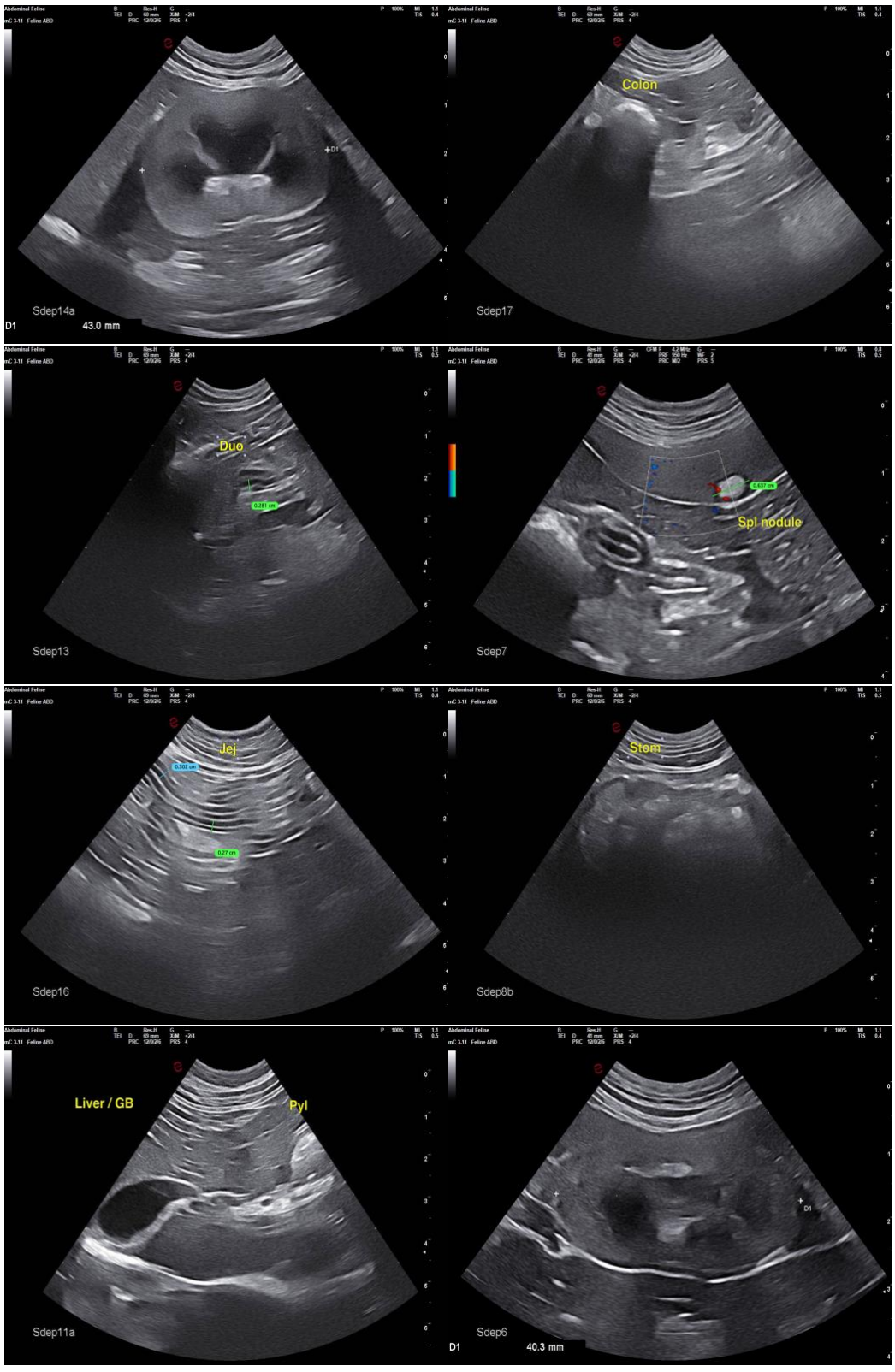

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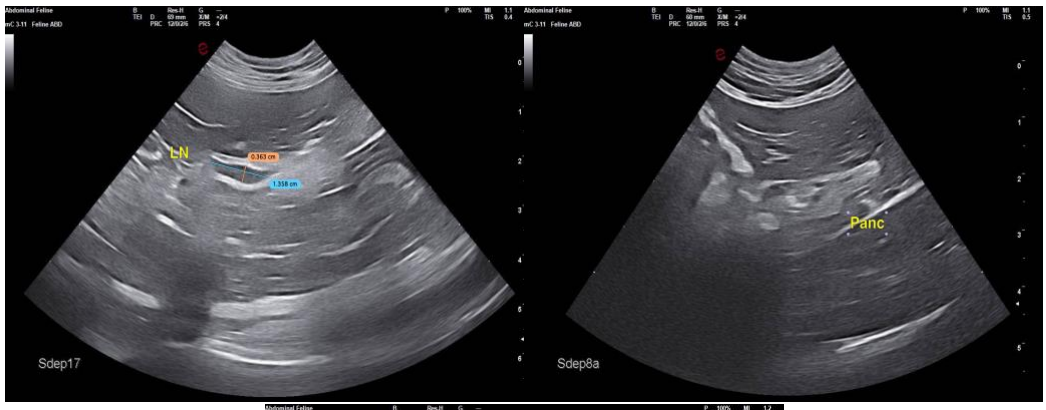

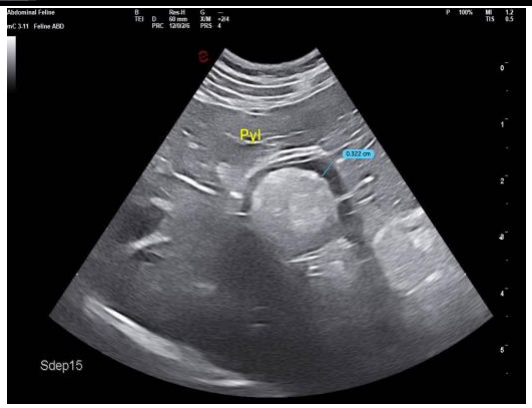

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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