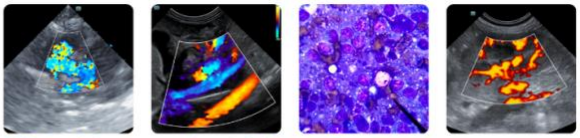


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Hazel Privatsky

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Hunt

INVOICE

12317

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented today for not eating for several days and vomiting. Hx of eating other cat's metabolic food at home recently. Previous history of treating for constipation with Lactulose and treating for pruritus with Hills Z/d food. Stools are black per O. Pain on palpation of cranial abdomen during exam. Baseline bw showed polycythemia with normal TP, normal specfPL. Concern for polycythemia with relatively normal BW. Concern for GI disease due to melena. Treating with fluids, Cerenia, buprenorphine, sucralfate. ABNORMAL Labwork Values HCT-60.1, HGB- 16.8, MCHC- 27.6, NEU- 1.28, EOS- 0.01

Current Medications: Mirtazapine last night

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 nondependent particulate to accumulated mild 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 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 3.5 cm in length with intermittent cortical infarcts.

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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

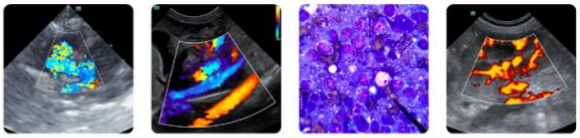
The spleen presented mildly enlarged in size, symmetrical contour and maintained homogenous parenchyma. The spleen measured 1.4 cm width level of the mid spleen.

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.

Gastrointestinal



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The stomach presented intact wall layering. The stomach contained a mild amount of retained anechoic fluid.

The small intestine presented overall intact nonthickened wall exhibiting maintained wall layer ratio. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.32 cm width. A segment of unspecified intestine in the mid abdomen medial to the spleen exhibited intact subjective mild thickened wall layering with thickened intestine wall measuring 0.32 cm wall width. No evidence of intestinal mechanical/metabolic ileus.

The colon was indistinctly visualized yet no overt evidence of colonic distention with fecal matter.

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

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

ULTRASONOGRAPHIC FINDINGS

- Primarily structurally unremarkable gastrointestinal tract with mild nonobstructive hypomotile stomach.
- Unspecified mildly thickened intact intestine mid abdomen.
- Mild splenomegaly.
- Chronic renal changes with left kidney cortical infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, foreign material or active pancreatitis. The unspecified mildly thickened yet intact intestine segments may indicate small or large intestine with considerations including inflammation, infectious disease, while potential emerging neoplastic criteria is not definitively excluded. Splenic hyperplasia, hematopoiesis, inflammation or occult to emerging splenic neoplasia, assuming patient is nonsedated, are all possible. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) splenic FNA cytology and consideration for CBC pathology review given reported polycythemia. Gastrointestinal support which may include dietary therapy, gastroprotectants and empirical deworming with clinical monitoring of gastrointestinal response with concurrent sonographic monitoring of the gastrointestinal tract, specifically the unspecified thickened intestinal segments, for evidence of progression is recommended.

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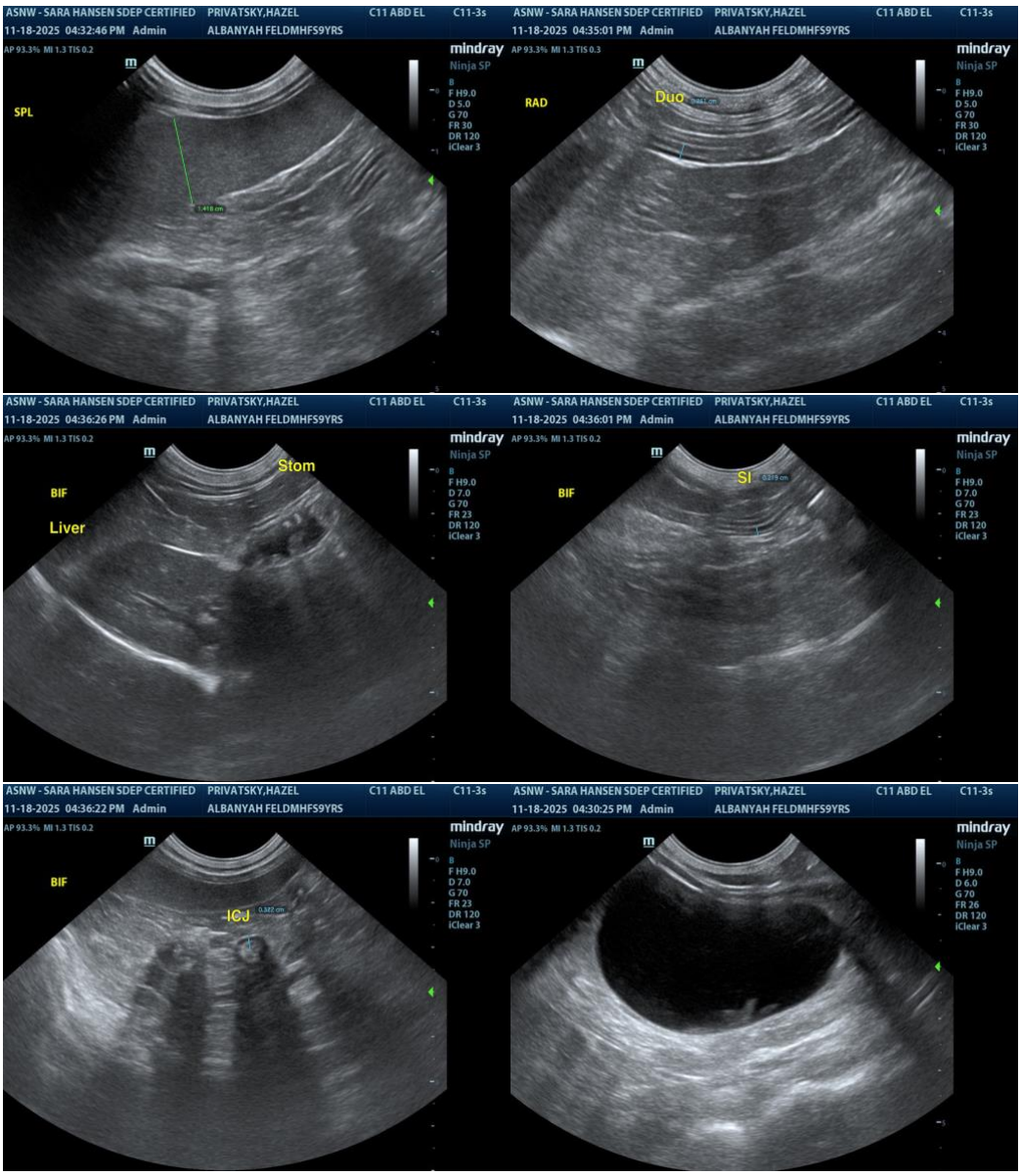

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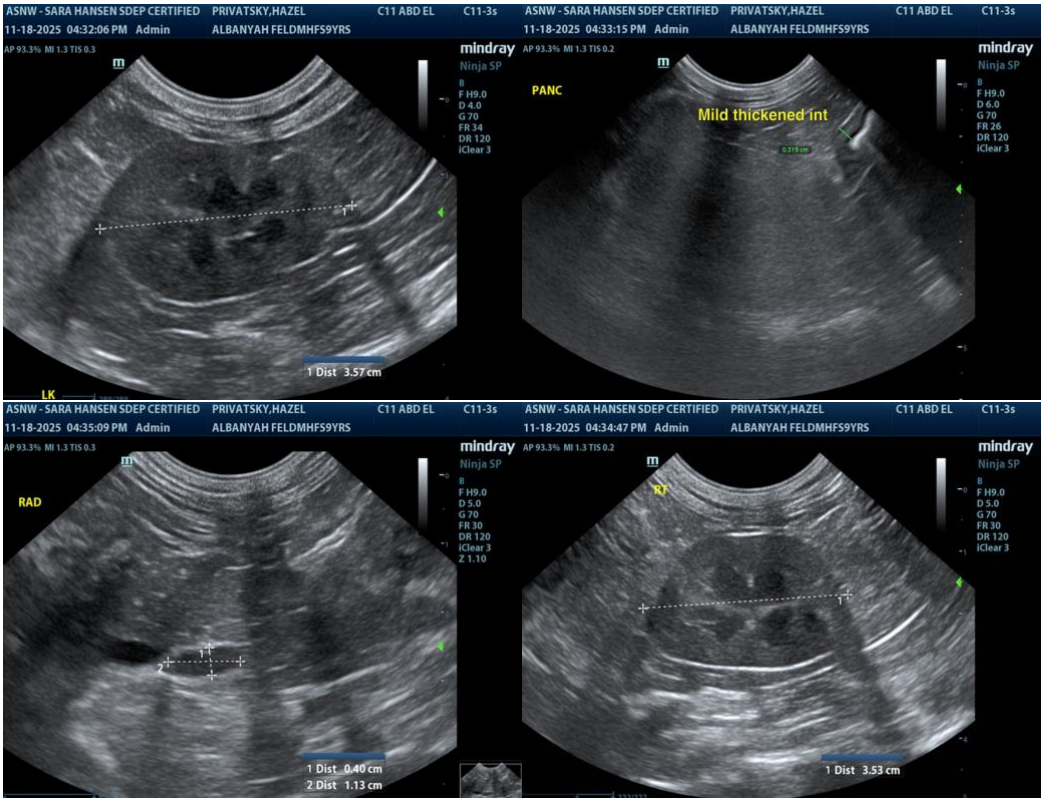

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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