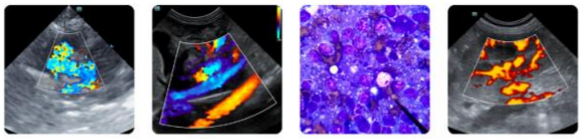




**PATIENT**

Nimbus Belser

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

9/20/24

**WEIGHT**

5.1 kg

**INTERPRETED BY**

Beth Johnson, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Incline Veterinary Hospital

**REFERRING VET**

Dr. Kateryna Sovik

**INVOICE**

12473

**DATE**

11/24/25

## PRESENTING CLINICAL SIGNS

Pt experiencing diarrhea/soft stools daily for the past 11 months. Pt has great appetite and normal energy levels. No vomiting. Fecal tests have been negative. Symptoms improve slightly with probiotics (Fortiflora). Current diet is Hills Adult indoor cat food with Hills GI biome canned diet. L-Lysine (viralysis) SID, Fortiflora SID

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (3.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or mineral observed. One small chronic infarct is suspected in the left kidney.

Right kidney is normal in size (3.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen measured 1.2 cm thick at the hilus.

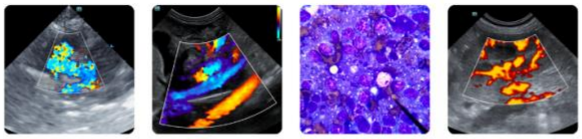
### *Liver*

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.





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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) with intact layering but in some views, the descending colon has a subjectively mildly prominent submucosa layer with an empty lumen.

### *Pancreas*

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### *Free Abdomen*

There is no visible free peritoneal effusion noted in these images.

Mesenteric, cranio-abdominal/pancreaticoduodenal and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Subjectively mildly prominent colonic submucosal layer is likely related to the reported chronic diarrhea but is a nonspecific finding with differentials including infectious, inflammatory, dietary related, etc. causes of colitis with infiltrative neoplasia being possible but considered less likely.
- Mildly to moderately mesenteric, medial iliac and cranio-abdominal/pancreaticoduodenal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

### Secondary Findings

- Suspected small chronic infarct in the left kidney.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.
- A routine fecal/giardia exam is recommended if not recently evaluated.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.
- Pending results of above, fine needle aspirates of the spleen as well as the enlarged lymph nodes could be considered if patient's coagulation status is appropriate.
- In the meantime, Supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required. Fecal microbe transplant therapy may be helpful.

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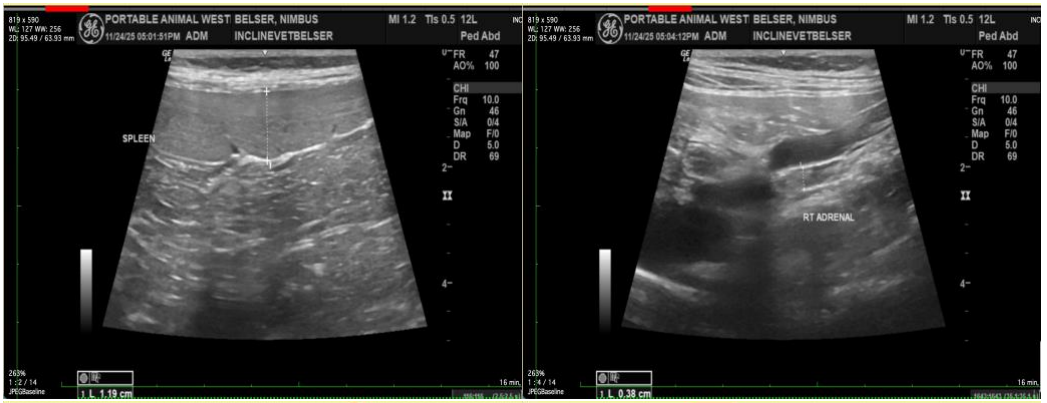


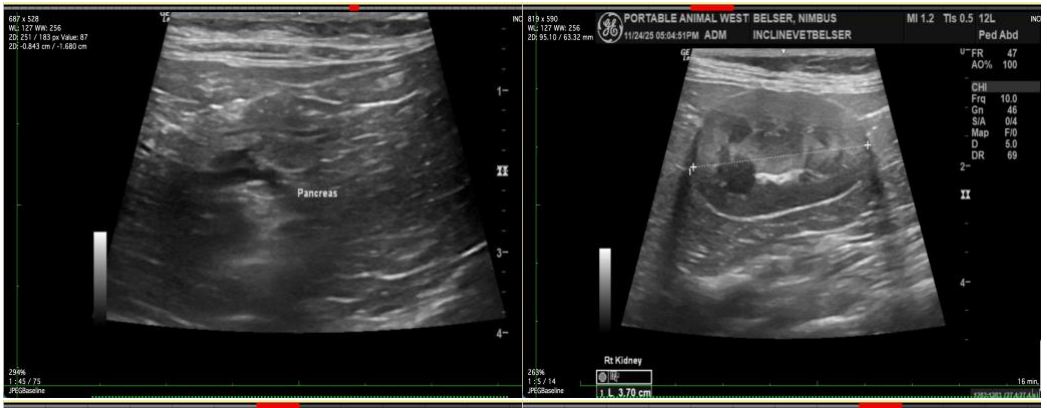


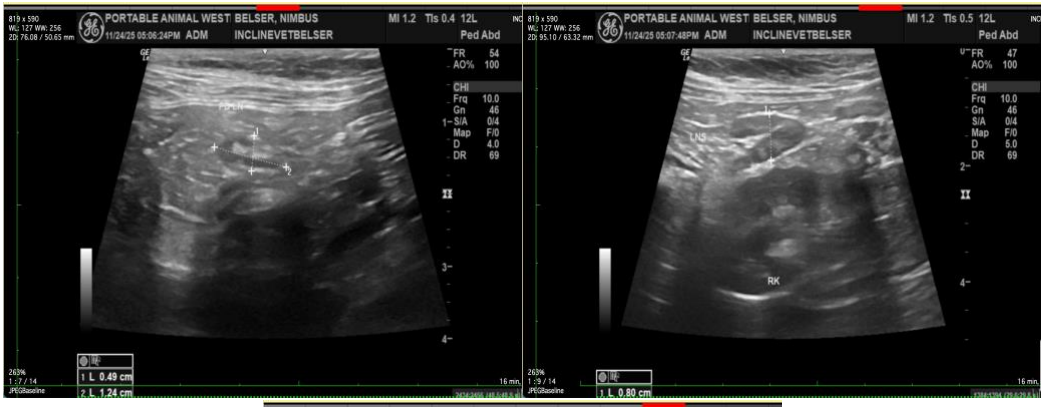


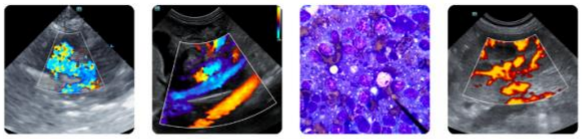



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Beth Johnson, DVM DACVIM**

info@sonopath.com