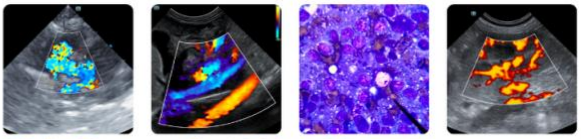


PATIENT

Percy Wong

SPECIES

Feline

BREED

Ragdoll

SEX

Male

AGE

1 Year

WEIGHT

4.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Nader

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Nader

INVOICE

14039

DATE

03/04/26

PRESENTING CLINICAL SIGNS

- Vomiting 4 times since yesterday, lethargic, not eating. Abnormal intestinal structure on palpation.

Abnormal PE/Chem/CBC/UA Results: high bilirubin, low chloride low sodium, low potassium and high phosphorus.

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 3.3 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was not definitively visualized.

Liver & Gallbladder

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.

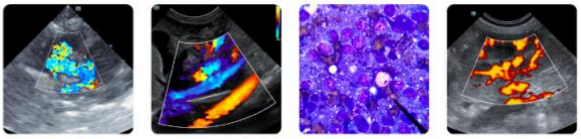
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact mildly thickened wall and empty lumen. The stomach wall measured 0.42 cm wall width.

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio and nonthickened wall width. The lumen of the small intestine was empty with mild segmental gas and without overt obstructive pattern to the level of the colon. An example of the small intestine wall measured 0.21 cm wall width.

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



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Pancreas

The pancreas exhibited subjective mild prominent size with capsule asymmetry and heterogeneous parenchyma.

Free Abdomen

A mid abdomen mild asymmetrical nonhomogenous hypoechoic mass was present most consistent with lymphatic origin measuring approximately 3.0 cm x 2.0 cm. Mild surrounding hyperechoic omentum. Scant pockets of peritoneal effusion were present. Additional smaller mildly swollen to hypoechoic mesenteric lymph nodes were present in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mid abdomen mass with mild associated peripheral mesenteric lymphadenopathy- mass most consistent with lymphatic origin, reactive, inflammatory, granulomatous, neoplastic etiology are possible.
- Empty mildly thickened stomach and overtly normal empty visualized small intestine.
- Prominent nonhomogenous pancreas.
- Scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstruction. FNA cytology +/- culture and sensitivity of the mass is recommended for further clarification. If possible, concurrent effusion analysis cytology or FIP titers/PCR is recommended. Gastrointestinal support, pending recommended sampling is considered essential for further clarification.

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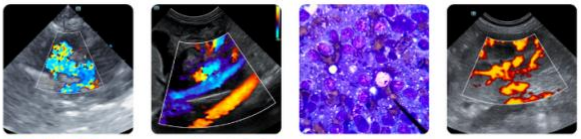

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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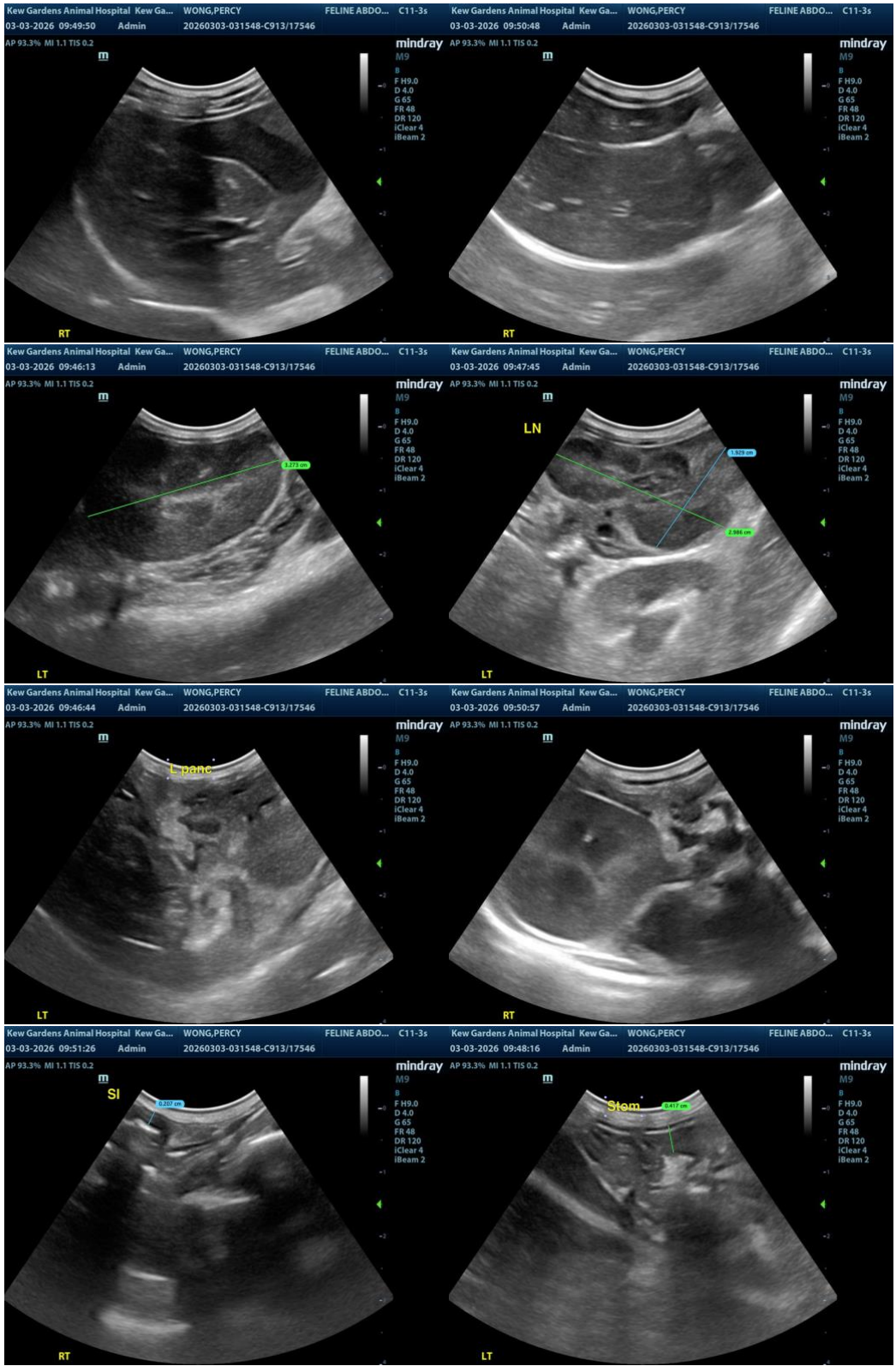

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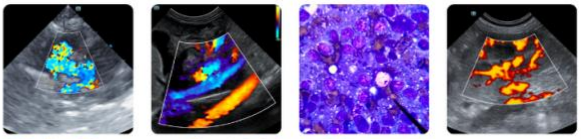

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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