



PATIENT

Percy Vanegas

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island
Veterinary Srervice

REFERRING VET

Dr. Camille Petrizzo

INVOICE

24973

DATE

05/28/2026

PRESENTING CLINICAL SIGNS

Presented for a 3-4 week history of hyporexia, vomiting and progressive lethargy.

Abnormal PE/Chem/CBC/UA Results: PE: lethargic, dehydrated, pale mm, tense abdomen
CBC/Chem 15/Lytes: GLU 167 (71-159) Crea 4.5 (0.8-2.4) BUN 48 (16-36) glob 5.7 (2.8-5.1) ALKP 13 (14-111) K 2.4 (3.5-5.8) RBC 6.16 (6.54-12.20) HCT 25.8 (30.3-52.8) HGB 8.5 9.8 (16.2) NEU 11.29 (2.30-10.29) LYM 0.91 (0.92-6.88) EOS 0.14 (0.17-1.57) UA/MIC: pending to Antech BP: 120mmHg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia present. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 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. A small hyperechoic left adrenal nodule, which may indicate emerging dystrophic mineralization, infarct or fibrosis was present measuring 0.42 cm in diameter. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width

Spleen

The spleen was mildly enlarged with mildly asymmetrical medial capsule contour and maintained homogenous parenchyma. No visualized masses or nodules were present. The spleen measured 1.2 cm in width at the level of the mid spleen.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent non-disruptive, mildly non-homogenous to minor cystic intraparenchymal nodules were present. An example of a liver nodule measured 1.4 cm in diameter. The gallbladder was non-distended in size with thin walls and mild congealed focally hyperechoic to mineralized gravity dependent debris. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented mildly thickened wall with intact to altered wall layer ratio primarily owing to subjective thickened hyperechoic gastric submucosa. The stomach contained a moderate amount of



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non-shadowing to mild progressively shadowing ingesta extending into the pyloric outflow. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.25 cm in width. Thickened ventral gastric body wall measured 0.5 cm wall width.

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Concurrent mild to variably thickened upper duodenum wall with indistinct mural detail was present. Mild non-shadowing upper to mid duodenal ingesta/ chyme was present. The upper duodenum wall measured up to 0.72 cm in width. The remainder of the visualized distal duodenum and jejunum exhibited intact wall and maintained wall layer ratio with empty lumen. The jejunum wall measured 0.22 cm in width.

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

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Thickened stomach and upper duodenum with primarily non-shadowing gastroduodenal ingesta /chyme
- Normal area of pancreas
- Subtle non-homogenous cystic liver nodules - most consistent with probable biliary cyst adenomas
- Congealed emerging mineralized gallbladder debris with non-obstructive proximal common bile duct dilation
- Non-specific mild chronic renal changes with minor pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened stomach and upper duodenum wall is non-specific and may indicate inflammatory, infectious, granulomatous or neoplastic etiologies. Definitive evidence of obstruction to pyloric or upper intestinal outflow was not obvious. Definitive diagnosis would require endoscopic gastroduodenal biopsies with histopathology. Smaller more frequent feedings of a canned bland or hydrolyzed diet and as needed gastric protectants with clinical monitoring would be reasonable.

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Given mild chronic renal changes without significant renal pathology, potential for acute or acute on chronic renal insult may be possible. Correlation with pending urinary workup recommended.

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Gastrointestinal and renal support indicated pending additional diagnostics.

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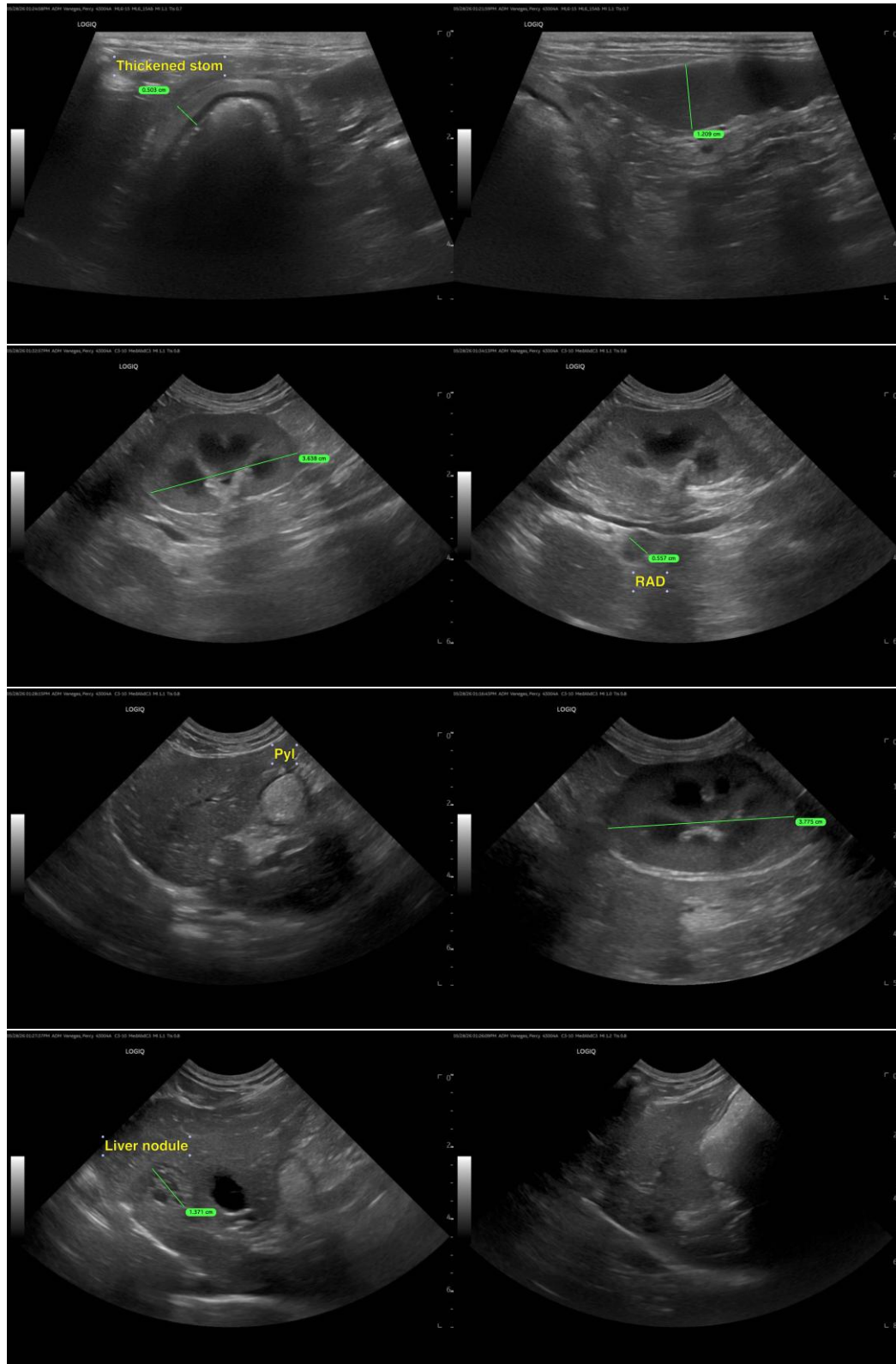
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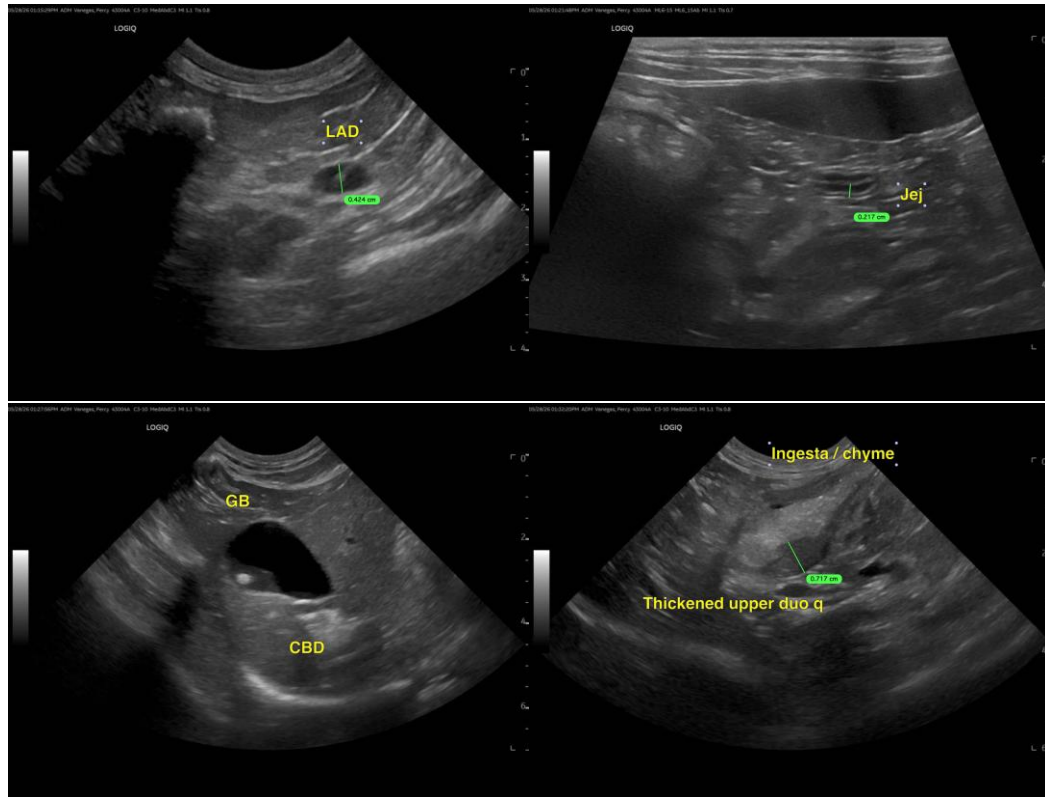
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com