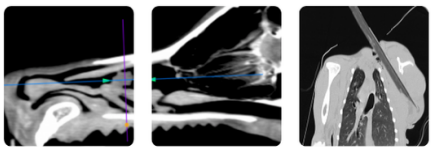

Teleradiology
Educational Teleconsultation Services™

PATIENT

Madcow Williams

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.8 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Sahar

INVOICE

35647

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: PE - BAR, MM pink, noticing pink, slimy foul material being passed (diarrhea?) vomiting+, abdominal pain and dental disease. No meds. Given sedation for the US.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs and lab results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 3.37 cm. The right kidney measures 3.56 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.41 cm. The right adrenal gland measures 0.41 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.77 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is minimally distended with echogenic fluid. The pylorus and pyloroduodenal junction are patent with no evidence of mechanical outflow obstruction. The gastric wall is normal in thickness with maintenance of normal wall layering. The small intestine is multifocally minimally dilated with mildly echogenic fluid. There is no shadowing foreign material or evidence of gastrointestinal

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mechanical obstruction. The small intestinal wall is normal in thickness with a slightly prominent muscularis layer that minimally distorts the normal 1:3 muscularis to mucosal ratio. The ileocecocolic junction is patent and there is mild fluid and shadowing feces within the colon.

Pancreas

The pancreas is prominent and hypoechoic with irregular margins and mixed hypo- and hyperechoic nodular changes. The regional mesentery or omental fat is hyperechoic with evidence of steatitis.

Free Abdomen

There are multiple ileocecocolic and mesenteric lymph nodes that are enlarged and hypoechoic with a slightly distorted length to width ratio and a regular parenchyma. There is no overt free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- There are areas of minor gastrointestinal luminal fluid noted with echogenic contents and a to-fro motion consistent with ileus. There was no evidence of an obstructive pattern, and normal wall thickness and layering is retained throughout the gastrointestinal tract. This is a consistent response to irritation or inflammation. Gastroenteritis or pancreatitis should be considered.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.
- The ileocecocolic and mesenteric lymph nodes presented abnormal length to width ratio with distorted, swollen, irregular contour. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

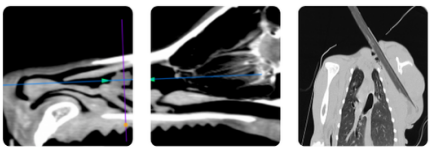
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

Fine needle aspirates of the mesenteric lymph node with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

An fPLI is recommended to further evaluate the pancreas for evidence of active inflammation or pancreatitis.

The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



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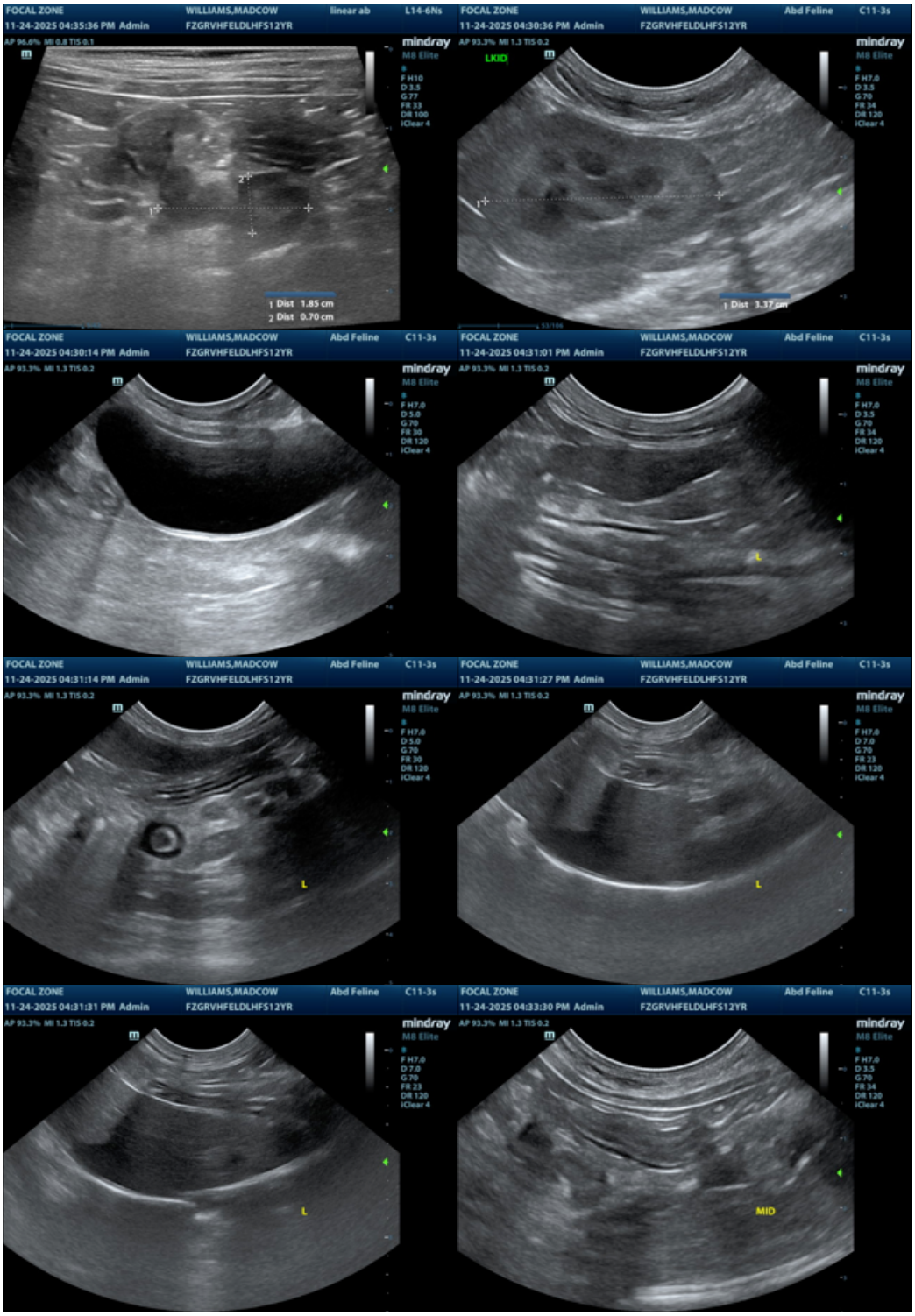

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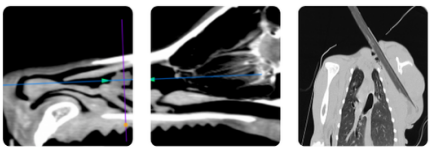

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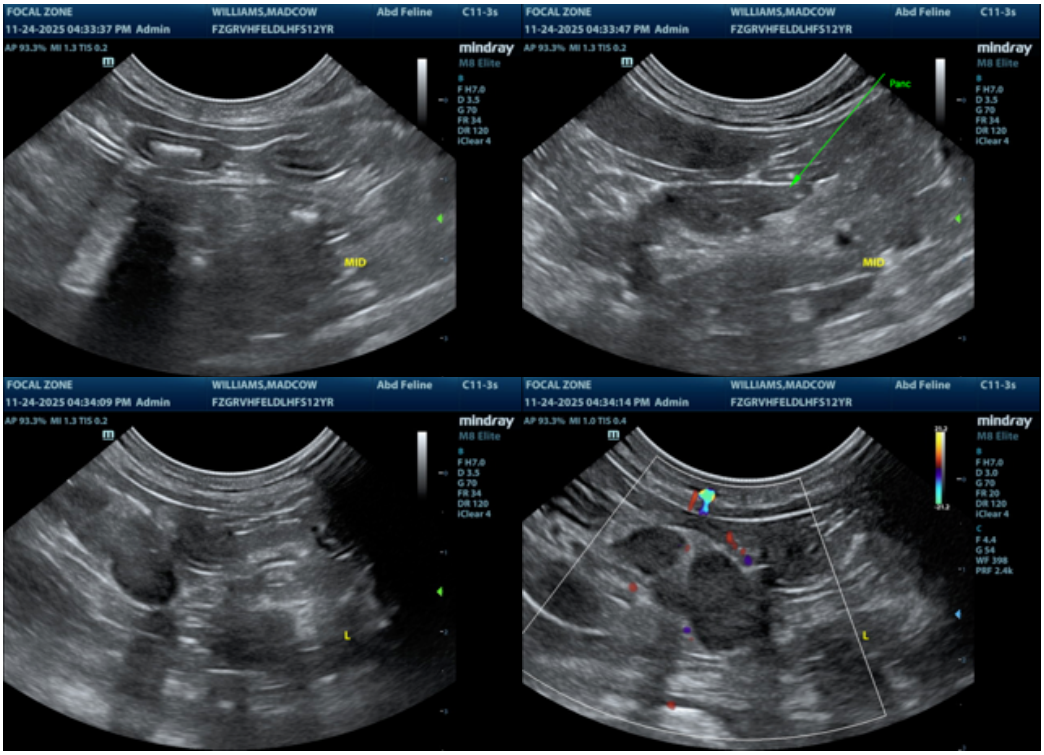

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com