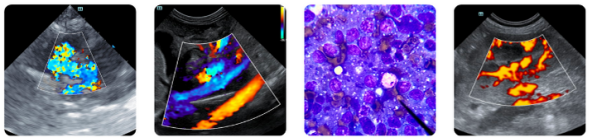


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Scrambles Hollis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.75 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Animal Clinic Downtown

REFERRING VET

Dr. James

INVOICE

35505

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: Left front mast cell growth. AUS for staging. No recent labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.5 cm in length. The right kidney is 4.6 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.0 mm at the caudal pole. The right adrenal gland height 4.3 mm at the caudal pole.

Spleen

The spleen is diffusely thickened, measuring 1.4 cm at the hilus. The capsular margins are regular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

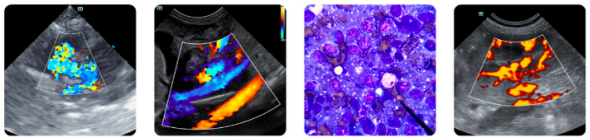
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 9.5 mm x 7.4 mm hypoechoic nodule located in the right cranial liver. The surrounding omentum is normal. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.5 mm for duodenum and 2.8 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

Both limbs of the pancreas are hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 1.8 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened spleen with normal parenchyma
- Diffusely thickened small bowel with prominent muscularis layer and reactive mesenteric lymph nodes, typical of infiltrative bowel disease
- Hypoechoic pancreas, typical of chronic remodeling
- Small hypoechoic liver nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes seen on today's ultrasound are not typical of mast cell disease, with the exception of the thickened spleen. Fine needle aspiration of the spleen with a diphenhydramine premedication and 25-gauge needle is recommended to rule out the possibility of mast cell infiltration in the spleen. Although the hypoechoic nodule in the liver could represent emerging neoplastic change, including a mast cell tumor, this would be an atypical presentation. The location of the nodule in the cranial liver may make it difficult to sample, and so serial sonography at 2-4 weeks intervals could be considered to determine whether this lesion is growing.

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies ((food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low-grade gastrointestinal lymphoma. The appearance of the pancreas suggests there may be concurrent pancreatic inflammation, or this may be an incidental aging change. Recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation

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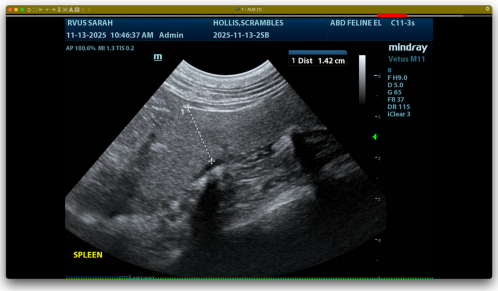
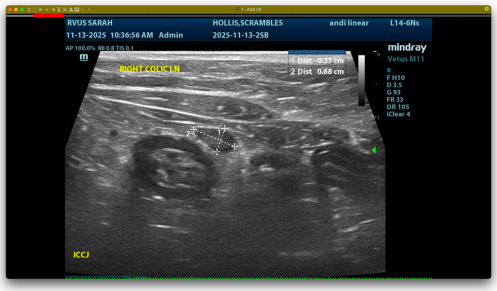
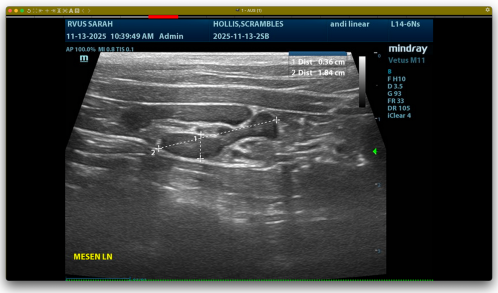
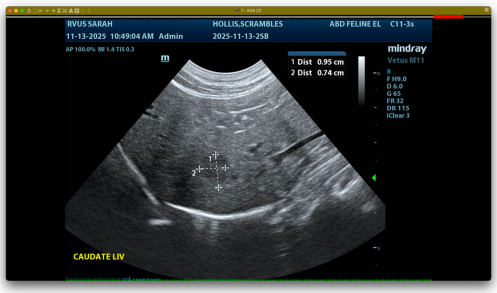
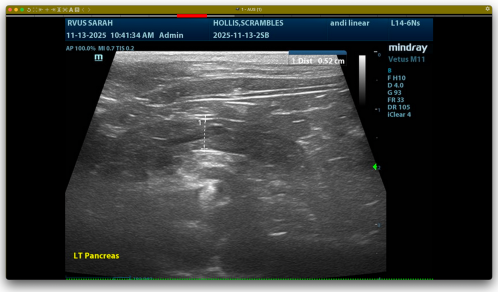
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance.

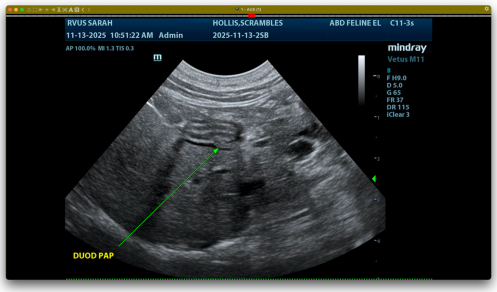


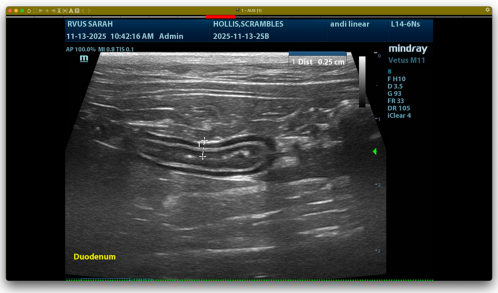


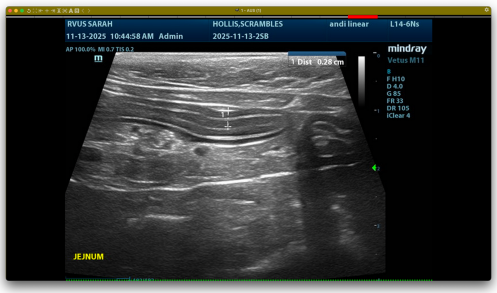




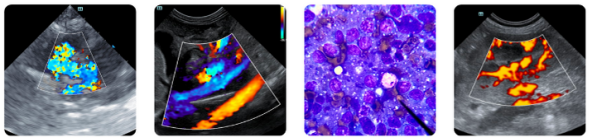








The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com