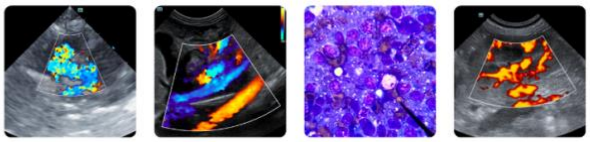


PATIENT

Ellie Taylor

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13 years 4 mos

WEIGHT

9.5 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Cassie Quillen, DVM

HOSPITAL NAME

Zumbrota VC

REFERRING VET

Cassie Quillen, DVM

INVOICE

22317

DATE

11-26-25

PRESENTING CLINICAL SIGNS

History: Presented to rDVM with few-week history of decreased appetite and occasional vomiting starting in September. Owner also reported patient had been straining to defecate with small amounts of blood in the last week. Minimal weight loss of 1# over last year.

Abnormal PE/Chem/CBC/UA Results: 9/3/25 PE: Stiff in hind limbs, mild dental disease, otherwise unremarkable CBC: wnl Chem: ALT high 221 U/L (20-100) Amy high 1259 U/L (300-1100) Ca high 12.2 mg/dL (8-11.8) crea high 2.2 mg/dL (0.3-2.1) Glu high 155 mg/dL (70-150) TP high 8.7 g/dL (5.4-8.2) rest wnl 11/26/25 PE: mild dental disease; abdomen soft and nonpainful with no obvious masses; normal hydration; rectal exam unremarkable with no masses, strictures, or blood, stool was formed, but not overly firm; rest wnl Chem 17: ALT high 196 U/L (12-130) rest (glu, crea, Ca, amyl, etc.) wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is diffusely thickened (up to 0.53 cm) and irregular. Luminal contents are anechoic. No cystic calculi are observed.

The left kidney is normal in size (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is borderline small in size (3.10 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is mildly enlarged (1.12 cm in width at the level of the hilus) smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

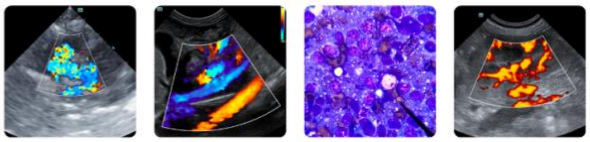
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.26 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient.
- The urinary bladder wall changes are most consistent with cystitis with a lower possibility of emerging neoplasia.

Secondary Findings

- The mild splenomegaly may be secondary lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging neoplasia.
- The hepatic parenchymal changes could be secondary to an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), reactive hepatopathy, or less likely, emerging hepatic lipidosis, infiltrative neoplasia or other hepatopathy.
- Bilateral age-related renal changes with suspected right cortical infarcts

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended if not already performed.
- Consider prophylactic deworming with fenbendazole.
- A GI panel including serum cobalamin and folate, TLI and PLI should also be considered.
- Initiation of a limited antigen or hydrolyzed protein diet is also recommended when the patient is eating again.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, thoracic radiographs should be performed prior to anesthesia.

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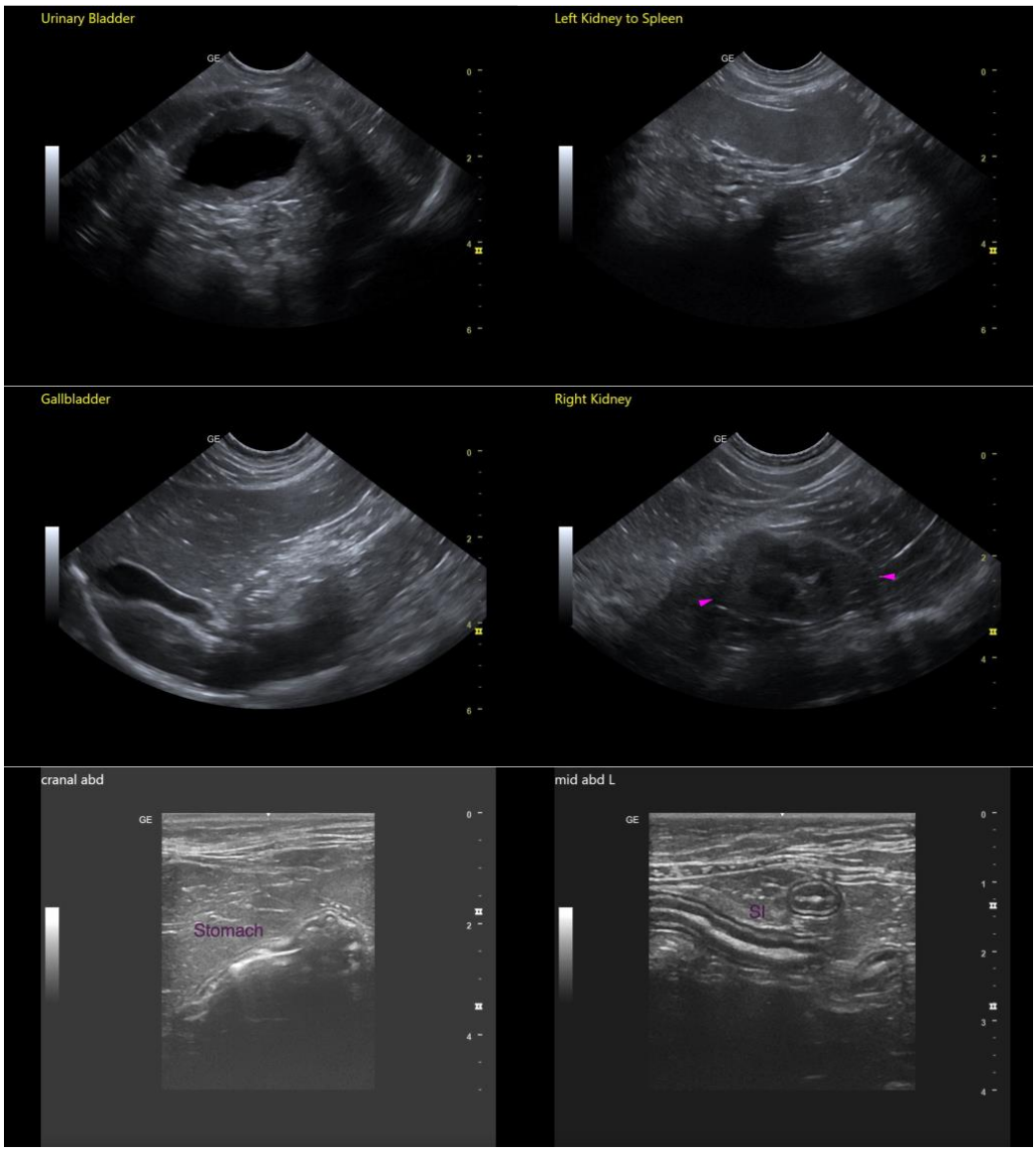
- Regarding the borderline azotemia, consider a urinalysis with urine culture and sensitivity, UPC (if proteinuria is present in the absence of infection), baseline blood pressure measurement, and serial monitoring of the patient's renal values to assess progression of the azotemia.



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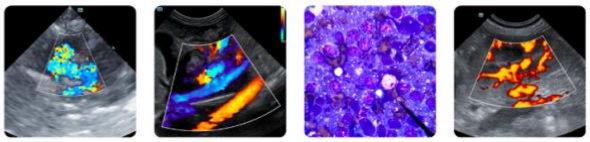

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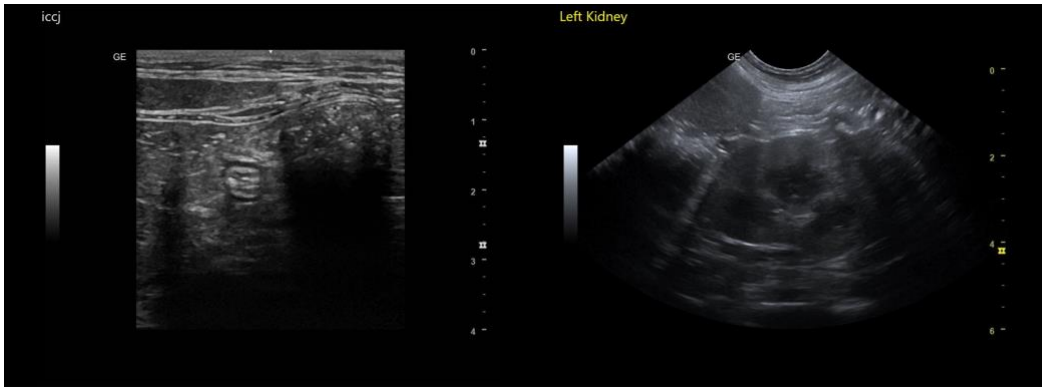

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com