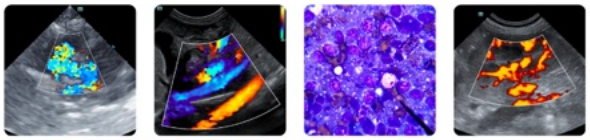


PATIENT

Peekers Burch

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 ½ years

WEIGHT

14 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Jessica Boudreaux – Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dr. Monterrey

INVOICE

68732

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Patient presented last week for decreased appetite and sneezing. Bloodwork and radiographs obtained; suspected abdominal effusion noted on radiographs. Patient referred to local specialist for FAST scan and abdominocentesis. 900mls drained on 11-13-25. Patient scanned today for further evaluation of abdomen.
Abnormal PE/Chem/CBC/UA Results: FIV+ status (ELISA/RealPCR/Western Blot status unknown) 11-13-25 CBC: WBC 25, neut 19.3, mono 0.94, eos 2.33; chem WNL. (Aspirate of abdominal fluid obtained during ultrasound today.)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.3 cm, right measured 4.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

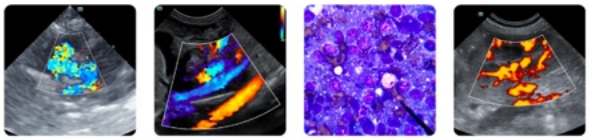
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm in width. The right adrenal gland measured 0.34 cm in width.

Spleen

The spleen is enlarged (1.1 cm in width) with an increased echogenic appearance, but maintained a smooth homogenous parenchyma with an irregular capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A large amount of cellular ascites is present.

Mottled echogenic and nodular appearance of the mesentery.

A small amount of pleural effusion is evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Mesenteric inflammation.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly woud lbe reactive hyperplasia, infiltrative neoplasia and splenitis.

Etiologies for the mesenteric inflammation would be steril peritonitis, bacterial peritonitis, granulomatous disease and abdominal carcinomatosis.

With bicavitary effusion, neoplasia is an important differential diagnosis.

The most likely etiology for the ascites would be secondary to the mesenteric inflammation and the splenomegaly.

Further assessment would be analysis of the ascitic fluid and FNA cytology of the spleen and the mesentery.

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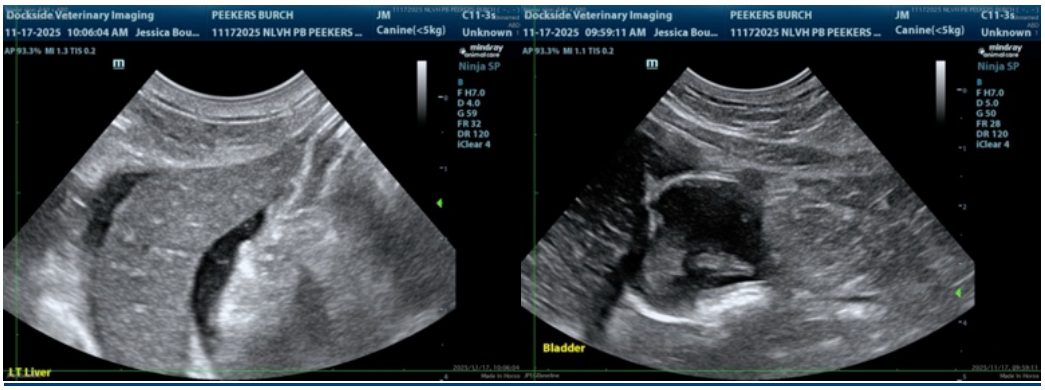
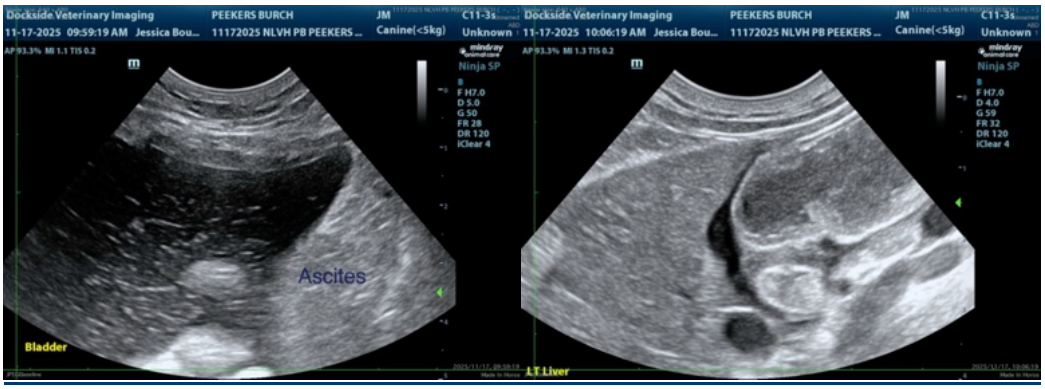
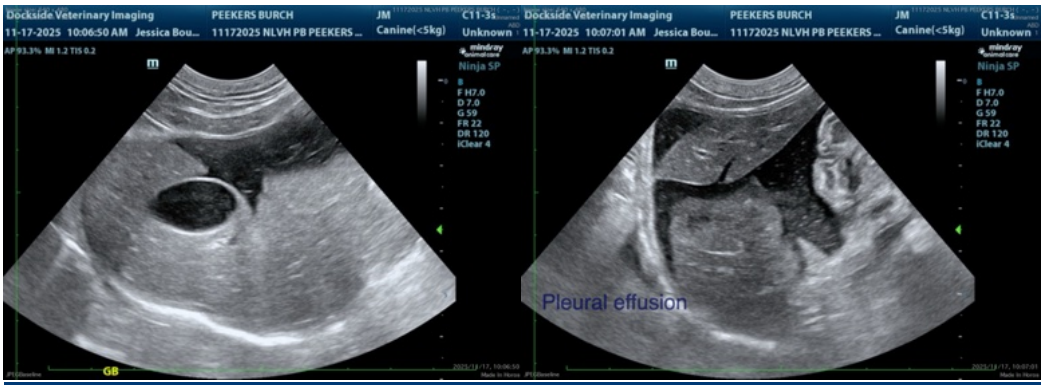
Specific therapy would be dependent on an etiological diagnosis.







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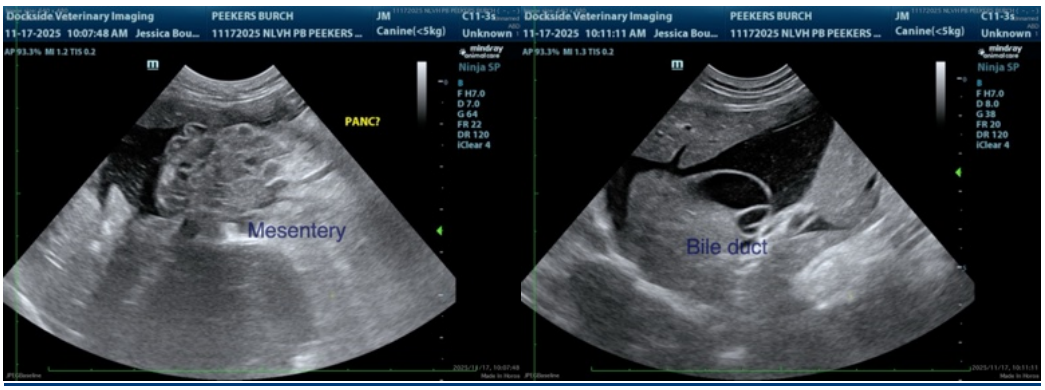

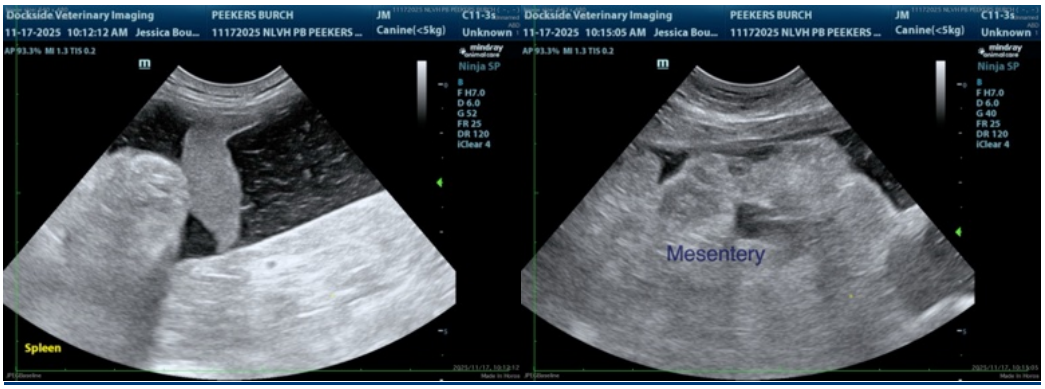

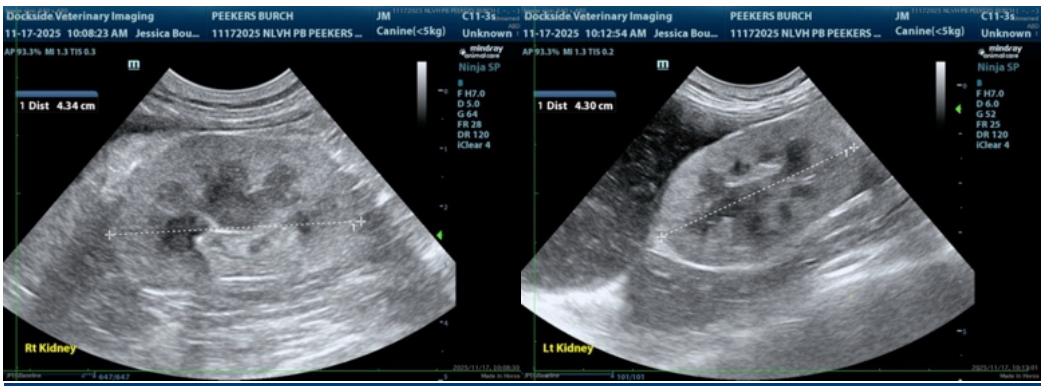

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com