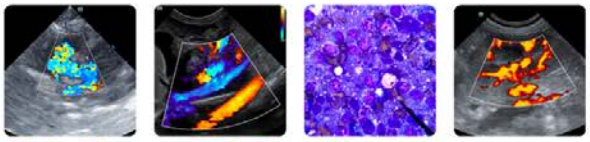


PATIENT

Annyong Perez

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered Male

AGE

13 Years

WEIGHT

16.69

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Emily Shotts

HOSPITAL NAME

Riverbend Veterinary PetCare Hospital

REFERRING VET

Dr. Emily Shotts

INVOICE

74773

DATE

4/28/26

PRESENTING CLINICAL SIGNS

13 year old male neutered domestic longhair that presents for 2 week history of intermittent episodes of formed stools with bright red blood and mucus outside the litter box. Owner notes these bloody but formed stools are occurring every 2-3 days with normal, non-bloody stools in between. Patient has maintained normal appetite and energy levels and is drinking normal amounts of water and is not vomiting. Fecal O&P + antigen all negative. Labwork showed mild leukopenia (3.7 k/ul [3.9 - 19.0 K/µL]) characterized by neutropenia (2.25 K/ul [2.62 - 15.17 K/µL]) and eosinopenia (0.141k/ul [0.209 - 1.214 K/µL]). Chem and TT4 wnl. UA pending. A trial of proviable and metronidazole at 10mg/kg PO BID were given with no clinical response. Patient currently eats Purina and diet has not recently changed.

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 pyelectasia, mineral or infarcts observed. Left kidney measures 4.0 cm. Right kidney measures 4.4 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 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.

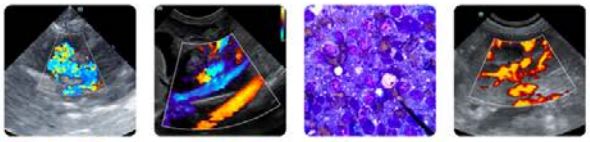
Liver

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.

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.



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The visible small intestine demonstrates areas of mildly 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 colon is diffusely normal in thickness and layering. There is one area in the mid to distal descending colon that appears mildly thick, measuring 0.43 cm thick, with normal intact layering. The colon is very subjectively potentially mildly distended with firm shadowing stool. No free fluid noted. Adjacent to the area of the colon that I believe might be mildly focally thick, there is a prominent lymph node.

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.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

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

- The mild mid to distal colonic thickening represents the same differentials with both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma being possible differentials that can't be differentiated without tissue sampling.

- Suspect moderately reactive colonic lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

- Moderate age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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.

Ultimately, further assessment and biopsies of the GI tract, being sure to include colon and ileum if possible, may be necessary for a definitive diagnosis and to therefore further guide medical

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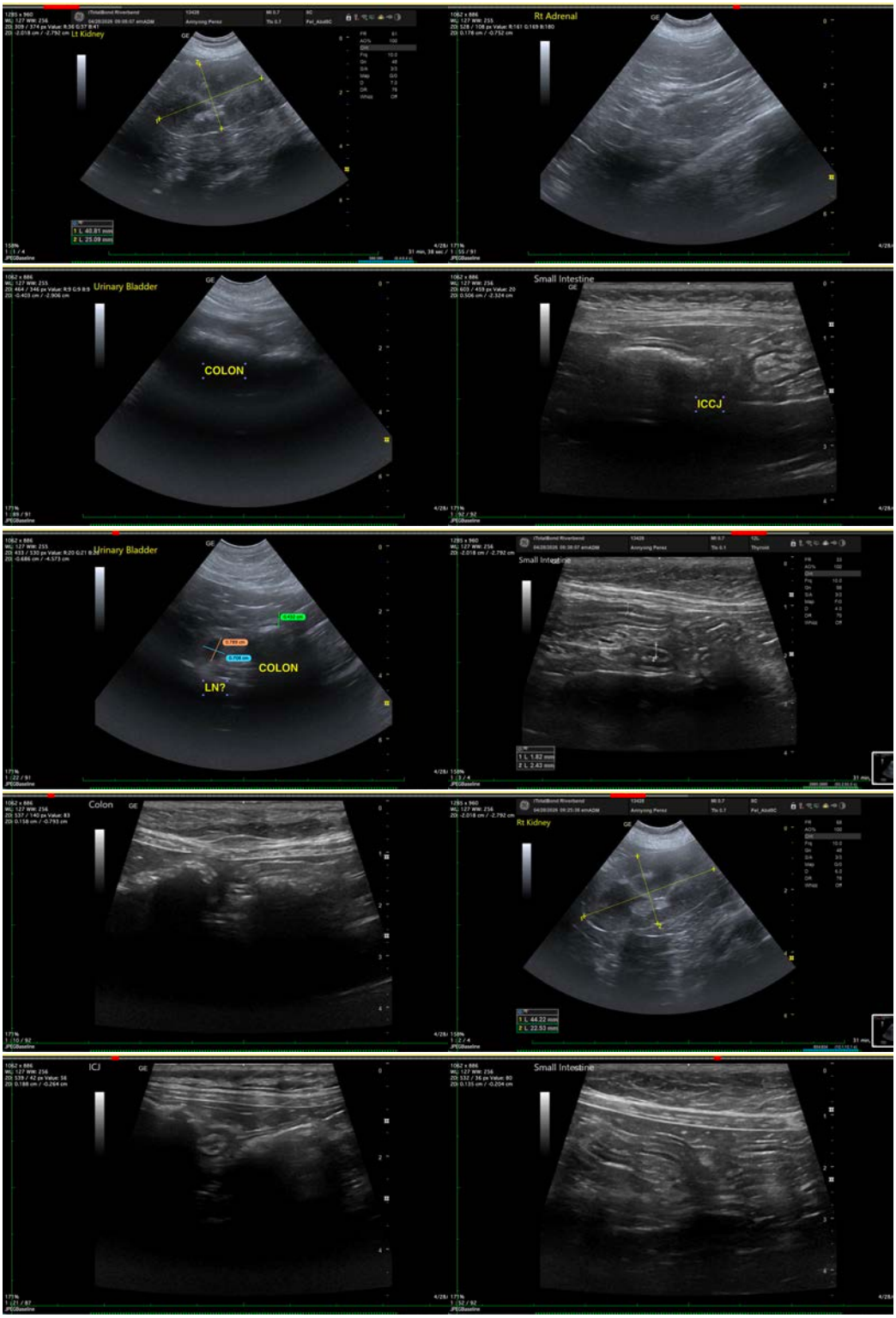

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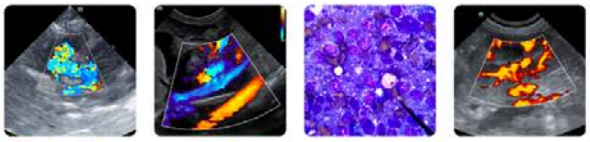

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com