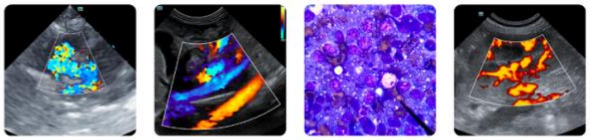

PATIENT

Seamus Lykes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

22 weeks

WEIGHT

5.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Remon Boules

INVOICE

12139

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Presented for abdominal distention, and ringworm, ravenous appetite. Owner stated adopted 3 weeks ago, no vomiting and diarrhea.

Abnormal PE/Chem/CBC/UA Results: PE: cloudy eye OU, wheezing, ringworm lesion on backside, distended abdomen, doughy feel like on abdominal palpation.

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.

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 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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

The liver presented subjective mildly enlarged, symmetrical mildly rounded capsule contour with maintained homogenous parenchyma exhibiting mild coarse echotexture. Normal vascular volume was maintained. No mass or nodules were evident.

The gallbladder appeared to be divided into two compartments, both containing anechoic content with possible dilated cystic duct overlaying the body of the gallbladder. The common bile duct was not definitively visualized.

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 yet thickened intestinal wall. Empty intestine lumen without obstructive pattern to the level of the colon. Small intestine wall measured 0.26 cm to 0.28 cm wall width.

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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

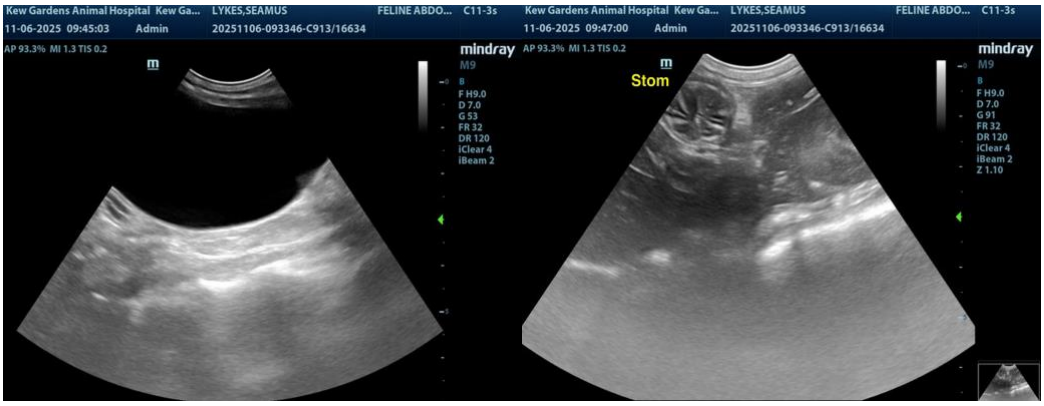
Mid abdomen mildly swollen homogenous mildly hypoechoic mesenteric lymphadenopathy was present measuring 2.3 cm x 1.6 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild noncongested hepatomegaly.
- Possible bi-lobed gallbladder versus nonobstructive cystic duct dilation.
- Intact mildly thickened small intestine.
- Mid abdomen mildly swollen hypoechoic mesenteric lymphadenopathy- significant hyperplasia or immunologic immaturity, lymphadenitis, granulomatous lymphadenopathy, neoplasia all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given shirt half-life of hepatic enzymes in cats and assuming normal clotting status, hepatic and lymph node FNA cytology (using a 25-gauge needle) +/- culture/sensitivity are recommended for further clarification. A GI panel to include PLI, TLI, cobalamin and folate is suggested given reported ravenous appetite and if gastrointestinal signs. No current evidence of peritoneal effusion which may suggest FIP criteria yet sonographic reassessment is indicated if progressive clinical signs or abdominal distention.



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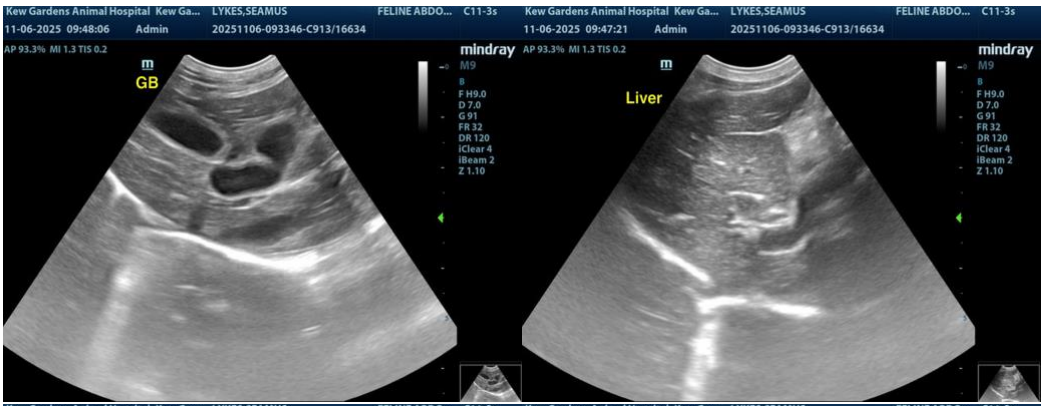

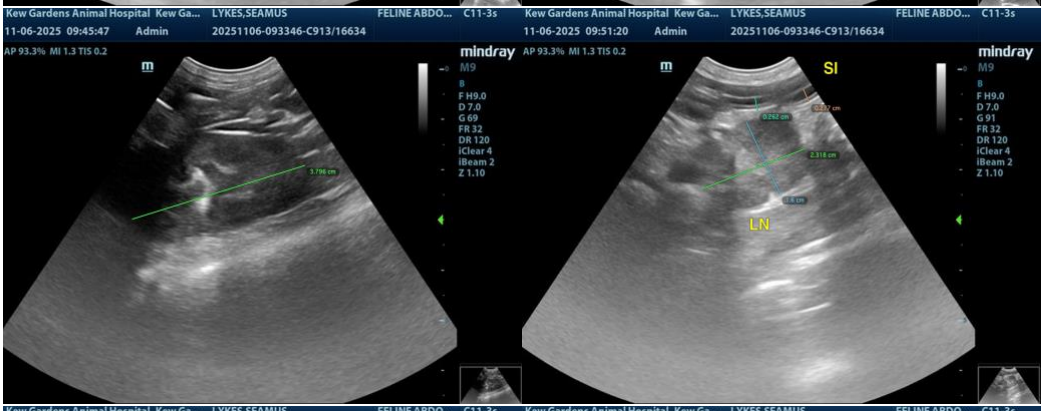

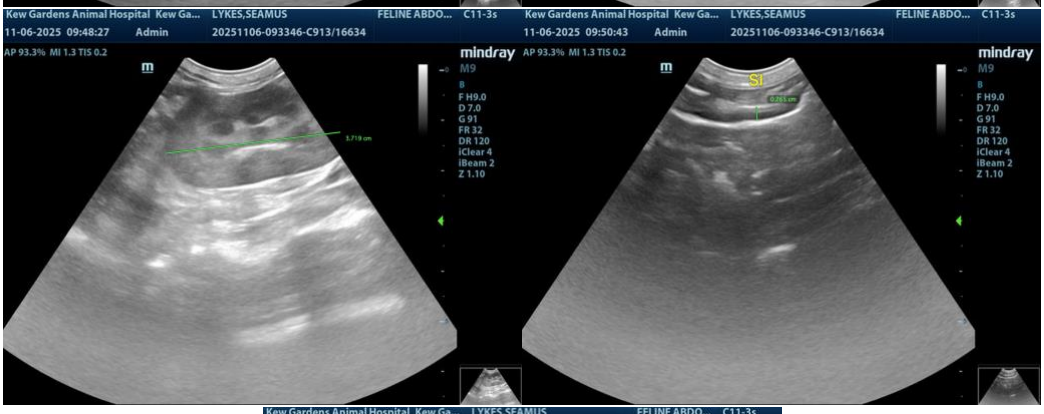

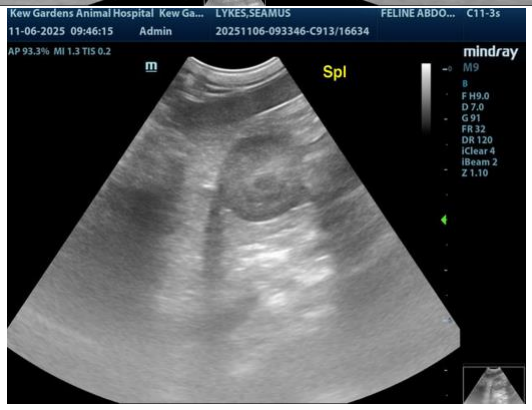

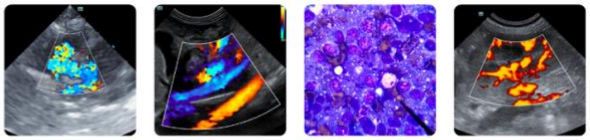

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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