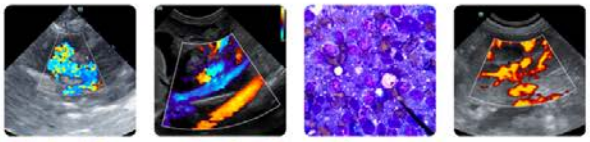

PATIENT

Howl Sweeney

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

12

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole DeFalco

HOSPITAL NAME

PetMedic Urgent Care – Westborough

REFERRING VET

Dr. Evgenia Hadjinicolaou

INVOICE

75562

DATE

5/31/26

PRESENTING CLINICAL SIGNS

1 week ago presented for 1d hx vomiting and poor appetite, AXR and bloodwork wnl, tx with supp care. Vomiting resolved, poor appetite continues despite appetite stimulant, diarrhea developed yesterday. +/- susp hypertension. Hx UO, C/D diet with no current signs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. No evidence of pelvic dilation was present. Left kidney measured 3.7 cm. Right kidney measured 3.9 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen exhibited 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.

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 mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.42 cm width. The stomach contained a moderate amount of anechoic fluid. No obstruction to pyloric outflow.

The small intestine exhibited segmental plication with indistinct hyperechoic associated luminal echo in areas of the plication. Concurrent empty small intestinal segments noted exhibiting normal intact wall layering and non-thickened wall likely distal. Normal appearing small intestinal wall measured 0.24 cm.

Borderline prominent yet intact colon wall. The colon contained soft fecal matter.

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Pancreas

The pancreas is normal in size with capsular asymmetry and mild mixed echogenic parenchyma compared to adjacent omentum.

Free Abdomen

A solitary mildly enlarged, hypoechoic mesenteric lymph node with mild surrounding perilymphatic inflammation noted measuring 0.92 cm in diameter. No overt effusion.

Mild increased peri intestinal and omental echogenicity.

PRIMARY FINDINGS

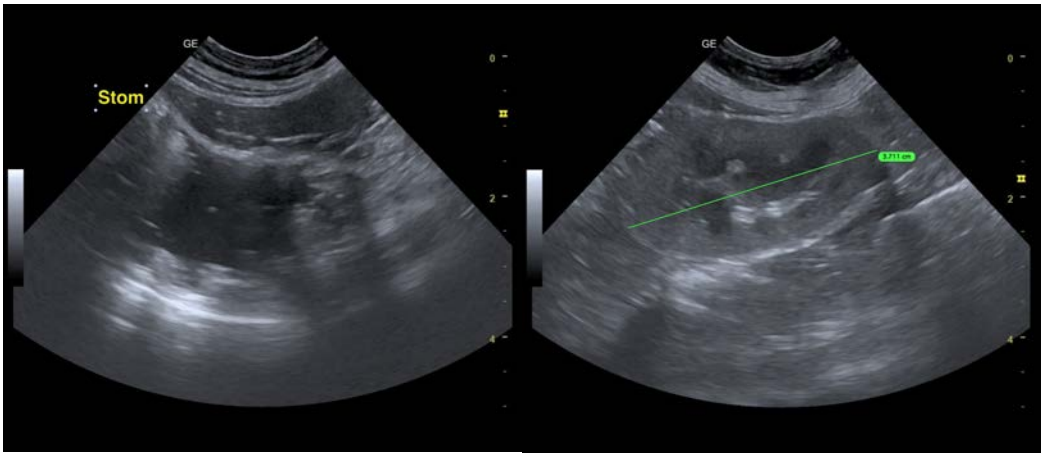
- Hypomotile gastritis
- Segmental plicated small intestine with associated indistinct linear lumen echo - consistent with segmental intestine linear foreign body and associated plication
- Concurrent empty normal small intestine likely distal
- Soft fecal matter in colon with suspect mild colitis
- Suspect focal / intermittent mild jejunocolic lymphadenitis
- Possible chronic pancreatitis

SECONDARY FINDINGS

- Age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with suggested GI / lymph node biopsies is recommended. No overt suspicion for neoplasia which is thought unlikely.



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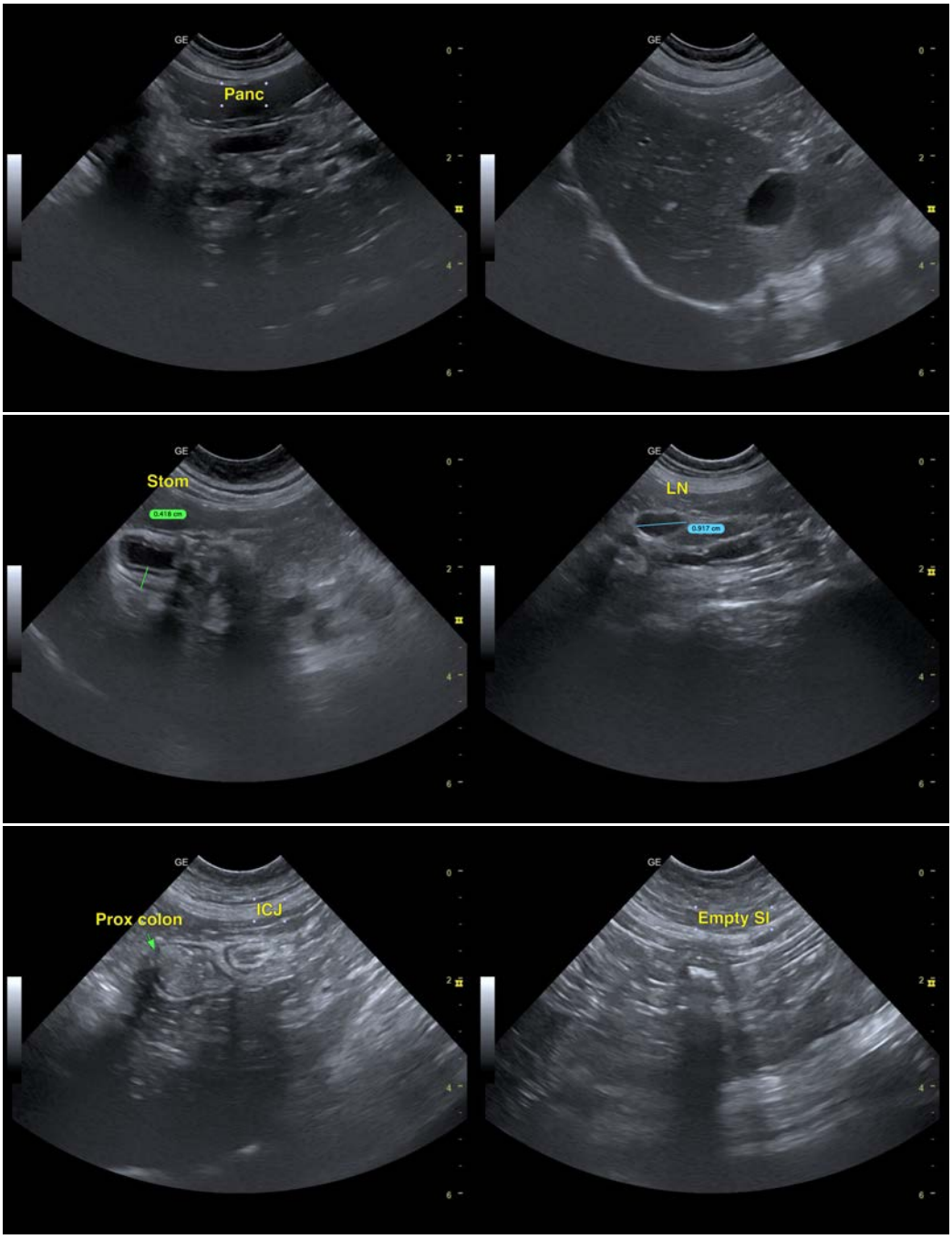

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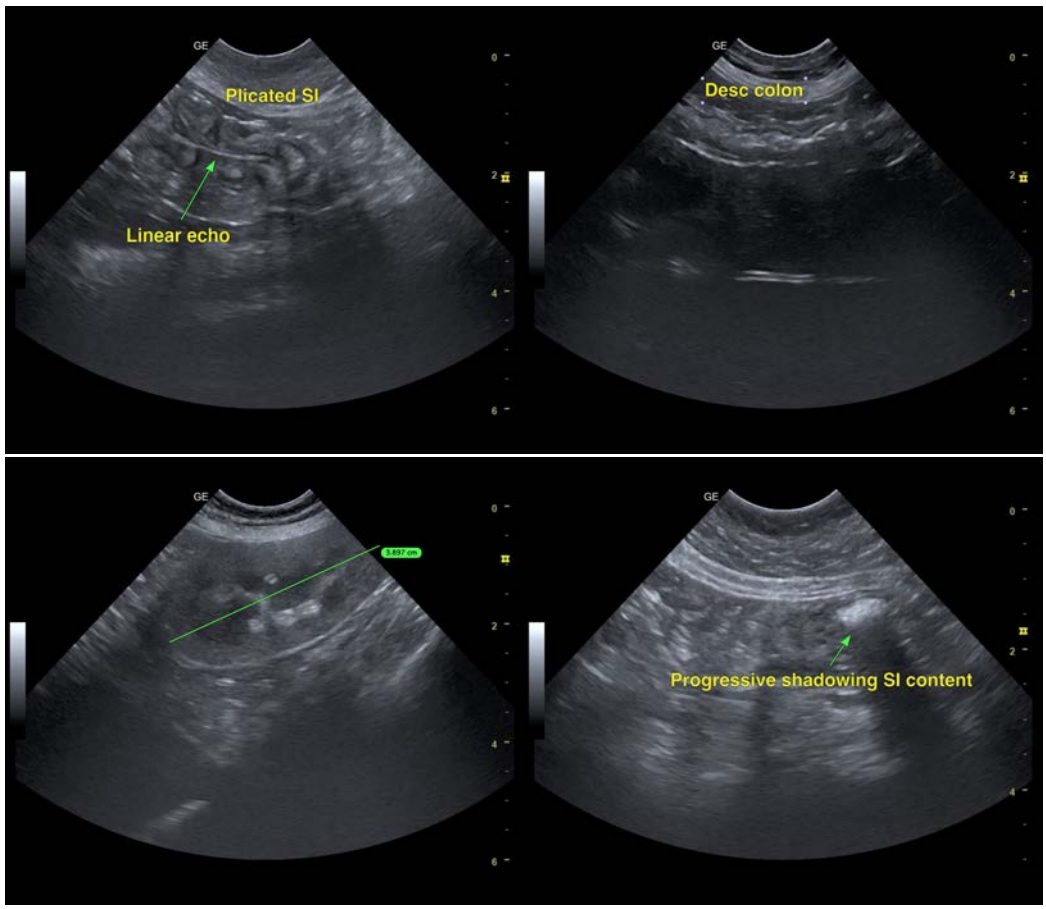

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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