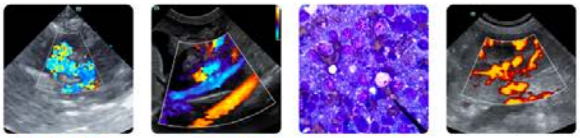


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Oliver Douville

SPECIES

Feline

BREED

Himalayan

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.59 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road Animal Hospital

REFERRING VET

Dr. Dogar

INVOICE

73035

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Vomiting after eating for past 4 days. Wants to eat and excited to eat, but pukes it up. Has been drinking fine, doesn't seem to puke after water. U/BM normal. Not coughing/hacking other than when he vomits //SG//OBJECTIVE: BAR HR 190 with grade 2 heart murmur. Clear lungs. Moist pink mm's. CRT< 2 sec. M2 gingivitis. Normal oral exam otherwise. Bilateral lens sclerosis. Normal ears and LN's. Normal abdominal palpation; no obvious palpable masses/FB noticed. ASSESSMENT: r/o: dietary, IBD, hairball hepatobiliary, metabolic/endocrine, pancreatitis, FB, tumour, others

Current Medications: Cerenia, Metronidazole, Famotidine, Ampicillin

Abnormal PE/Chem/CBC/UA Results: BUN: 13.4; rest good Radiographic Findings Radiographs: gas and some radio-opacity present. Gas in small intestine/colon. Stool in colon

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.

Multiple cortical anechoic cysts of various sizes are present. Overall echogenicity is increased (hyperechoic cortex) as the result of acoustic enhancement from the cysts and kidney shape is distorted. Left kidney measures 3.89 cm. Right kidney measures 4.3 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.46 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.

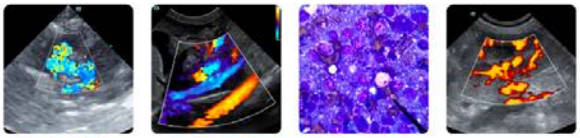
Spleen

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). A well-demarcated hyperechoic homogenous nodule is noted. 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.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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. No pancreatic duct dilation is noted.

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 or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.

- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

- Polycystic kidneys – Cysts may be inherited or acquired and may be a subclinical incidental finding or the result of chronic degenerative kidney disease. This finding should be interpreted in combination with breed (inherited polycystic renal disease is more common in some breeds including, but not limited to, Persian cats, cairn terriers and bull terriers), laboratory findings and clinical signs.

SECONDARY FINDINGS

- Hyperechoic splenic nodule – most consistent with benign myelolipoma. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

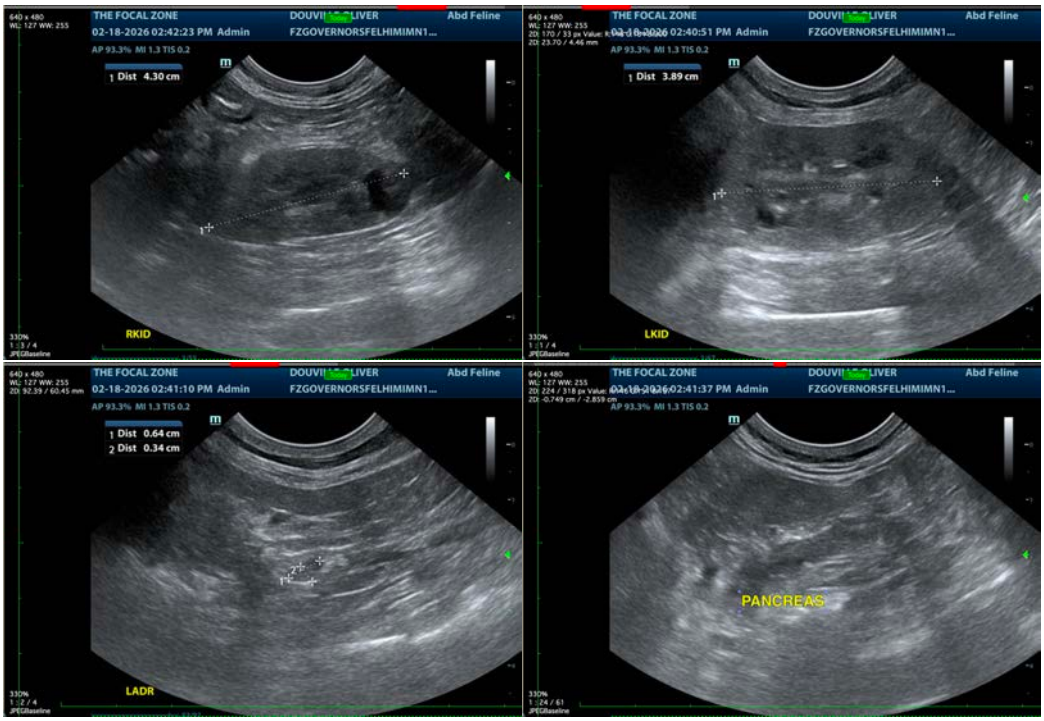
A blood pressure is also recommended.

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.).



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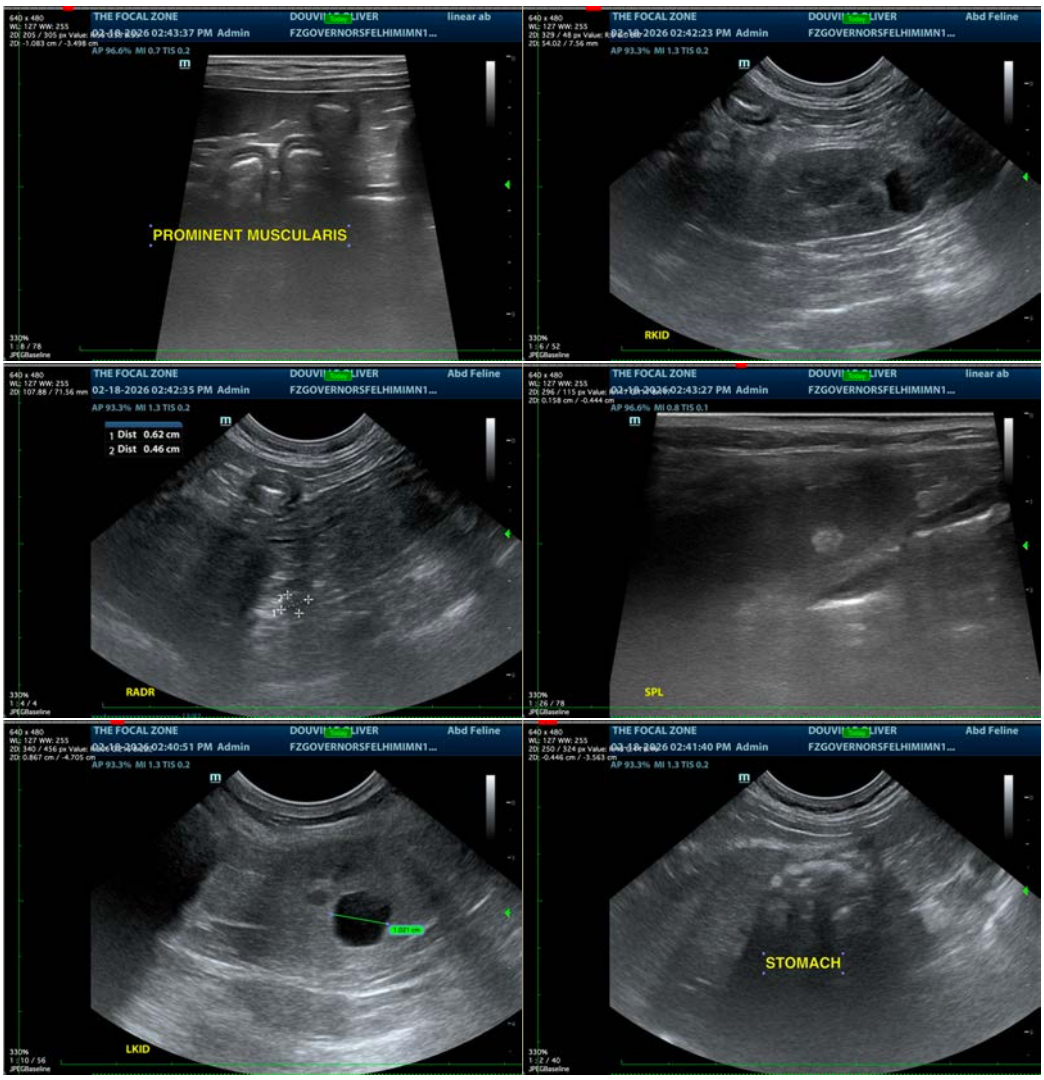

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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