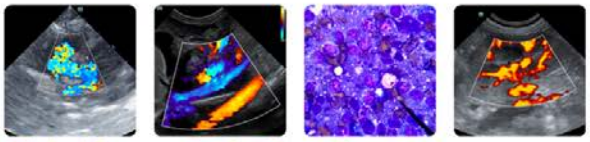

PATIENT

Cleo Patra Peace

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

5.78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Jan Penraat

INVOICE

75227

DATE

5/18/26

PRESENTING CLINICAL SIGNS

Indoor only. Weight loss, approximately 1.5 pounds over a 1 month period. Vomiting/anorexic for approximately 2 days, but the owner's history is not exact. Lethargic for an unknown duration of time. Somewhere between 2 days and two weeks.

Abnormal PE/Chem/CBC/UA Results: RBC 4.23 Hematocrit 21.8 Hemoglobin 6.9 Neutrophils 1.62 Monocytes 2.52 Eosinophils 0.01 Platelets 66- manual count 100,000 Plateletcrit 0.14 Phosphorus 2.9 Calcium 13.0 ALP < 10 Temperature 104.2 Underweight Dehydrated Pale MM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra (to a depth of 3.0 cm) exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate to hyperechoic urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Left kidney measured 3.3 cm. Right kidney measured 3.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.40 cm. Right measured 0.48 cm.

Spleen

The spleen was mildly enlarged with asymmetrical, mildly scalloped medial capsule contour and homogeneous, mildly hypoechoic splenic parenchyma. The spleen measured 1.1 cm in width at the 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 mild, non-dependent debris. 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. Gastric body wall measured 0.24 cm.

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 intestinal wall measured up to 0.25 cm. Ileocolic wall measured 0.30 cm.

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Subjectively mildly thickened proximal colon wall exhibiting indistinct proximal colon wall layer detail and subjective soft fecal matter. Proximal colon wall measured 0.24 cm.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

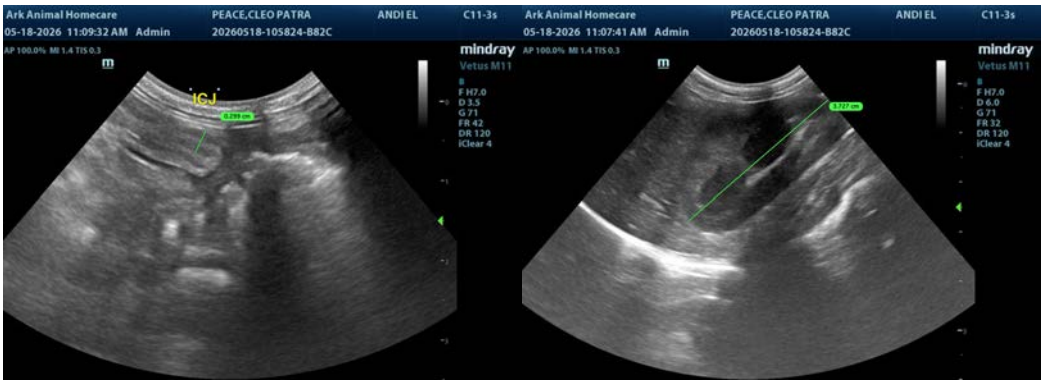
ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly with asymmetrical/scalloped medial contour.
- Subjectively mildly thickened proximal colon with soft fecal matter.
- Overall sonographically unremarkable gastrointestinal tract and area of pancreas.
- Mild gallbladder debris.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using 25-gauge needle, and if patient was non-sedated, splenic or screening hepatosplenic FNA cytology to assess for occult disease, given hypercalcemia, is recommended. The subjectively mildly thickened proximal colon wall may indicate inflammatory, infectious, emerging granulomatous or neoplastic etiologies. Although no sonographic evidence of gastrointestinal disease, a concurrent more generalized gastroenterocolonopathy is not excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 3-view chest radiographs suggested. A definitive cause of the anemia was not obvious. Further assessment may include recheck retroviral testing and CBC pathology review. Gastrointestinal support with clinical and sonographic monitoring pending additional diagnostics indicated. Enterocolic biopsies may be required for definitive diagnosis.



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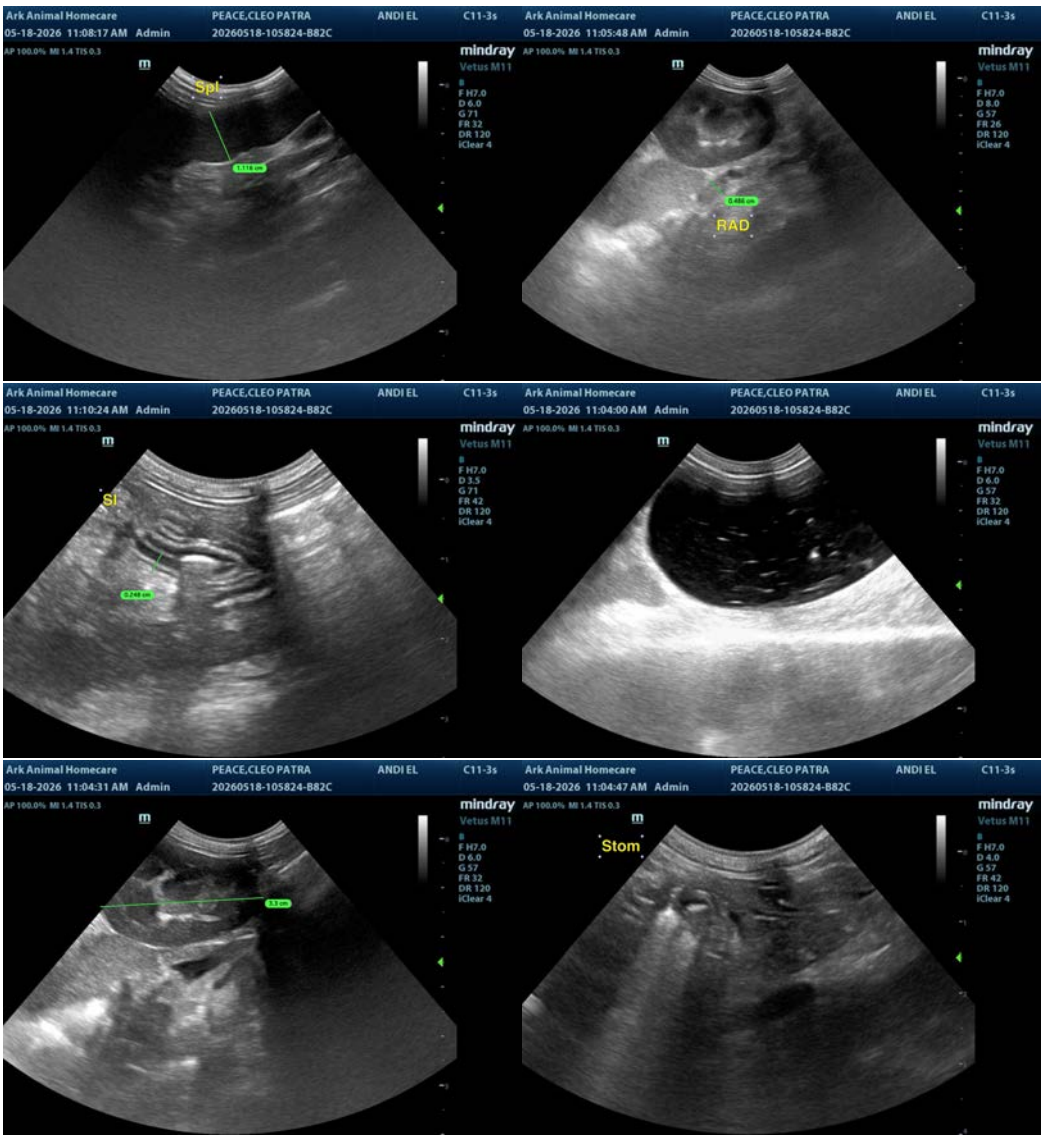

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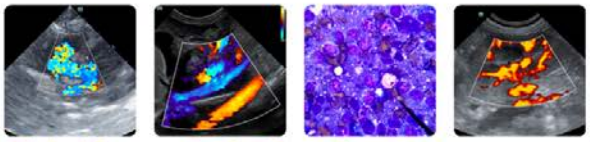

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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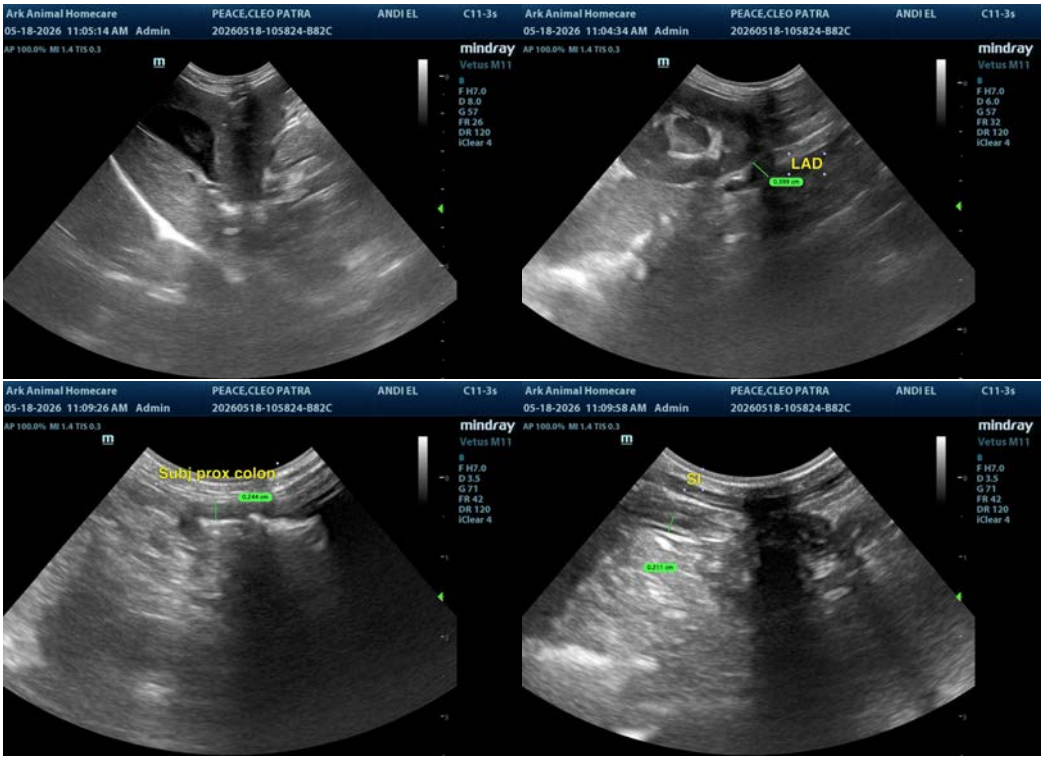

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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