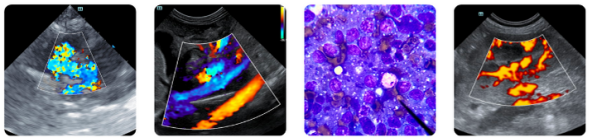


PATIENT

Autumn Edwards

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years 6 months

WEIGHT

17.1 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

10935

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

Presented due to a suspect wound to the left front foot, nasal congestion, inappetence, and hiding since yesterday.

Abnormal PE/Chem/CBC/UA Results: Markedly overweight, icteric, elevated TEL, OU, audible nasal congestion, oral cavity unremarkable, small amount of blood present on the dorsal surface of the left front paw. No wounds found, cannot exclude episodic epistaxis, not evident at the time of exam. CBC - WNL, chemistry - elevated ALT =198 U/L, Tibili=8.9 mg/dL, amylase=1239 U/L, BUN=37 mg/dL, (Cr - NA due to icterus), mild hyponatremia, hypokalemia, decreased T4=0.8 ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

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 pyelectasia, mineral or infarcts observed. Left kidney measures 4.0 cm, and the right kidney measures 4.0 cm.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

The spleen is unable to be well visualized in these images.

Liver

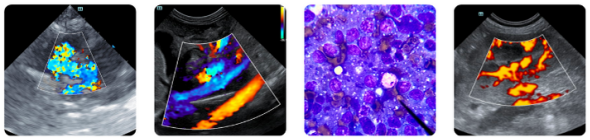
Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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.

The visible small intestine demonstrates areas of moderately 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.



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

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 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.

PRIMARY FINDINGS

- Moderate 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.
- Moderately reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The liver changes are non-specific with differentials for a microscopic hepatopathy representing benign bacterial or lymphoplasmacytic cholangiohepatitis, potentially hepatic lipidosis, other infectious or reactive hepatopathy and/or infiltrative neoplasia is unable to be ruled out without tissue sampling.

SECONDARY FINDINGS

- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the liver as well as the enlarged mesenteric lymph nodes can be considered if patient's coagulation status is appropriate.

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.

In the meantime, further workup of the nasal congestion i.e. advanced imaging, sampling, comprehensive infectious disease evaluation, etc., is also recommended.

In the meantime, recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.

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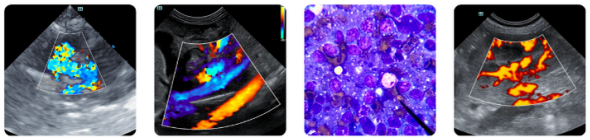

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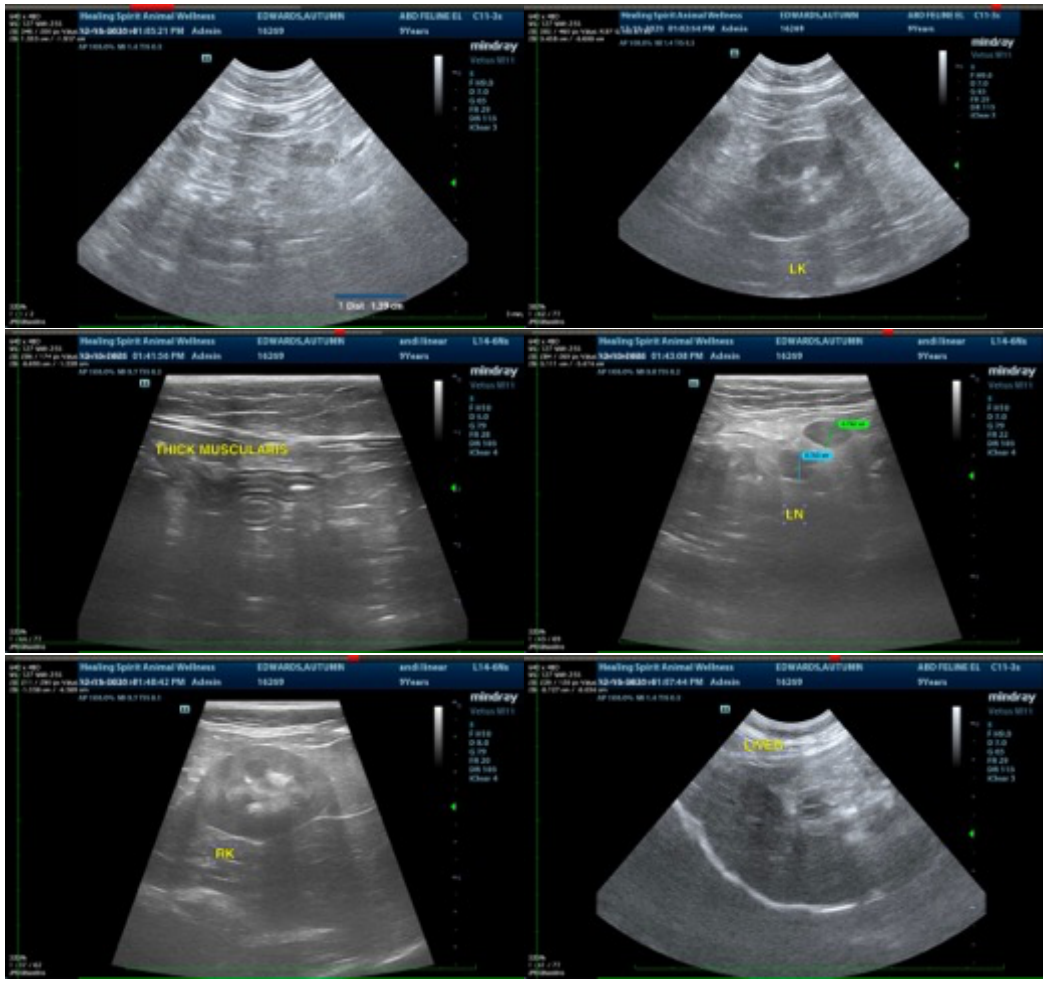

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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