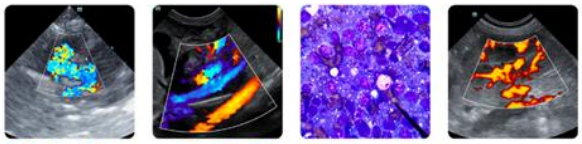


PATIENT

Mucho Forry

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4.5yr

WEIGHT

3.42kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Lisa Miller

INVOICE
23076

DATE
12/01/2025

PRESENTING CLINICAL SIGNS

P has been up and down in weight for the past several months. O noticed today that P had a film over his R eye. RDVM recommends AUS to r/o blockage. Blood work was WNL per O. In addition to the above, the owner reports Mucho's weight loss problems started in 2/2025. He was tested for FELV/FIV years ago. He is indoor only. He has been eating and drinking normally with no vomiting or diarrhea. The owner is here today, because she was freaked out by the "film" over Mucho's right eye today and her rDVM informed her the next diagnostic step would be an abdominal u/s. history of heart murmur. *concern for Chronic weight fluctuations - r/o gastrointestinal neoplasia, inflammatory bowel disease, FIP; Third eyelid protrusion OD - r/o neurologic disease, orbital disease, systemic illness; Leukocytosis with mature neutrophilia (WBC 28,000) - r/o inflammatory process, neoplasia, stress response; Hypokalemia - r/o gastrointestinal losses, dietary deficiency, renal disease; Mild hyperglycemia - r/o stress response, early diabetes mellitus, systemic disease; FUO

Abnormal PE/Chem/CBC/UA Results: *PE: Temp 106; eyes: Abnormal OD, Protruding third eyelid; Muscle atrophy, Full body muscle atrophy; Unthrifty, unkempt coat; Heart Murmur, Grade II/VI systolic, pmi caudal sternum *FELV/FIV test: Negative x 2 *fPL: < 1.0 ng/dL (normal) *T4 level: 1.7 ug/dL (normal) *CBC: Leukocytosis, WBC 28.7k, characterized by a mature neutrophilia 27.52 *EPOC: Minimally decreased Na+ 143 mmol/L and K+ 3.2 mmol/L Elevated lactate 3.37 mmol/L and BG 282 mg/dL *Chemistry: Decreased Ca2+ 8.0 mg/dL. Elevated BG 286 mg/dL *rads: Normal heart, trachea, and lungs. Significant loss of detail throughout the entire abdomen. All you can see is gas in the GI tract. *u/a: protein 2+ (100), pH 6.0, usg >1.050, signs of inflammation; no bacteria or crystals

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.0 cm in length.

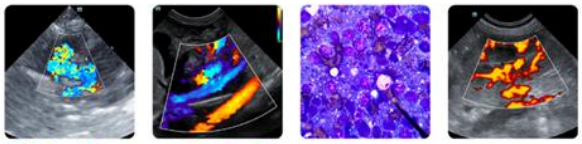
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The area of the right adrenal gland was free of obvious pathology.

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 0.68 cm in width at the level of the mid spleen.



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Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Potential for borderline prominent hepatic vascular volume. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

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 borderline to mild variably thickened wall. Concurrent segmental propensity for mildly prominent muscularis and mucosa layers. The small intestinal wall measured 0.27-0.35 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly prominent to enlarged mesenteric lymph 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).

Intermittent minor pocket of peritoneal effusion present.

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact mild to variably thickened small intestinal wall.
- Intermittent mild mesenteric lymphadenopathy.
- Hepatomegaly with possible mild hepatic congestion.
- Minor gallbladder debris.
- Scant peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mural changes suggestive of inflammatory criteria i.e. IBD or other inflammatory enteropathy and suspect mild benign mesenteric lymphadenopathy. The potential for emerging intestinal neoplasia or FIP and early neoplastic or granulomatous lymphadenopathy thought less likely yet may present in a similar sonographic manner. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Given the short half-life of hepatic enzymes in cats and assuming normal clotting status, hepatic FNA cytology using a 25 ga needle is warranted if the patient is non-sedated. A fructosamine level may be considered if clinically indicated. Definitive diagnosis may require intestinal biopsies for histopathology.

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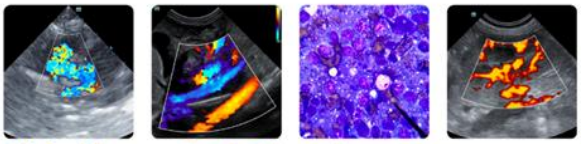

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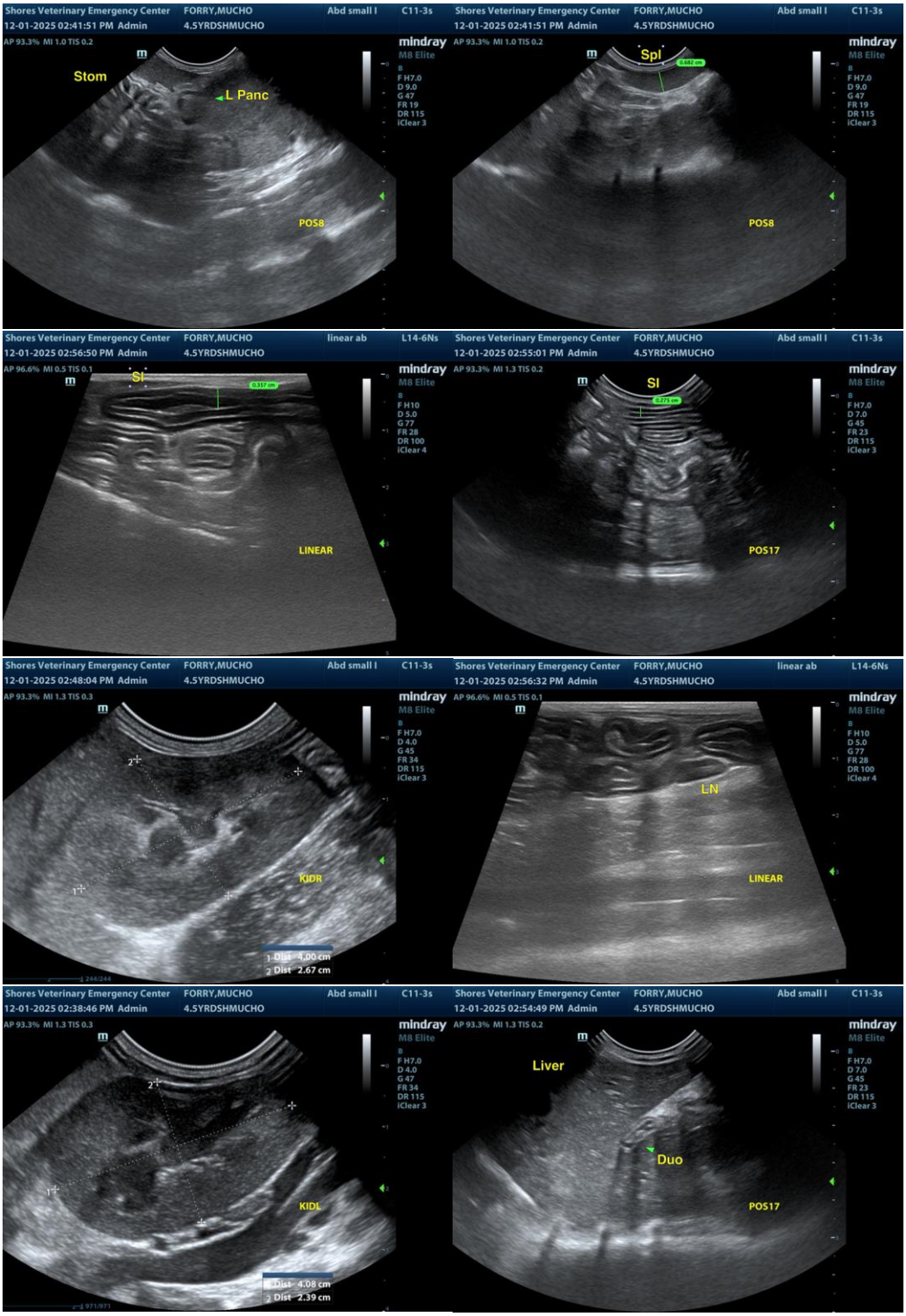

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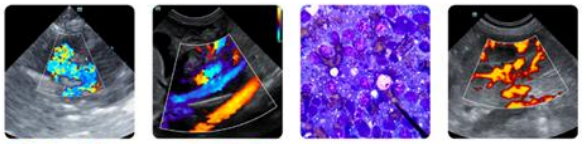

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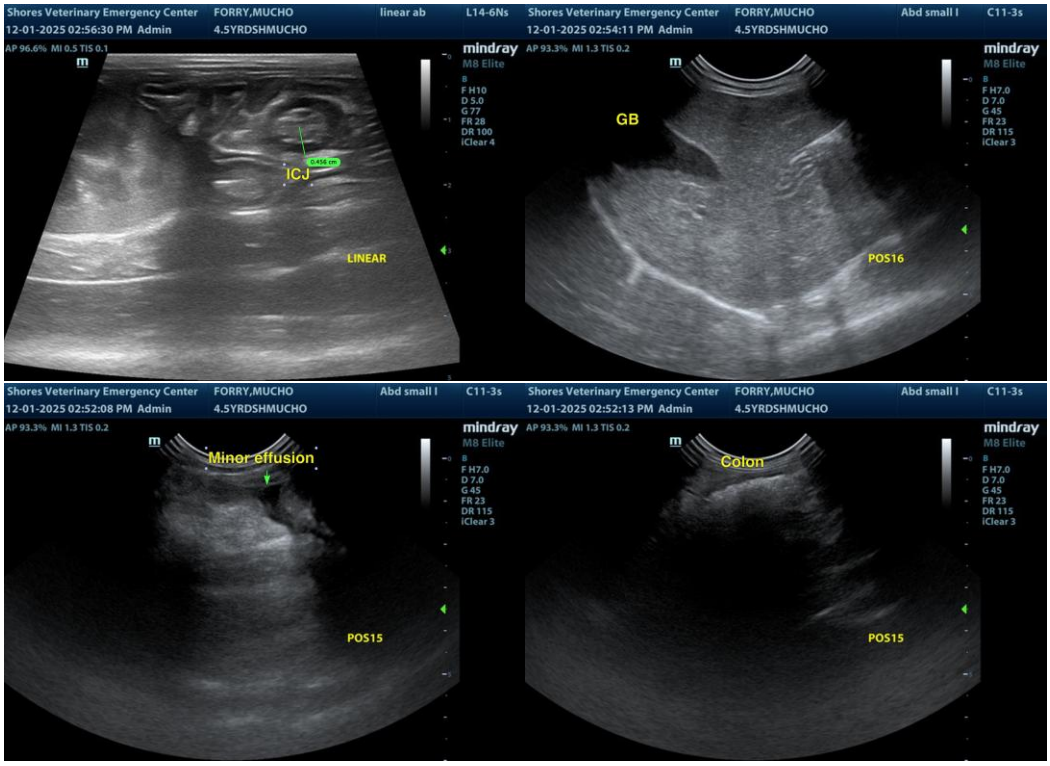

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com