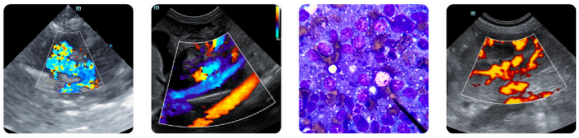


SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

MaoMao Busby

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

5 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High Country

REFERRING VET

Dr. Crosbie

INVOICE

35628

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: P initially presented to ER for an episode of vomiting with blood as well as other spots of vomit in house. There was also one soft runny diarrhea in litter box. There are 7 total cats in house so not 100% sure on about who did. Owner noticed P also had small amount of blood in stool. May have eaten ham. Has been less active and hiding today. Rad report: Adequate intrabdominal serosal detail, stomach contains small amount of heterogeneous soft tissue opaque ingesta and gas, SI moderate and diffuse fluid gas distension, and diffusely thickened, colon diffusely fluid filled. all else appeared normal P presented to ER clinic last night. P very lethargic, Late at night on fluids, P's paws turned purple and he started crashing, started transfusion of FFP, Cerenia, Ondansetron.

Abnormal PE/Chem/CBC/UA Results: HCT 72.6, WBC 13, Neu 1.62, eos 0.07, Lymph 11.29 Glu 184, ALKP <10.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. There is a mild amount of suspended echogenic mobile debris. 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with mild pyelectasis noted and mildly irregular renal capsular contours bilaterally. The left kidney measures 4.89 cm. The right kidney measures 4.99 cm.

Adrenal Glands

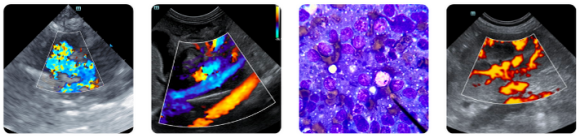
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.42 cm. The right adrenal gland measures 0.32 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 0.98 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.



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Gastrointestinal

The stomach is minimally distended with echogenic ingesta. The pyloroduodenal junction is patent with no overt concern for a mechanical pyloric outflow obstruction. The small intestine is diffusely minimally dilated with a to/fro motion consistent with ileus. There is no overt peristaltic activity noted. The ileocecocolic junction is patent. The colon is moderately dilated with mildly echogenic fluid. There is no shadowing foreign material noted, nor evidence of mechanical gastrointestinal obstruction. The small intestinal wall is diffusely mildly thickened with a prominent muscularis layer that distorts the normal 1:3 muscularis to mucosal ratio.

Pancreas

The visible base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There are multiple prominent mesenteric ileocecocolic and jejunal lymph nodes with normal length to width ratios and isoechoic parenchymal detail. There's mildly hyperechoic regional mesentery or omental fat noted. There is no overt free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present. The mild pyelectasis is considered likely secondary to the history of iatrogenic IV fluid administration.
- 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 slightly prominent mesenteric, ileocecocolic, and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- The thickened muscularis layer is likely indicative of chronic inflammatory disease, such as inflammatory bowel disease, other chronic enteropathy, or potentially infiltrative round cell neoplastic disease. Given the history, an acute gastroenteritis, occult pancreatitis, or anaphylactic reaction are possible differentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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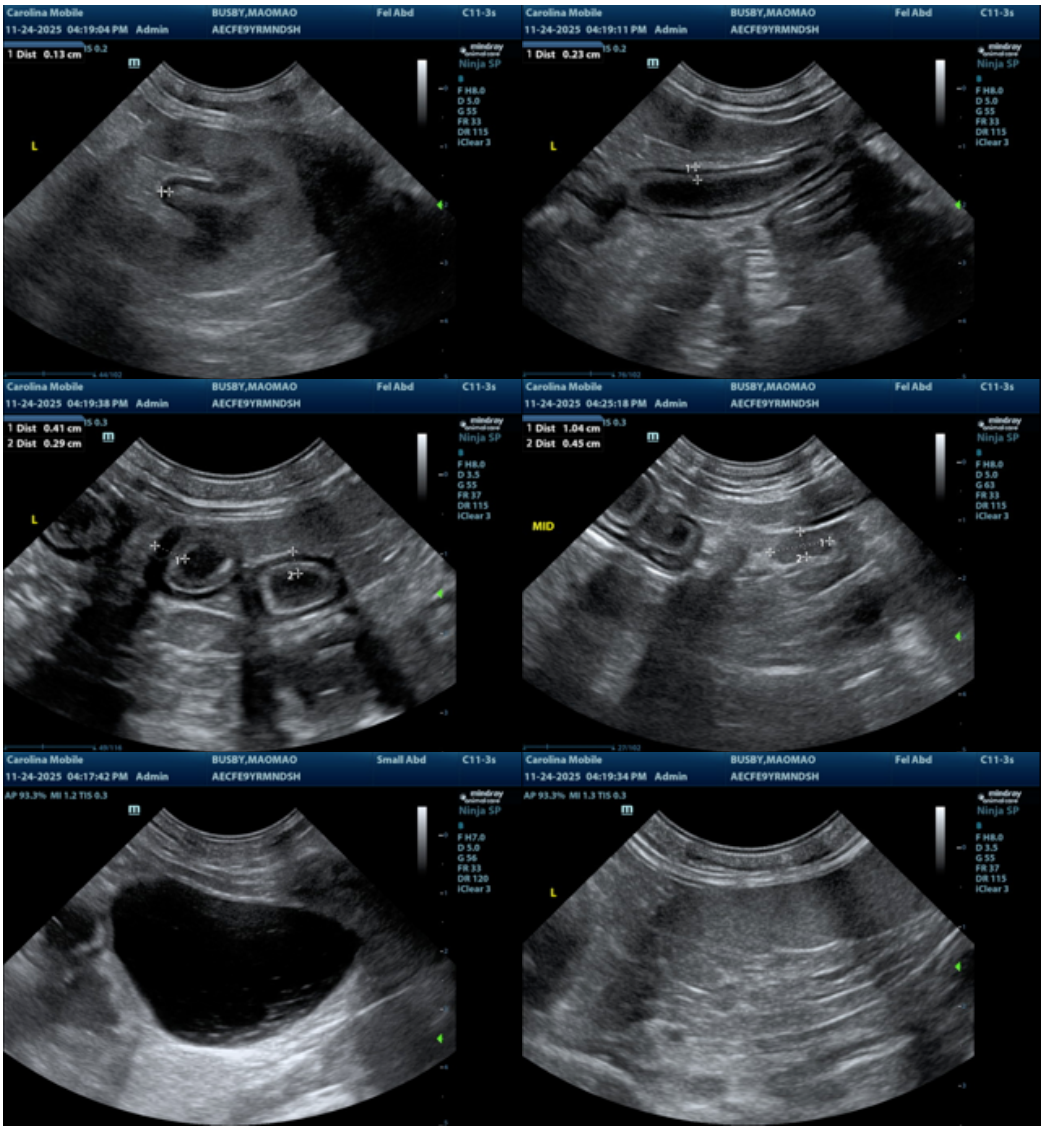
A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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.

A spec fPLI is recommended to further evaluate the pancreas for occult pancreatic inflammation or pancreatitis.

Continued supportive care for possible anaphylactic reaction, pancreatitis, or acute hemorrhagic diarrhea syndrome is recommended, as clinically indicated at this time, pending additional diagnostic tests.



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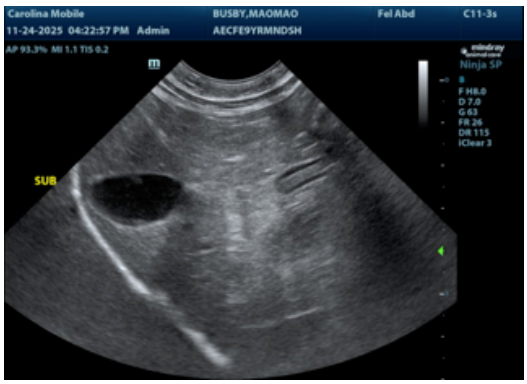

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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