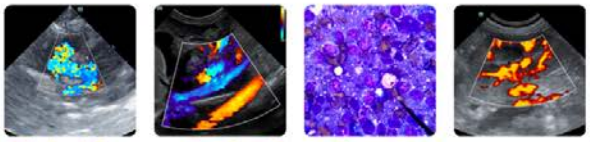

PATIENT

Bear Young

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency Animal Hospital of Crystal Falls

REFERRING VET

Dr. Sablehaus

INVOICE

71502

DATE

11/2/25

PRESENTING CLINICAL SIGNS

Problem List: Anorexia Vomiting - resolved Continued lethargy Diarrhea Hiding

Abnormal PE/Chem/CBC/UA Results: Diagnostics Performed: - EPOC: Na 144, Ca 1.11, Glu 142; otherwise unremarkable - PCV/TS: 45%/4.9g/dL - SDEP: To be performed in AM 11/2

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 (1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 kidneys measure 4.0 cm each.

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. Left measures 3.2 mm. Right measures 3.8 mm.

Spleen

The spleen is diffusely thickened, measuring 1.05 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. 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. 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 2.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is not seen.

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. 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 omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Borderline splenic thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the normal parenchyma and very minor degree of thickening, this is likely incidental, however if the patient's signs persist and no other cause can be found, then fine needle aspiration of the spleen with a 25G needle and diphenhydramine pre-medication could be considered to completely rule out splenic pathology, such as emerging infiltrative neoplasia or FIP.

Additional general recommendations for this patient would include:

- fecal parasite testing and empiric fenbendazole treatment
- Probiotic therapy
- Bland diet
- Retroviral testing if not recently performed
- Treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- If signs persist, trials with a novel protein or hydrolyzed diet, and a GI panel could be considered. It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.

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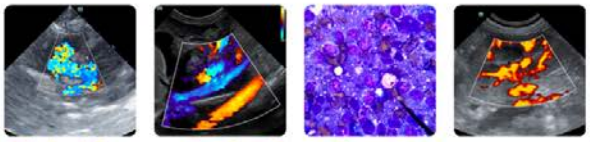

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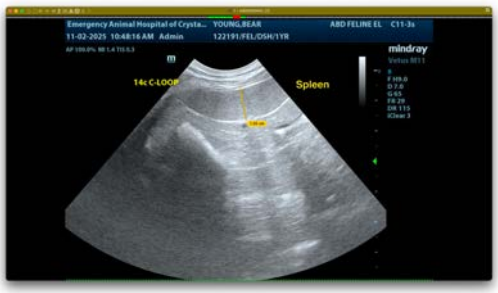

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com