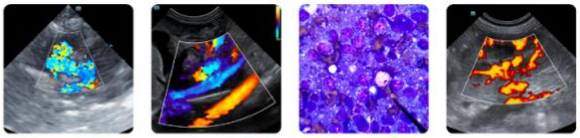


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Oats The Second Leonard

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.44 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland Animal Hospital

REFERRING VET

Dr. Bugarovich

INVOICE

12678

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Abd slightly tense, all else wnl ABNORMAL Labwork Values see records

Current Medications proviable forte caps, GI diet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a mild amount of suspended echogenic 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 and structure, with appropriate cortex to medulla ratio. The cortices are hyperechoic with a decrease in corticomedullary definition. There is no significant pyelectasis or pelvic dilation. The capsules are mildly irregular bilaterally. The left kidney measures 4.06 cm. The right kidney measures 4.24 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 0.40 cm. The right adrenal gland measures 0.43 cm.

Spleen

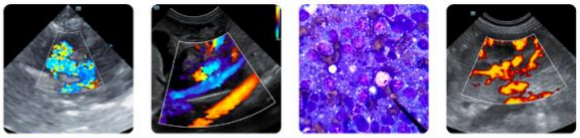
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.07 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 a mild amount of echogenic fluid within the fundus. The pylorus and pyloroduodenal junction appear patent with no evidence of pyloric outflow obstruction. The gastric wall is normal in thickness with maintenance of normal wall layering. The small intestine is nondistended with overall normal wall thickness but a prominent muscularis layer that distorts the normal 1:3 muscularis to mucosal ratio. The submucosa is slightly hyperechoic and irregular. There is no shadowing foreign material or evidence for mechanical small intestinal obstruction. The ileocecocolic junction is patent and the colon contains normal shadowing feces.



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Pancreas

The pancreas is slightly prominent and hypoechoic with slightly irregular margins. There are mixed hyper- and hypoechoic nodular changes and regional hyperechoic mesentery or omental fat.

Free Abdomen

There are several prominent mesenteric and ileocecocolic lymph nodes that maintain a normal length: width ratio although are mildly hypoechoic. There is also hyperechoic regional mesentery in the region of the ileocecocolic junction. There is no significant 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 intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.
- 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 slightly prominent mesenteric and ileocecocolic lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. A complete blood cell count and serum biochemistry with electrolytes are indicated for further evaluation of the patient's metabolic status. 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.

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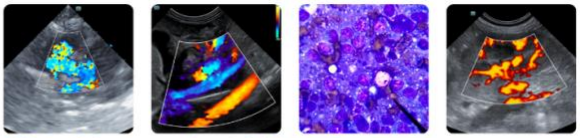

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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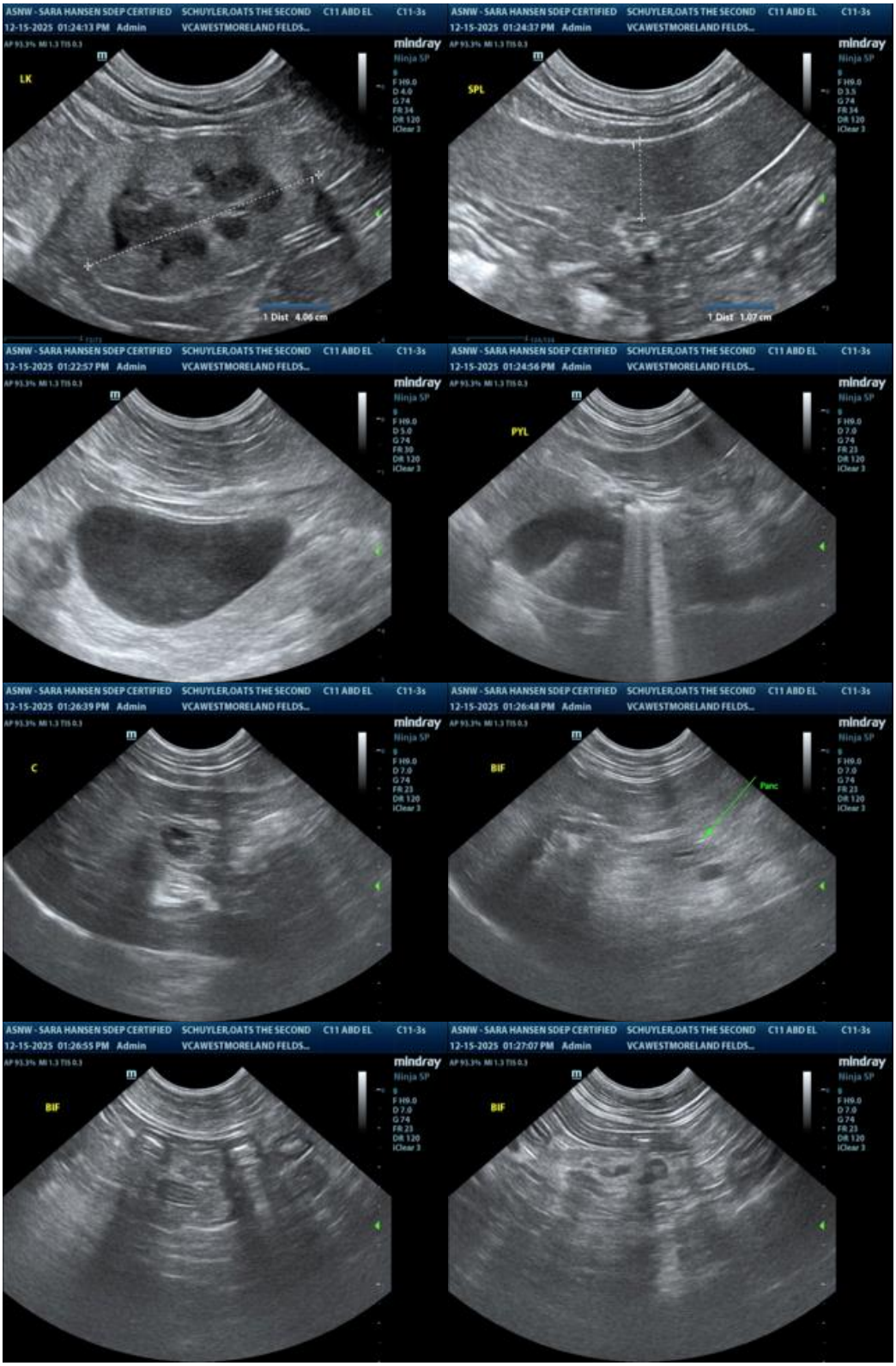

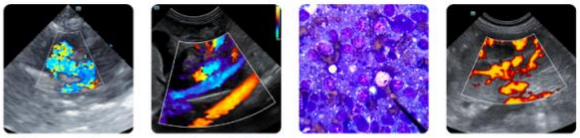

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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