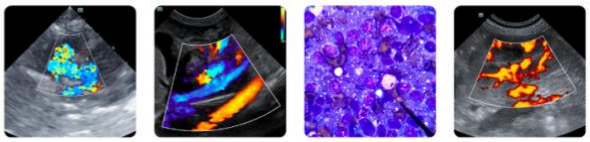


PATIENT

Ninja Liggett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Lindsay Bohling DVM

INVOICE

22568

DATE

2-16-26

PRESENTING CLINICAL SIGNS

History: Presented on Friday for lethargy, anorexia and decreased drinking. Patient has been vomiting and having diarrhea. On exam - patient has mild dental disease, multiple dermal masses, mild dehydration, and lethargy and a newly ausculted grade 2 heart murmur. In October patient weight 14.8 lbs - in January weighed 13.6 lbs. Patient is hyperthyroid- and managed on Methimazole. Patient is on a kidney diet. Bloodwork results 1/28/26

CHEM: Creatinine 1.5, BUN 28, Globulin 5.3, Total T4: 3.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.70 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. Renal vasculature is normal.

The right kidney is normal in size (4.16 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

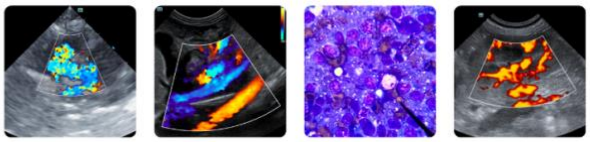
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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 minimally fluid-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 segmentally fluid-distended (mild). The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic



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wall are normal. The colonic lumen contains liquid-appearing fecal material. There is no obvious evidence of an obstructive pattern.

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

A few prominent mesenteric lymph nodes are visualized (one measuring 1.42 x 0.62 cm). Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease, with a lower possibility of emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole. A GI panel including serum cobalamin and folate, TLI and PLI is also recommended. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event. In the meantime, symptomatic care is recommended.
- Regarding the borderline azotemia, consider the following:

  1. Urinalysis with culture and sensitivity
  2. UPC if proteinuria is present in the absence of infection
  3. Baseline blood pressure measurement to assess for systemic hypertension

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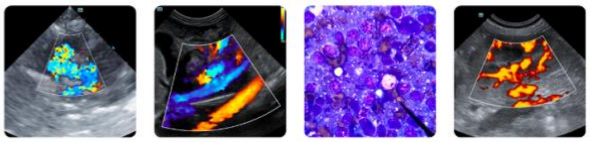

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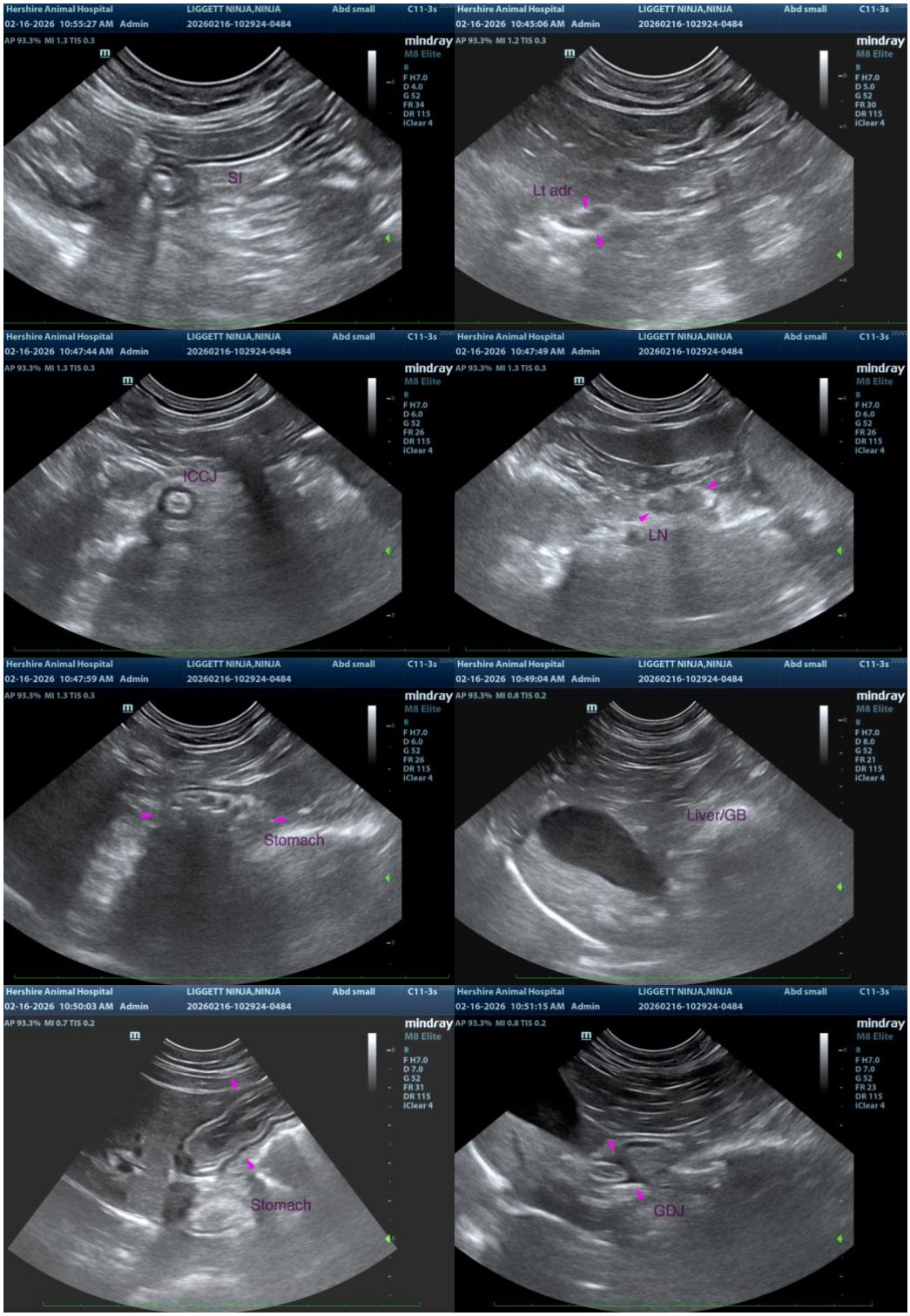

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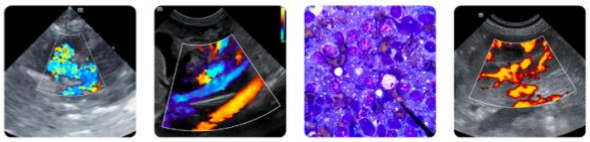

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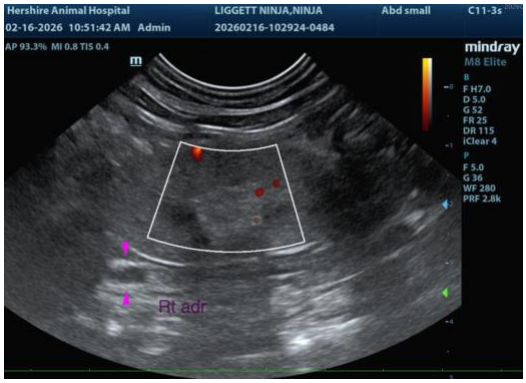

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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