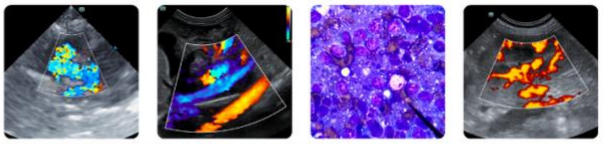


PATIENT

Oreo Prata

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexabdra Pasaturo

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Alissa Buchta

INVOICE

16610

DATE

05/30/26

PRESENTING CLINICAL SIGNS

Patient seen 4/24 for anorexia, and lethargy. Blood work x-rays performed. Treated with SQ fluids, Cerenia, Pepcid, elura, bland diet. Patient came back 5/15 hyporexia, PUPD, hiding, vomiting. PLI performed. Treated with SQ fluids, Cerenia, convenia, bupe ER. Patient came back today 5/30 for vomiting, hiding, decrease appetite

Abnormal PE: dehydrated, tense/painful 4/24: Xray • No evidence of gastrointestinal foreign material mechanical obstruction. Given that there is slight mottling of the mesentery near the intestine and gastrointestinal signs, gastroenteritis is the top consideration. • Mild, nonspecific hepatomegaly; rule out fatty infiltrate, hepatitis, metabolic change, less likely infiltrative round cell neoplasia. CBC: Neutrophils 13.48 (elevated), Chemlytes: Glucose 177 (elevated), total protein 9.2 (elevated), globulins 5.9 (elevated), GGT 5 (elevated), potassium 3.3 (low) TT4 1.0 (within normal limits) 5/15: CPLI: 9.2 H (0.0-4.4)

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 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.

The area of the aortic trifurcation was free of pathology.

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 3.8 cm in length. The right kidney measured 4.7 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 0.39 cm width.

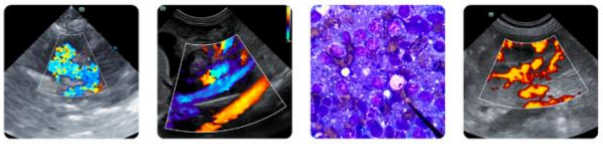
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

The spleen presented mildly enlarged with symmetrical contour and maintained homogenous parenchyma with mild caudal splenic folding. The spleen measured 1.2 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 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 variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A Minor segmental intestinal gas and nonobstructive ileus pattern is present without obstruction or foreign material to the level of the colon.

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

Pancreas

The visible pancreas exhibited mild swollen presentation with symmetrical contour and mild non-homogenous hypoechoic parenchyma.

Free Abdomen

Regional left cranial abdomen hyperechoic omentum and mild primarily mid cranial abdomen effusion in the area of the left pancreatic limb and spleen. No obvious visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild swollen hypoechoic pancreas.
- Left cranial abdomen inflamed omentum and mild lateral to cranial abdomen effusion.
- Hepatosplenomegaly with mild splenic folding.
- Normal gallbladder.
- Overall, structurally unremarkable gastrointestinal tract with gastric ingesta and suspect mild non-specific enteropathy- ingesta suggestive of food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis with regional left peripancreatic steatitis/peritonitis is suspected. Concurrent reactive inflammatory hepatosplenic changes with potential emerging hepatic lipidosis if prolonged anorexia may be possible. Multicentric emerging neoplasia such as lymphoma is not definitively excluded.

Assuming normal clotting status and using a 25-gauge needle with suggested vitamin K or Benadryl pretreatment, hepatosplenic and hyperechoic omentum FNA cytology as well as effusion analysis cytology +/- culture and sensitivity are recommended for further clarification. Empirical therapy for suspect pancreatitis and associated peritonitis including gastrointestinal support and clinical monitoring would be reasonable pending additional diagnostics. Sonographic reassessment is indicated if non-responsive or progressive clinical signs or concern for progressive peritoneal effusion/peritonitis.

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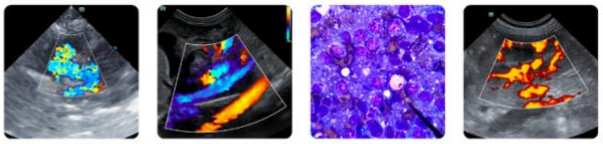

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Educational Teleconsultation Services™

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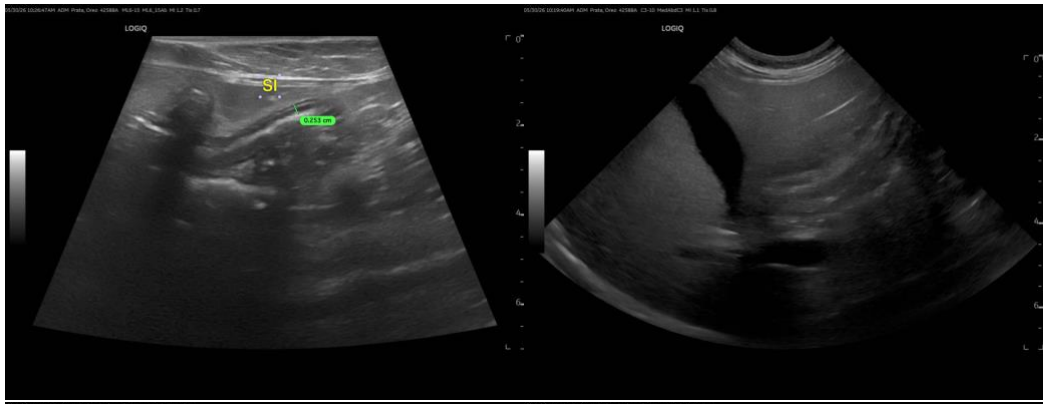

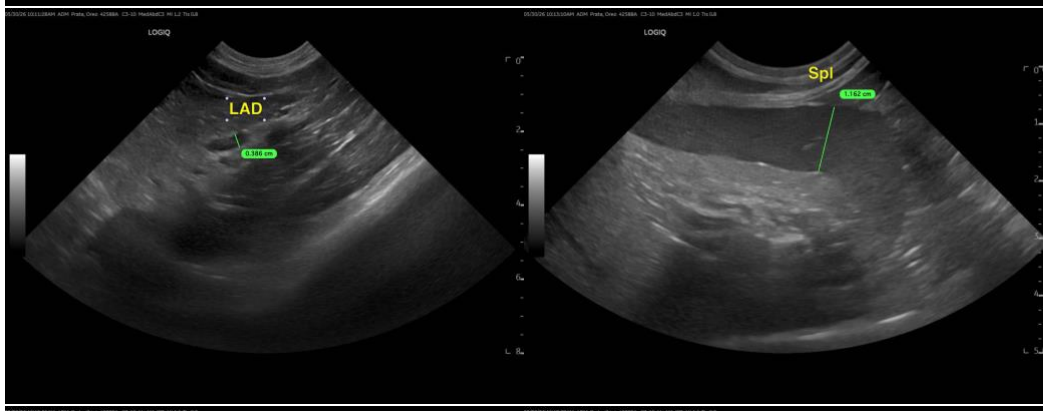

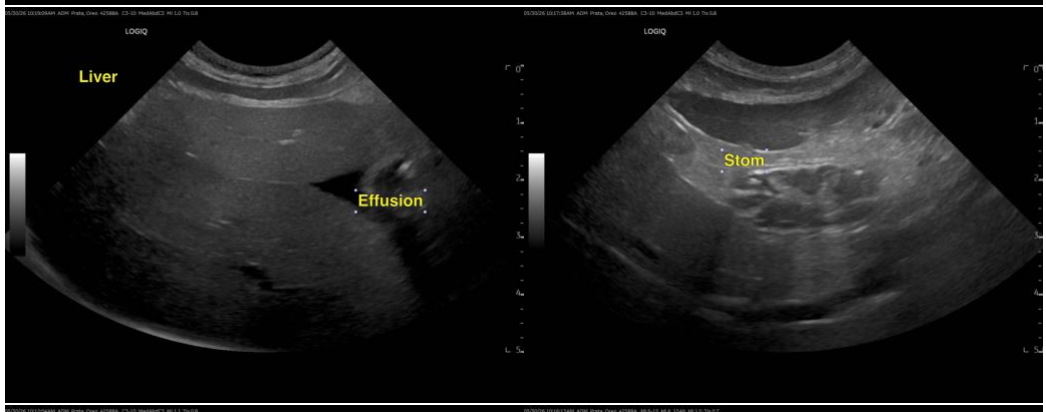

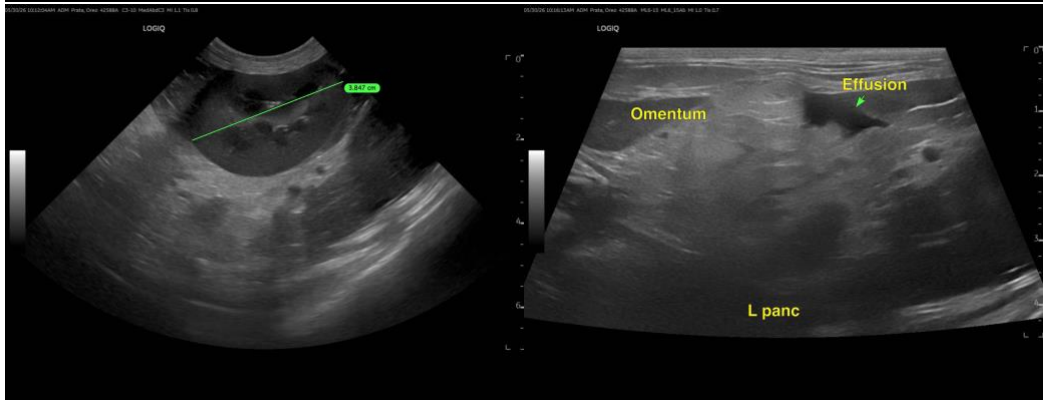

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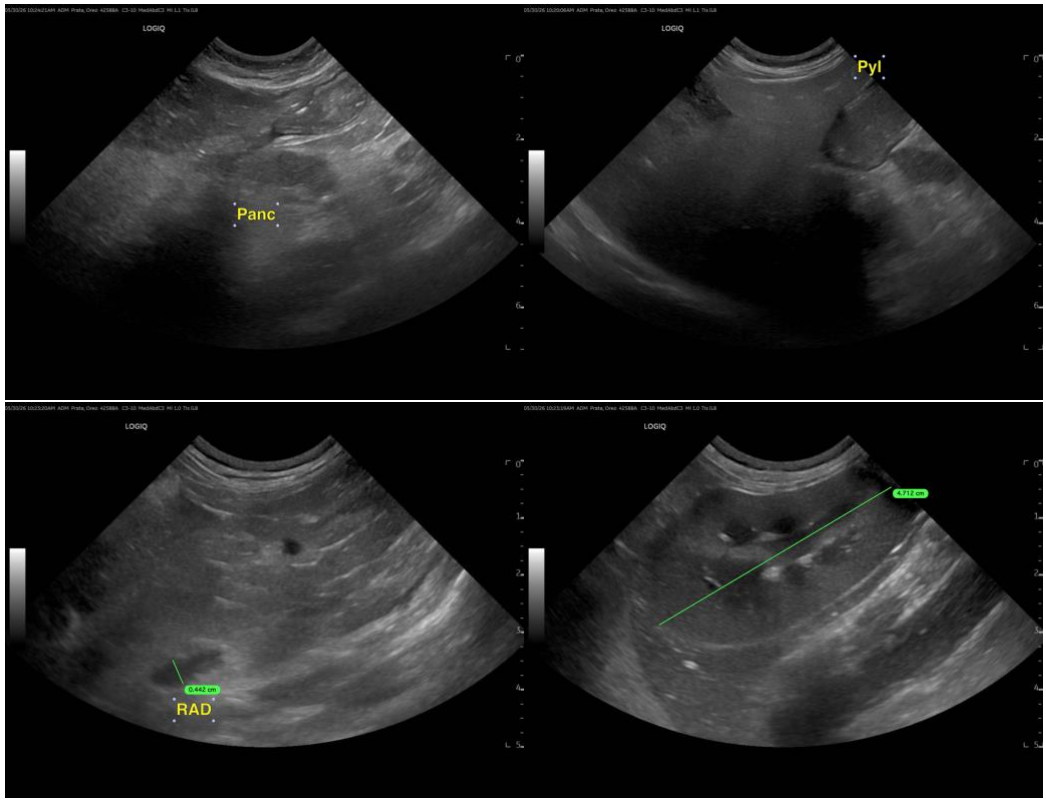

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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