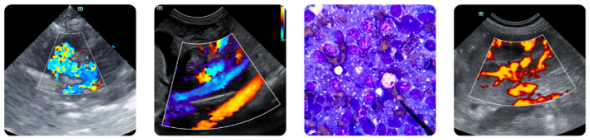

PATIENT

Rupert Sleeper

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3y

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

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INVOICE

13308

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- Lethargic, laying around constantly, not performing usual nighttime activity ("zoomies")
- Weight loss from 13.6 to 13 lbs
- Decreased appetite and water consumption
- Eyes becoming dirty again after initial improvement during medication course
- Squinting eyes, now starting to open more

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 52%, PLT 94 CHEM: ALT <10 TT4 wnl SDMA wnl BNP: Abnormal BP:115/82 (93)

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 changes 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 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

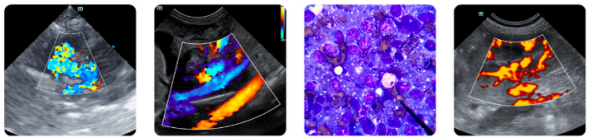
The spleen was mildly enlarged in size exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.1 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid. Pylorus wall measured 0.22 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.23 cm.

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

No overt lymphadenopathy or peritoneal effusion was present.

Heart

Brief subjective echocardiogram revealed overtly normal subjective cardiac structure and function with normal left and right chamber dimension as well as adequate LV systolic function. No evidence of overt arrythmia, cardiac tumors or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild retained pyloric fluid
- Normal area of pancreas
- Mild splenomegaly
- Subjective normal cardiac structure/function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of definitive visceral pathology as an obvious cause of the patient's clinical signs and weight loss. The mild splenomegaly may be incidental such as patient variant secondary to sedation, hyperplasia, hematopoiesis with potential splenitis, and occult splenic infiltrative disease if patient is non-sedated cannot be excluded. Further assessment may include, assuming normal clotting status and using 25-gauge needle, splenic FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease as a contributing factor to the clinical signs or weight loss. No evidence of structural or functional cardiomyopathy as a contributing factor or cause of the patient's clinical signs.

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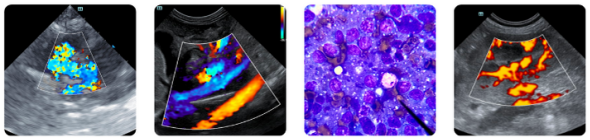

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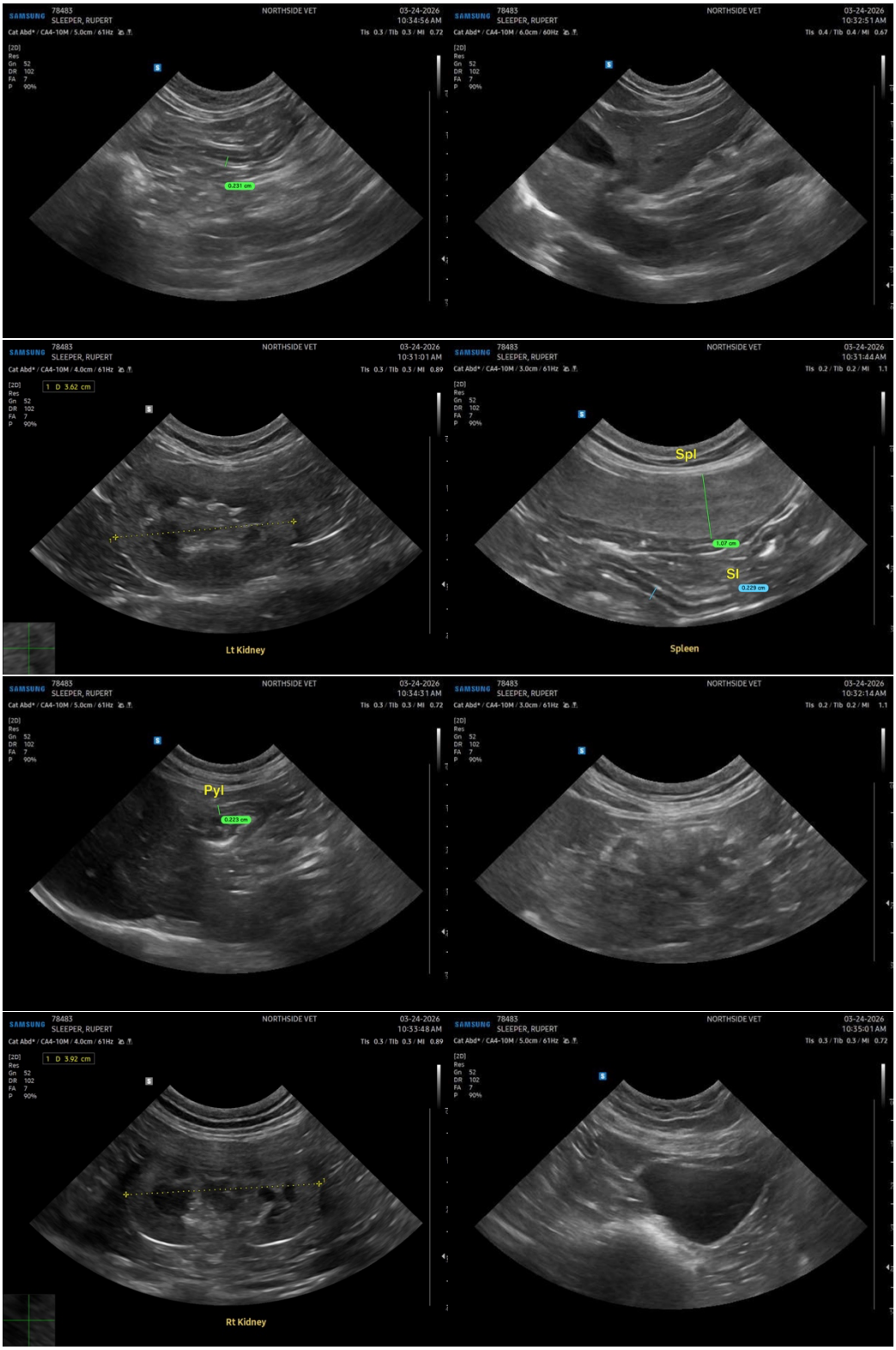

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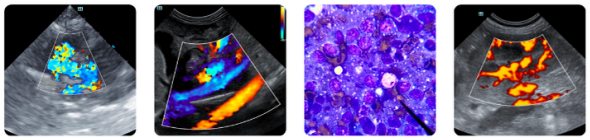

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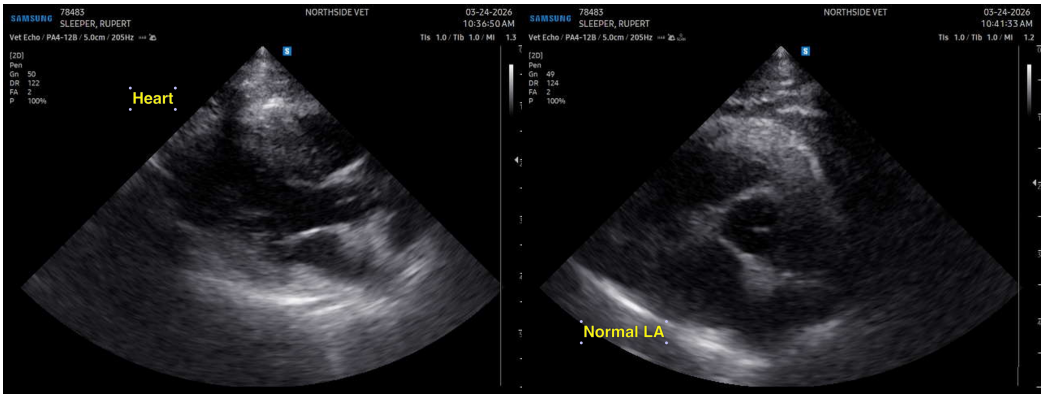

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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