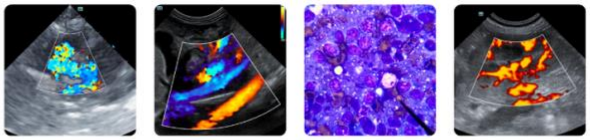

PATIENT

Bower Carr

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

4.87 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

12140

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11/07/25

PRESENTING CLINICAL SIGNS

v+ pink foam twice- once last friday and once this AM, today contained blood flecks and small piece of chewed plastic wrap e/d/ur/BM norm per o Slight prolonged skin tent, tacky mucous membranes EPOC: BE -5.9 L, Potassium 3.4 L CBC: Unremarkable Chem15: BUN 15 L, Globulin 5.3 H, ALT 401 H Catalyst pancreatic lipase: 1.4

Abnormal PE/Chem/CBC/UA Results: Abd/thoracic rads: a focal ovoid soft tissue opacity in caudal abd just cranial to the ur bladder, measuring approx 2.3 cm x 1.6 cm on the right lat projection, and giving an impression may arise from a sm intestinal segment. This opacity is less discretely ovoid and more segmental/tubular on the left lateral projection and is not discretely identifiable on the VD projection. Concl: 1. Focal soft tissue opacity in the caudal abd, questionably confluent with the small intestines. may represent a mass (e.g. neoplasia such as lymphoma or carcinoma, benign etiologies such as eosinophilic granuloma/sclerosing fibroplasia), or the appearance of passing luminal material. The latter seems less likely given the uniform soft tissue opacity and absence of assoc segmental distention or gas.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

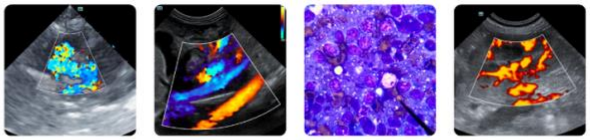
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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 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.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not 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 overall intact wall layering with normal wall layer ratio and nonthickened wall. Generalized empty intestine lumen to the level of the colon. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.30 cm width.

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

Indistinct to unspecified overall isoechoic to nonhomogenous suspected lesion in the caudal abdomen was present adjacent to caudal abdomen small intestine segments and cranial to the urinary bladder measuring approximately 1.3 cm in diameter. No evidence of lesion mineralization or surrounding inflammation. No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall, sonographically unremarkable gastrointestinal tract/colon.
- Normal area of pancreas.
- Suspect indistinct to unspecified small caudal abdomen lesion adjacent to caudal abdomen small intestinal segments and cranial to the urinary bladder- small intestine or omental granuloma, small nonclinical diverticulum, emerging steatitis or emerging nodular fat necrosis favored. The lesion did not obviously suggest neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small yet indistinct caudal abdomen lesion is suspected to correlate with the lesion or area noted on radiographs yet is nonspecific. No evidence of associated adjacent intestinal mural pathology or associated obstruction to intestinal flow. No evidence of gastrointestinal obstructive pattern or foreign material. Gastrointestinal support which may include as needed gastroprotectants and dietary trial with monitoring of gastrointestinal response and sonographic reassessment of the small unspecified lesion in 4 weeks or sooner if progressive gastrointestinal signs is recommended.

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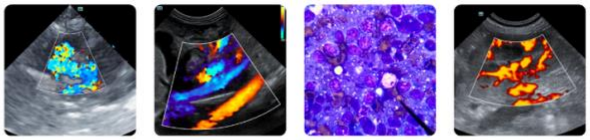

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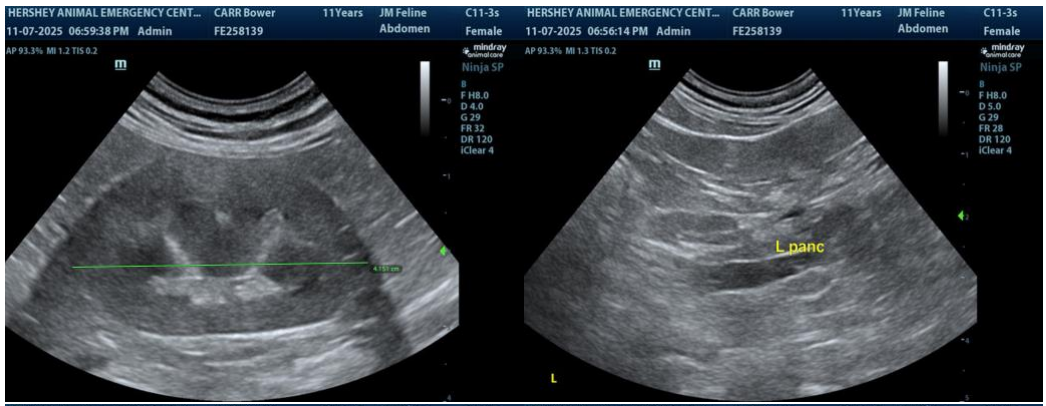

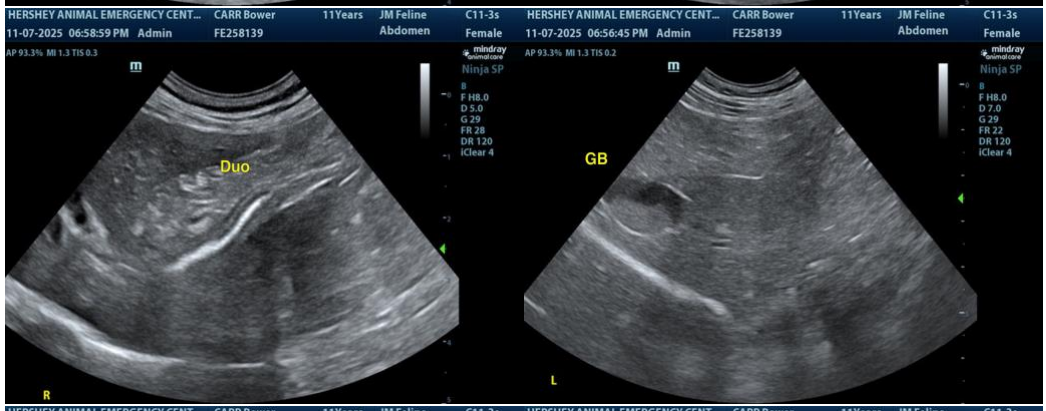

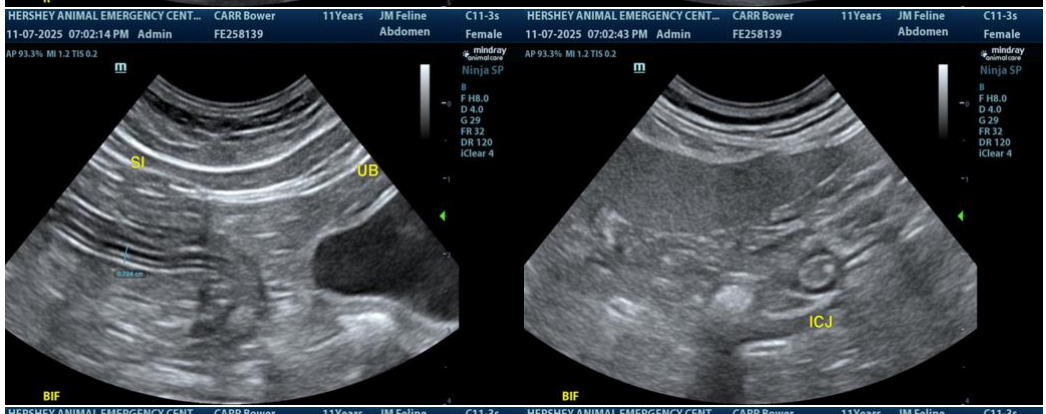

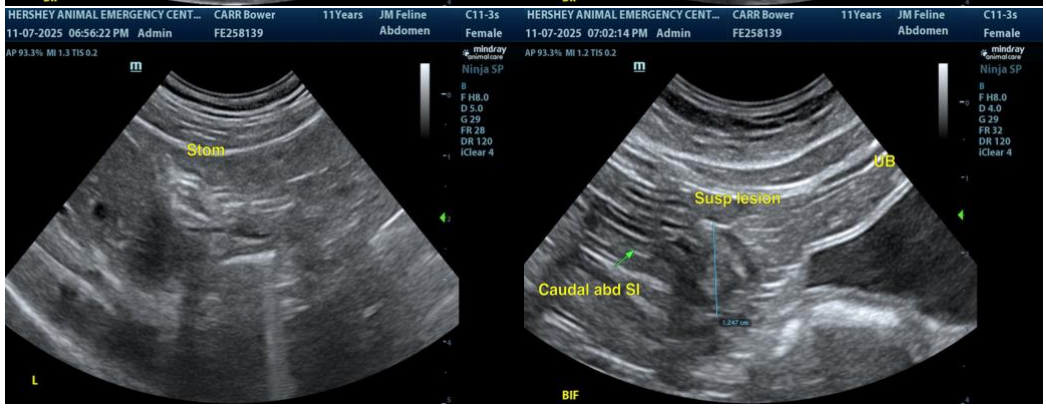

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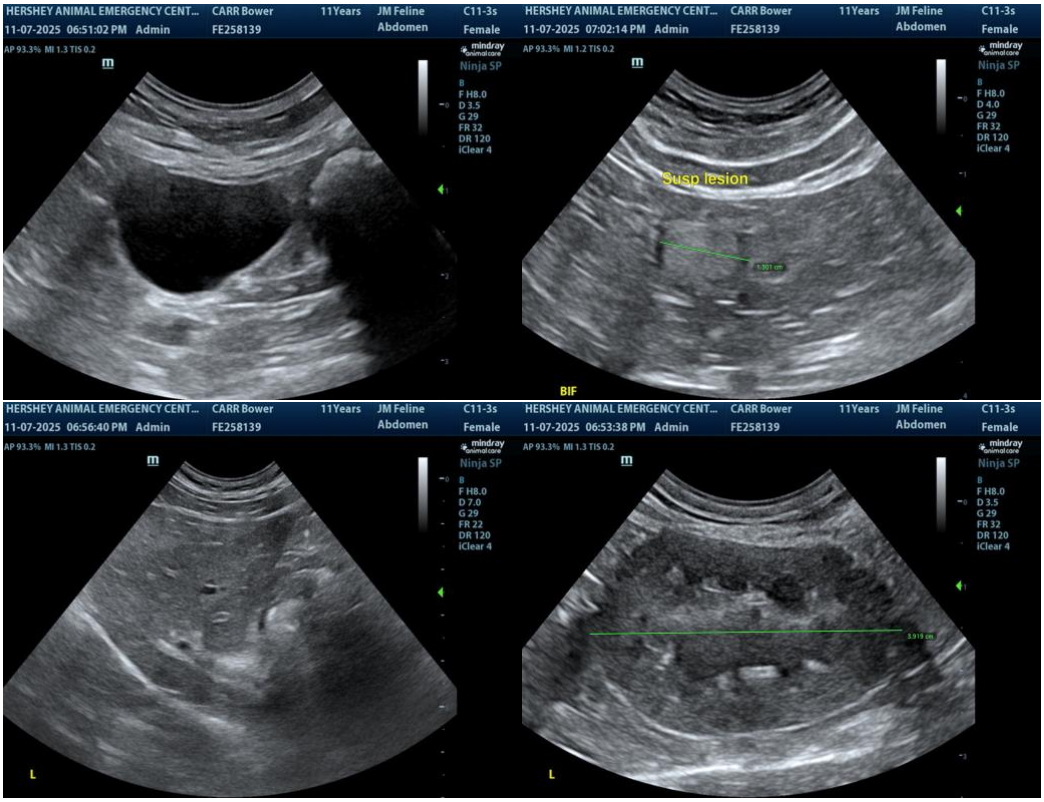

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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