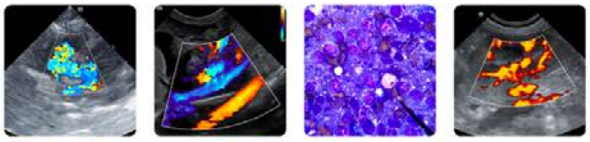

PATIENT

Jack Yeager

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.4 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr. Almeida

INVOICE

74582

DATE

4/18/26

PRESENTING CLINICAL SIGNS

Anorexia, ADR, vomited 1x last night. Extensive medical history including megacolon, idiopathic epilepsy, and very recently diagnosed with immune mediated poly arthritis (suspected erosive form). Has been in prednisolone 2 mg/kg. Other meds include phenobarbital, cisapride, tylosin, amitriptyline, buprenorphine. Last BM was 2 days ago (doesn't typically go daily)

Abnormal PE/Chem/CBC/UA Results: CKD IRIS stage 2 Mild anemia (not new)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary 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 bladder contains a moderate amount of suspended, mobile echogenic debris. The ureteral papillae appear normal.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. There is a hyperechoic corticomedullary band present. Mild degenerative changes are noted. No significant pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. Left kidney measures 4.66 cm. Right kidney measures 4.51 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. Left measures 0.35 cm. Right measures 0.42 cm.

Spleen

The spleen measures 1.22 cm at the hilus. It has a smooth and homogeneous parenchyma with a slightly irregular capsule. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is mildly mottled with a heterogeneous parenchymal and subtle ill-defined hyperechoic nodular changes. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a minimal amount of suspended echogenic debris.. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

Gastrointestinal

The gastrointestinal tract is non-distended and free of stasis with adequate peristaltic activity. The walls are normal in thickness. There are multifocal regions with a slightly prominent muscularis layer that mildly distorts the normal 1:3 muscularis to mucosal ratio. The colon is distended with shadowing feces. The pyloric and Ileocecocolic junction appear patent.

Pancreas

The pancreas is diffusely mottled with a heterogeneous and hyperechoic parenchyma. The pancreatic capsule is mildly irregular, but there is no evidence of regional hyperechoic mesenteric or omental fat.

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Free Abdomen

There is no significant lymphadenopathy or 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.
- There is a hyperechoic renal corticomedullary band present, with a uniform corticomedullary ratio. This is most consistent with a medullary rim sign. There are mild degenerative renal changes noted, with a uniform capsular contour. This is an idiopathic finding, yet at times can be related to FIP or lymphoma in cats.
- The heterogeneous and mottled liver with mild gallbladder debris is a non-specific finding. The prominent regions of small intestine with a focally thickened muscularis layer likely represents infiltrative disease such as chronic enteropathy. Infiltrative round cell neoplasia can't be definitively excluded.
- The mottled and hyperechoic pancreas is likely secondary to chronic pancreatitis. However, infiltrative neoplastic disease can't be definitively ruled out.

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.

Fine needle aspirates of the spleen and liver 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.

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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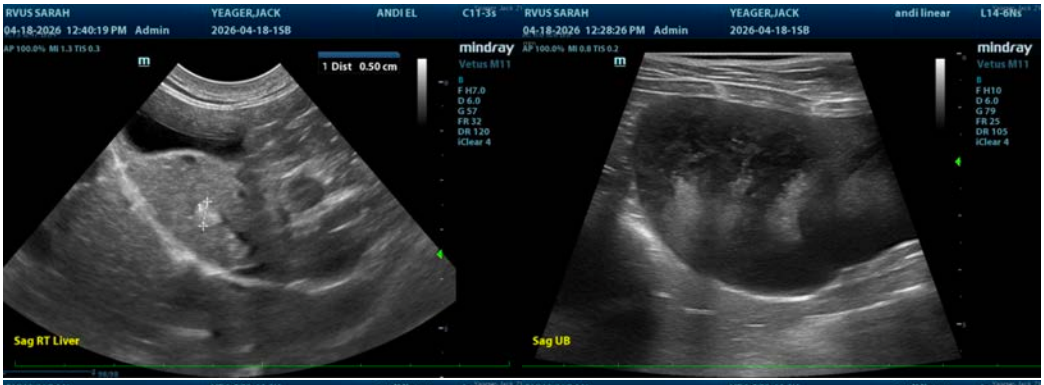

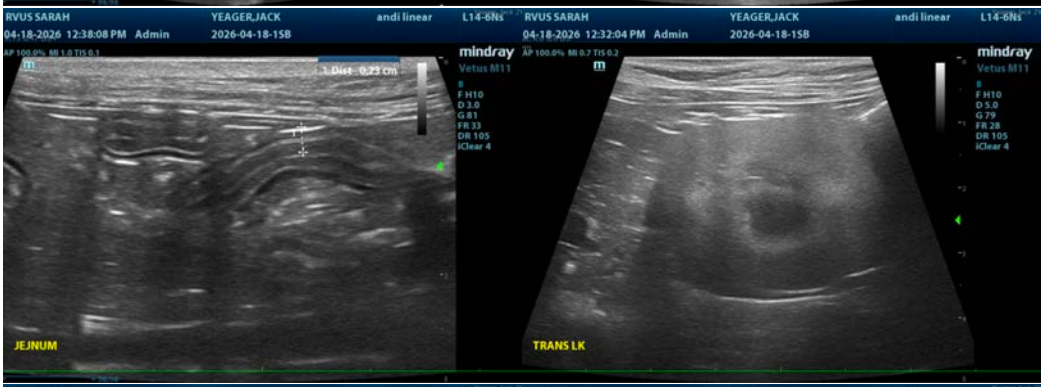

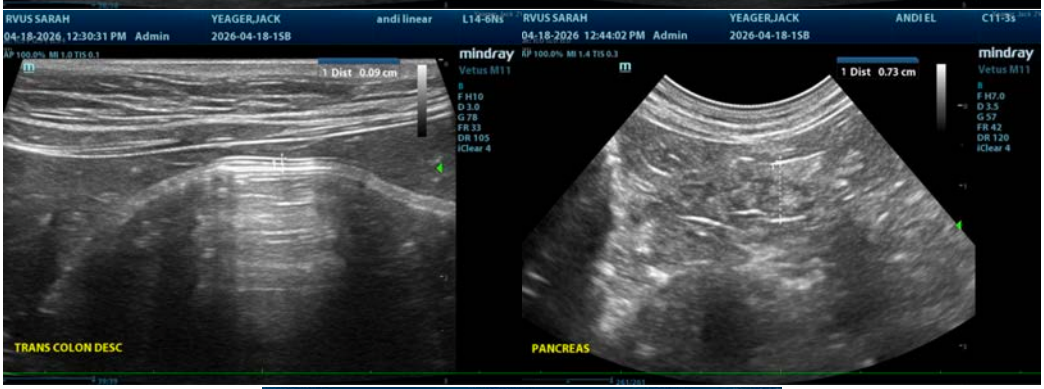

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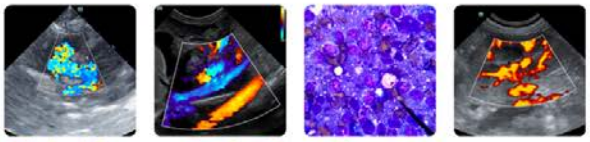

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com