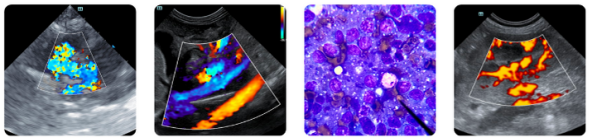


PATIENT

Teddy Lawrence

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

15 yrs 5 mos

WEIGHT

3.4 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing ER

INVOICE

12834

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate anorexia, abdominal pain. Currently hospitalized, was not responding to treatment but today started showing interest in food. Plan to give mirtazapine. Several days history of anorexia, no significant bw changes other than hypokalemia. PE also noted Uveitis OS and Horner's OS.

Hosp mgmt: mirtazapine, cerenia, buprenorphine, gabapentin, IVF

Abnormal PE/Chem/CBC/UA Results: ER Diagnostics: - PCV/TS: 28%/ 6.2 - CBC: Hct41.9%, Plts 59 L - UA: USG > 1.050, trace pro, Bld 2+, inactive sediment - Chem: Alb 3.3m Glob 5.0, Cr 1.2, BUN 29, Phos 3.9, Na 161, Cl 115, K 3.7 --> 4.0, ALT 69, ALP 22, T. bili 0.3

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. Mild to moderate, non-dependent to mobile, echogenic to 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 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 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

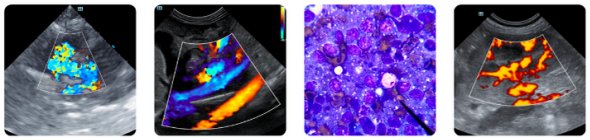
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. No evidence of adrenal tumors. The left adrenal gland measured 0.45 cm and the right adrenal gland measured 0.46 cm.

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. The spleen measured 0.92 cm width level of the mid spleen.

Liver

The liver presented subjective mild enlargement in size with maintained symmetrical contour. Homogeneous mild increased hepatic parenchyma echogenicity compared to the spleen exhibiting mild coarse echotexture. No mass or nodules present. Normal hepatic and cranial abdomen caudal vena cava volume without evidence 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.



SonoPath.com info@sonopath.com 1.800.838.4268

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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 overall intact wall layering exhibiting borderline thickened segmental jejunum and subjective decreased mural echogenicity. Duodenum wall measured 0.25 cm and jejunum wall measured up to 0.27 cm.

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

Pancreas

The left pancreas was normal in size with capsule asymmetry and mild heterogeneous remodeled parenchyma exhibiting mildly prominent pancreatic duct.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 1.1 cm in diameter. Scant perihepatic effusion was present.

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

PRIMARY FINDINGS

- Chronic pancreatitis pattern
- Non-congested mildly enlarged hyperechoic liver, sonographically unremarkable gallbladder
- Nonspecific subjective acute enteropathy
- Intermittent, mild mesenteric lymphadenopathy
- Scant perihepatic effusion and transdiaphragmatic comet tail artifact

SECONDARY FINDINGS

- Urinary bladder sediment
- Chronic renal changes
- Bilateral minor dystrophic adrenal mineralization – normal age-related variant in cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant active pancreatitis, nonspecific acute enteritis, IBD or other inflammatory enteropathy, infectious enteritis, emerging to occult intestinal neoplasia, all potentials. Assuming normal clotting status and using 25-gauge needle, screening hepatic FNA cytology to ass for occult disease given short half-life of hepatic enzymes in cats in conjunction with 3-view chest radiographs and neurological examination is recommended.

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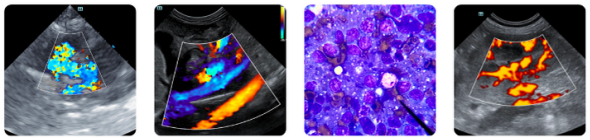

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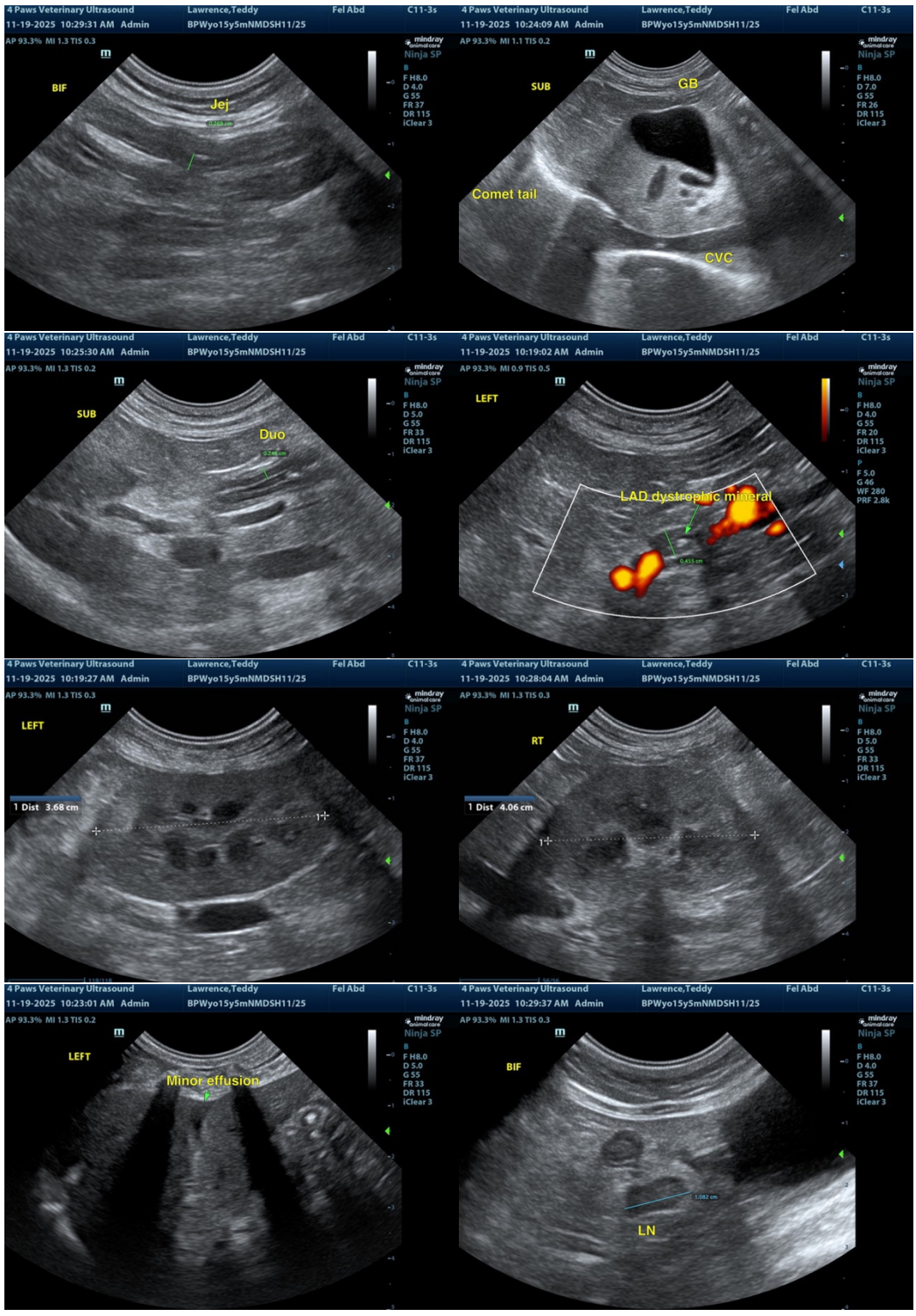

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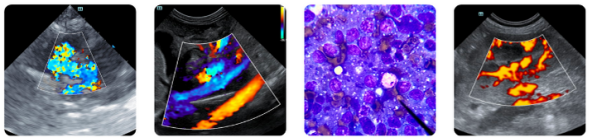

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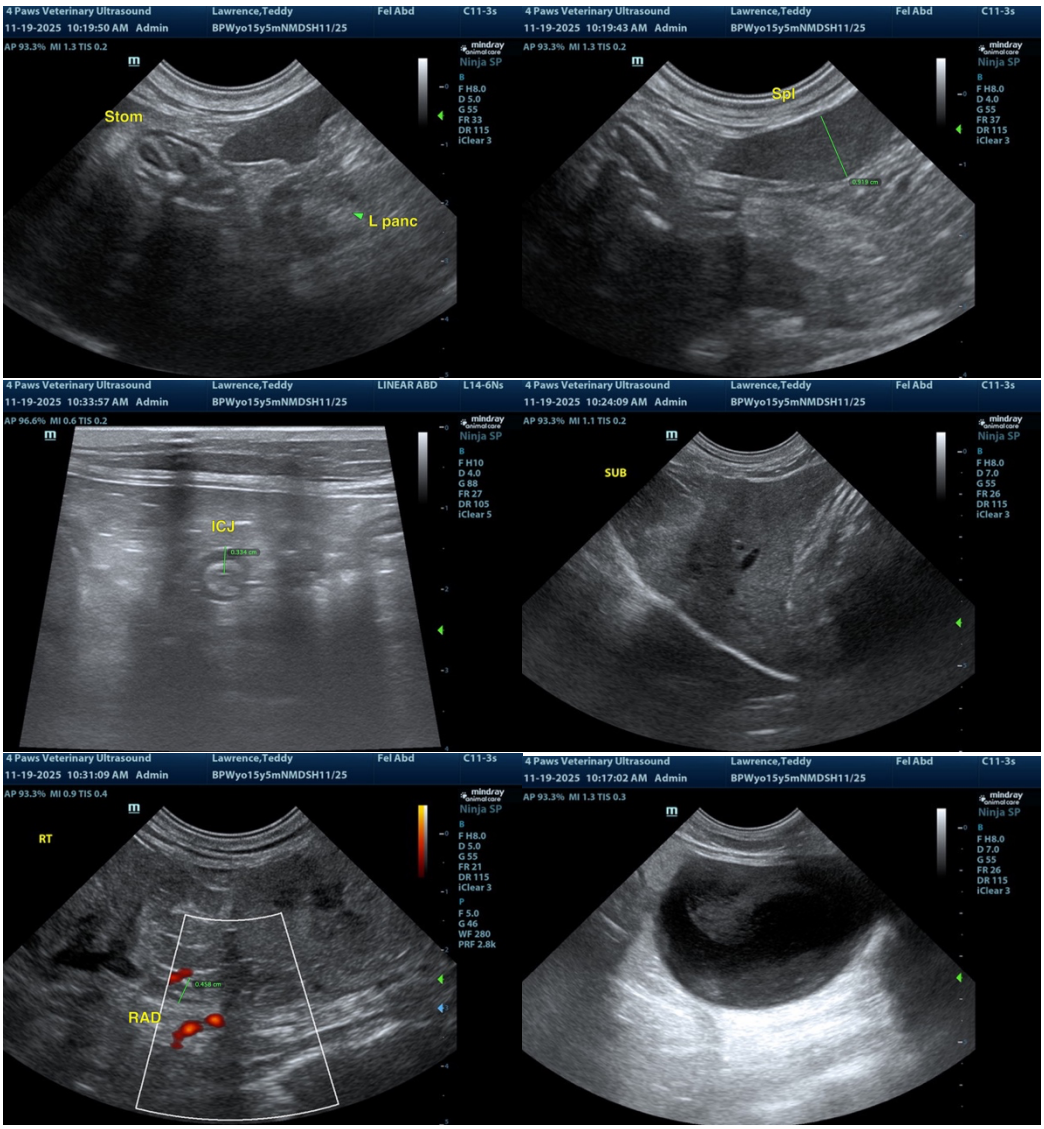

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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