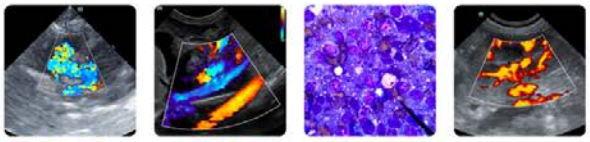

PATIENT

Leo Weand

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 Months

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

75561

DATE

5/31/26

PRESENTING CLINICAL SIGNS

Leo presented to HAEC on 5/30/26 at 230p for lethargy and a decreased appetite

Abnormal PE/Chem/CBC/UA Results: Eyes: bilaterally elevated third eyelids, jaundiced sclera Nasal: mild mucopurulent nasal discharge Cardiovascular: Grade 4/6 parasternal murmur Abdominal: mildly distended abdomen, fluid wave appreciated CBC: RBC 5.61 (L), HCT 22.2 (L), Hgb 7.3 (L), Neutrophils 0.90 (L), Eosinophils 0.00 (L), Platelets 66 (L), MPV 21.8 (H), Platelet crit 0.14 (L) Invue: % neutrophils 1.1, immature neutrophils 0.04, monocytes 0.02, eosinophils 0.01, platelets 50-100k Chem + Lytes: BUN 10 (L), Cl 114 (L), TP 10.2 (H), Globulins 7.7 (H), ALT 144 (H), Tbili 2.6 (H), Cholesterol 213 (H) SNAP Feline Triple: negative x 3 SNAP Feline Panleukopenia: negative PT/aPTT: 23.4 (H)/aPTT E012 (suspect due to HCT)

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 changes were noted.

The kidneys were borderline enlarged. 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. Left kidney measured 4.2 cm. Right kidney measured 4.4 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.32 cm.

No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen was mildly enlarged (1.1 cm in width at the level of the mid spleen). It 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 presented subjectively mildly 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

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congestion. The gallbladder was non-distended in size with 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 stomach contained mild retained fluid.

The small intestine presented segmental variably thickened, intact wall layering with altered wall layer ratio and mild segmental non-obstructive intestinal ileus. Thickened small intestinal wall measured up to 0.38 cm.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Moderate volume peritoneal effusion and non-homogeneous hyperechoic omentum noted.

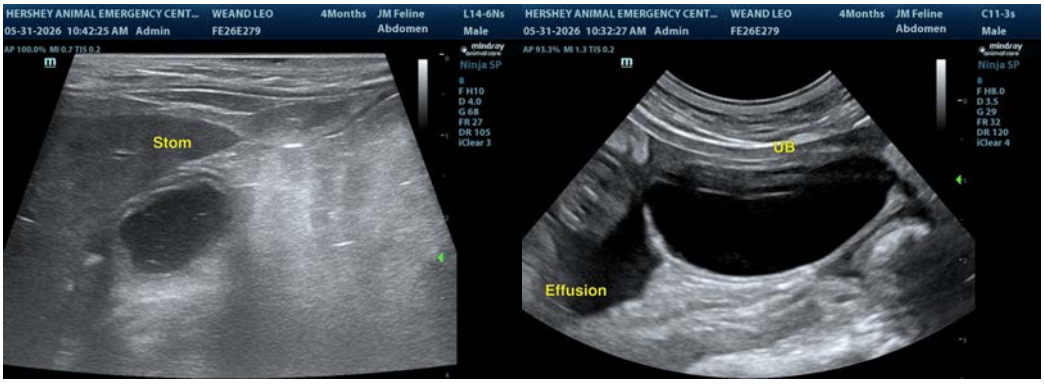
No definitive visualized significant/swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Noncongested hepatomegaly / mild splenomegaly
- Normal gallbladder / common bile duct
- Bilateral borderline renomegaly with medullary rim
- Hypomotile stomach with segmentally thickened small intestine
- Peritoneal effusion and nonuniform hyperechoic omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary differentials include favored FIP or neoplasia such as lymphoma. No post hepatic obstruction. Albumin / globulin ratio, effusion analysis with FIP titer / PCR +/- Rivalta test are recommended.



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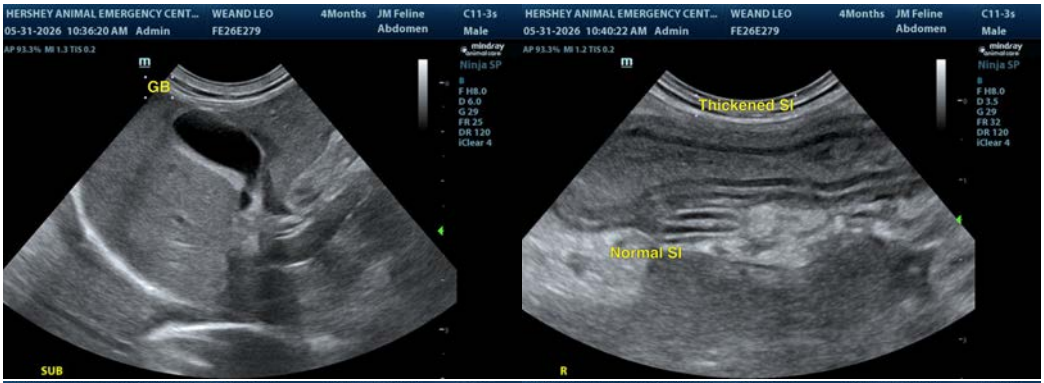

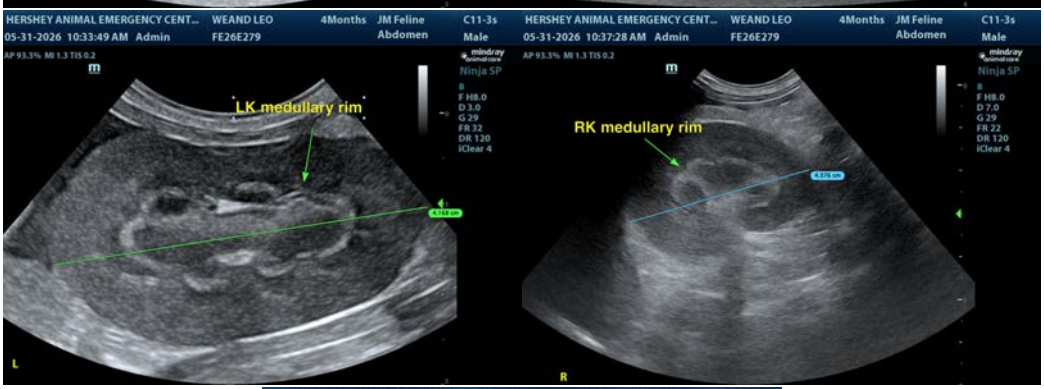

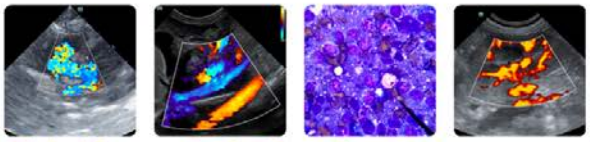

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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