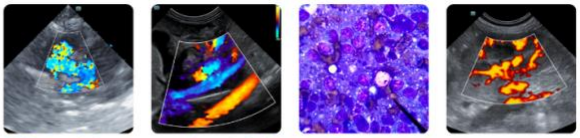


PATIENT

Callie Hazen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

11.64 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Russell

INVOICE

12803

DATE

12/22/25

PRESENTING CLINICAL SIGNS

P presented for US due to not eating or drinking for the past few days. Housemate had similar symptoms and had US last week. Report showed• The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended. Minor intestinal ileus is present. • Diarrheic stool Secondary Findings • Bilateral nonspecific age-related renal changes with suspected left cortical infarcts • The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. • The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended. • Scant urinary bladder debris

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a mild amount of suspended mobile echogenic debris/sediment. 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. The cortices are mildly hyperechoic with a decrease in normal corticomedullary definition. The cortex to medulla ratio is appropriate and there is no significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular with the right capsule having more prominent irregularities than the left. The left kidney measures 3.75 cm. The right kidney measures 3.77 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 0.39 cm. The right adrenal gland measures 0.33 cm.

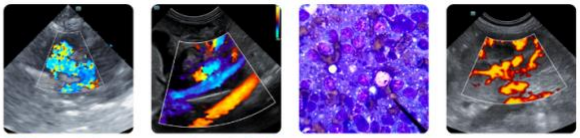
Spleen

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 0.66 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



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The stomach is nondistended and the pylorus/pyloroduodenal junction are patent with no evidence of pyloric outflow obstruction. The gastric wall measures within normal limits for thickness with a slightly prominent muscularis layer that minimally distorts the normal muscularis to mucosal ratio. There are also similar regions within the small intestine with a prominent muscularis layer but overall normal gastrointestinal wall thickness is maintained. The stomach or small intestine also contains focal regions with minimal fluid dilation, however, there is no shadowing foreign material within the small intestine tract to suggest a mechanical small intestine obstruction. The colon contains shadowing feces. The ileocecal colic junction appears patent.

Pancreas

The visible pancreas is 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 several prominent ileocecal colic lymph nodes with normal length: width ratio with isoechoic parenchyma, but regional hyperechoic mesenteric or omental fat. There is no overt free fluid 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 changes to the gastrointestinal tract may represent early inflammatory bowel disease, however, this could also be a normal variation in older patients.
- The slightly prominent ileocecal colic 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 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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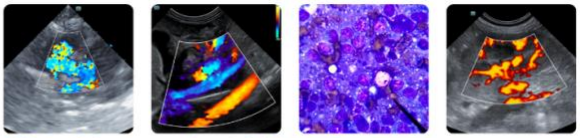

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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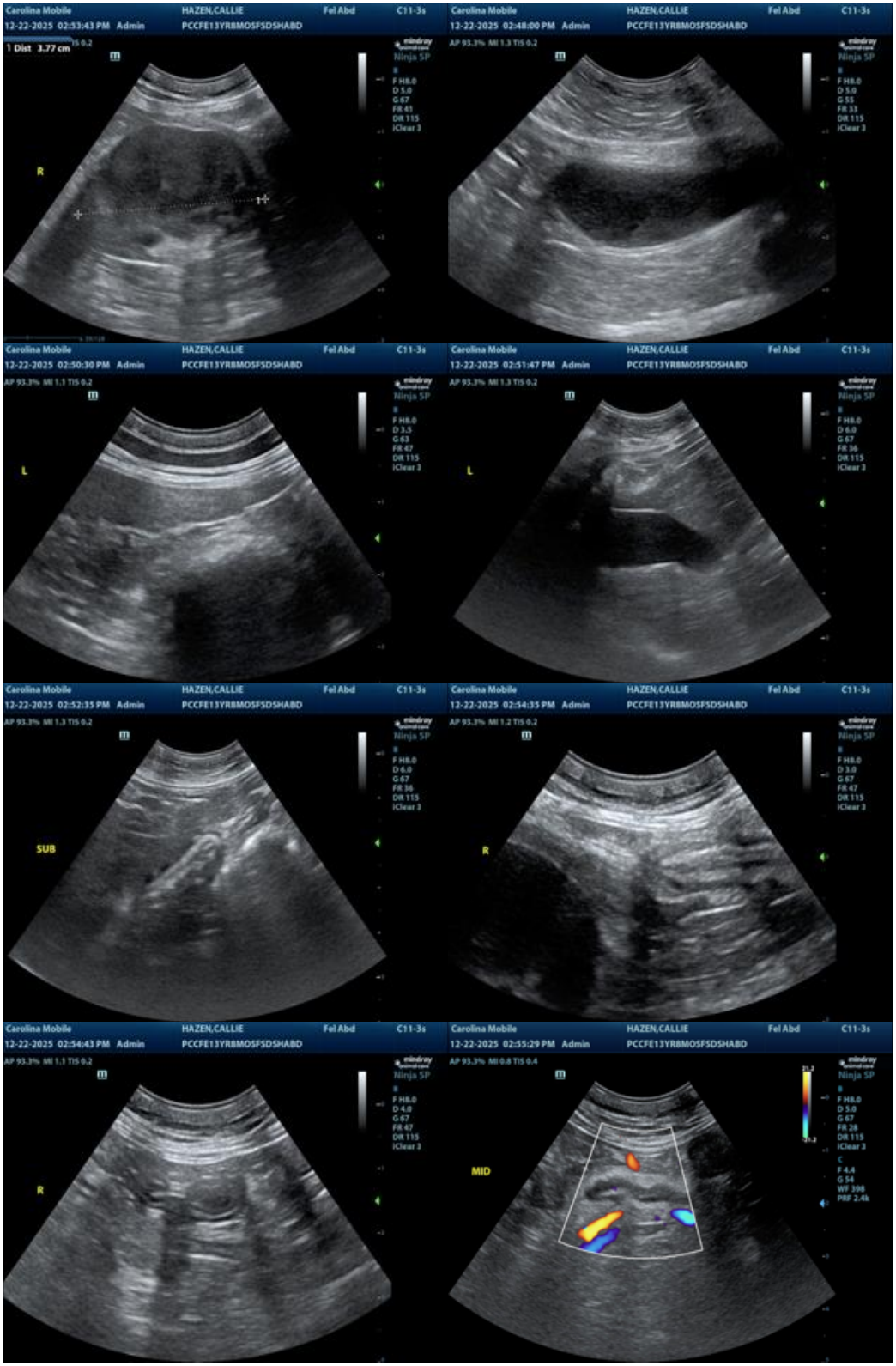

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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