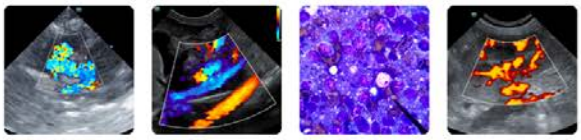


DATE

11/26/25

PATIENT

Dino Friedley Dellario

SPECIES

Feline

BREED

Maine Coon x

SEX

Neutered Male

AGE

11/25/13

WEIGHT

13.3 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

72111

PRESENTING CLINICAL SIGNS

Patient History: Not eating, no bowel movement - Owner was away, just got home - Still drinking and urinating -Possible hairball foreign body- receives laxatone History: - Vomiting beginning two weeks ago; two episodes of "big, giant furrows" suspected hairballs. - Vomitus contained saliva and food; no visible fur expelled. - Milk trial led to minimal vomiting; multiple oral food trials (Greenies, Temptations, wet food, tuna water). - Reduced food intake, poor appetite; eating only small amounts sporadically. - Last defecation Saturday (date not specified), stool not large and no hairball noted. - Vomited black material overnight, no fur observed.- Polyuria: urinating daily, recent increase in volume ("good-sized" urination last night, small in AM). - Drinking: decreased overall intake; a single "good drink" this morning; not hanging by water bowl. - Recent weight loss: previously 16.5 lb, then 14.5 lb (2 weeks ago), currently 13.3 lb. - Past medical history: intermittent hairballs, last documented bloodwork July 2004; no chronic vomiting history. - Client brushes daily or BID with grooming tool; recently decreased grooming due to decreased activity. - Diet: Hill's Oral Care, some human tuna water. - No documented heartworm prevention; no systemic illness reported. - Last veterinary visit two weeks prior (Wednesday the 12th); radiographs performed, no bloodwork at that visit.

Current Medications: Methadone, Gabapentin.
Labwork Results: Attached, reported as pending.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left kidney measures 4.03 cm with moderate pyelectasia measuring 0.26 cm in the transverse view. Right kidney measures 4.34 cm with moderate pyelectasia measuring 0.38 cm in the transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.49 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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.

The visible small intestine demonstrates areas of markedly/significantly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Duct dilation is present measuring 0.31 cm dilated.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Marked/significant inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

- Concurrent chronic low-grade smoldering pancreatitis is suspected.

SECONDARY FINDINGS

- Mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- Age related kidney changes with moderate bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urine culture could be considered.

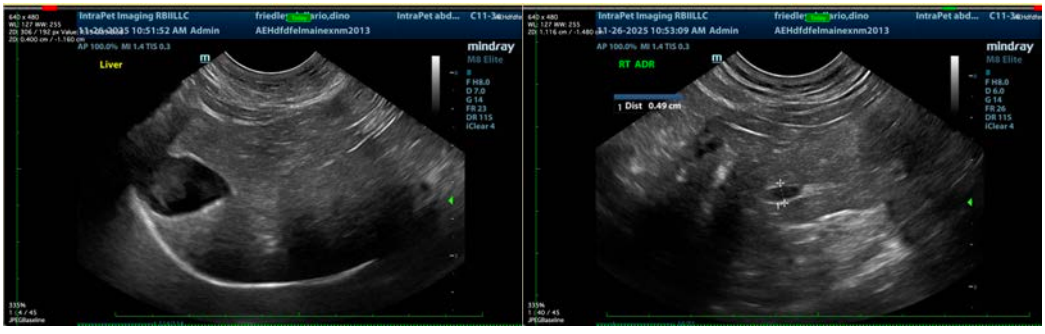
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

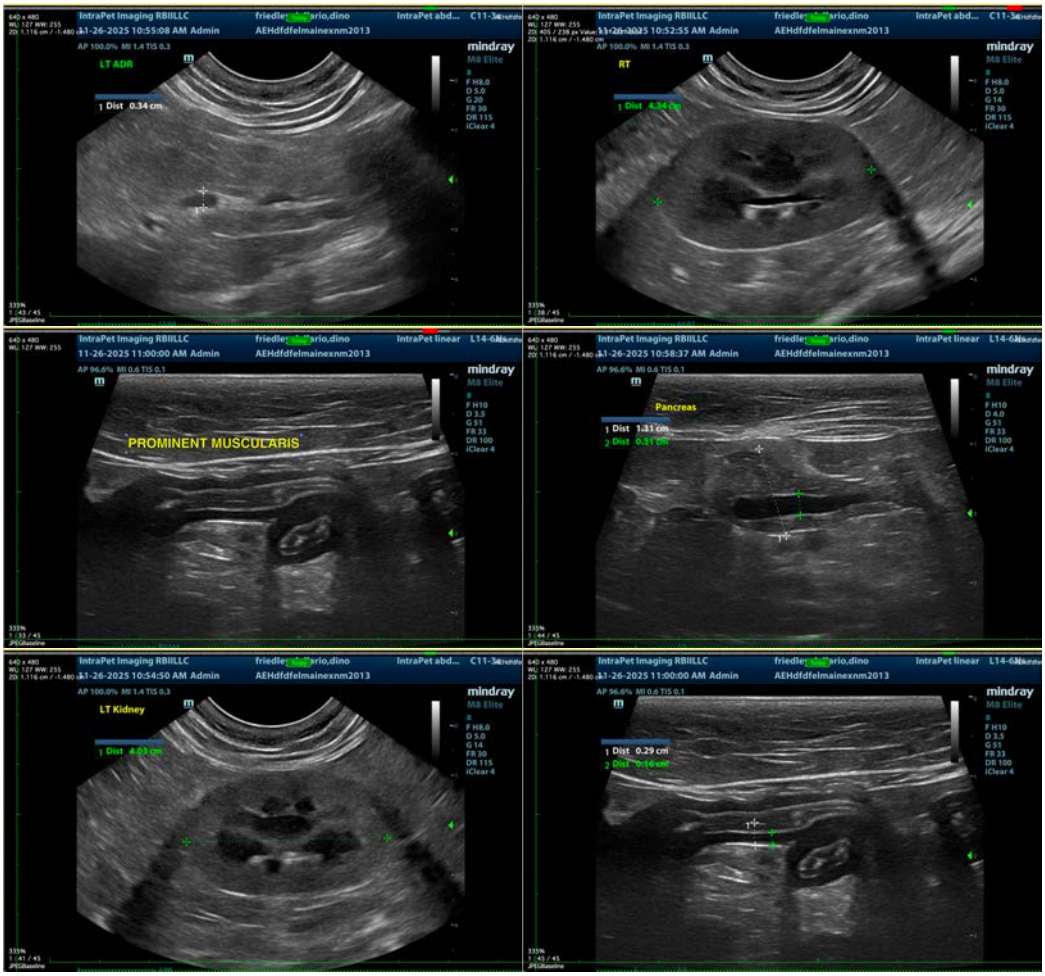
- Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

- If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, 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 with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

- Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

I'm unsure if patient is a known diabetic already or if this is a new finding, but medical management of diabetes mellitus, if not already in place, is indicated as well based on the reportedly laboratory changes, and may alter the empirical use of steroids, etc. for the suspected bowel disease.





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
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