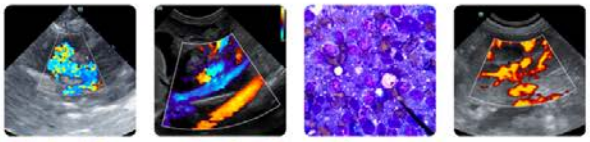


PATIENT

Ivy Narbonne

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 8 Months

WEIGHT

10.7

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Miranda Fritz

HOSPITAL NAME

Richmond Animal Hospital

REFERRING VET

Dr. Miranda Fritz

INVOICE

75055

DATE

5/12/26

PRESENTING CLINICAL SIGNS

P presented for chronic intermittent vomiting. O states p has been vomiting on and off for years. o does not think there is a pattern/consistency. Sometimes will vomit weekly and sometimes p will go a week or two without vomiting. Most often vomits in the morning about 1 hour after breakfast, but sometimes will vomit in the evening. No d/c/s, no pu/pd. App/energy otherwise normal. Baseline bw done and p started on hydrolyzed protein diet 3 weeks ago - since changing to HP food there has been no change in vomiting (not better or worse).

Abnormal PE/Chem/CBC/UA Results: PE - wnl, BCS 7/9 CBC - mild neutropenia, all else wnl Chem- NA + 158 (H), albumin 4.0 (H), ALP 63 (H), cholesterol 416 (H) TT4 - 2.4 ug/dL Texas A&M GI panel - pending

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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Mild pyelectasia is noted bilaterally. Left kidney is small-normal at 3.3 cm. Right kidney is small-normal at 3.3 cm.

Adrenal Glands

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

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.

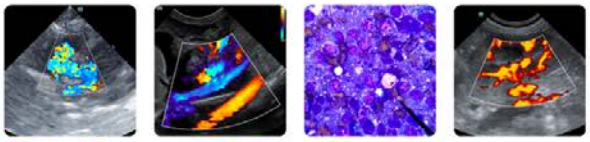
Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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. The cystic and common bile duct are diffusely tortuous in appearance without pathologic distention noted in these images at this time.

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) 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.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral chronic kidney disease changes with mild bilateral pyelectasia.
- Hyperechoic hepatomegaly (feline) – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, 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.

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.

Fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate.

If a diagnosis is not made, further evaluation and/or monitoring to determine if further evaluation of the neutropenia is necessary, may be indicated.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended.

If tolerated, a transition in diet is recommended, based on trial-and-error response.

Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.

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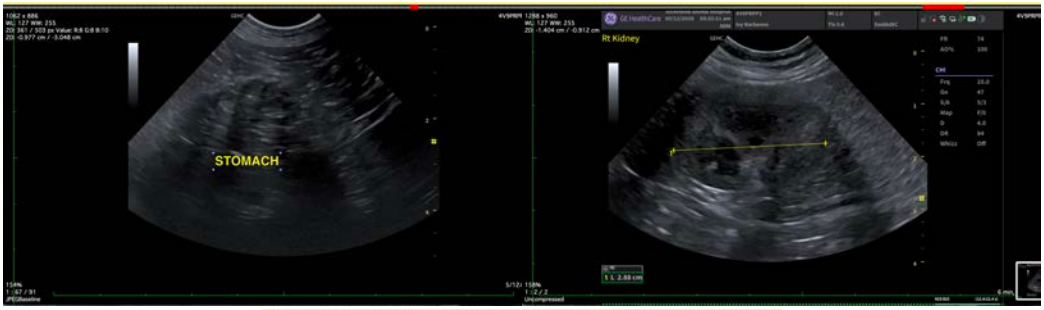

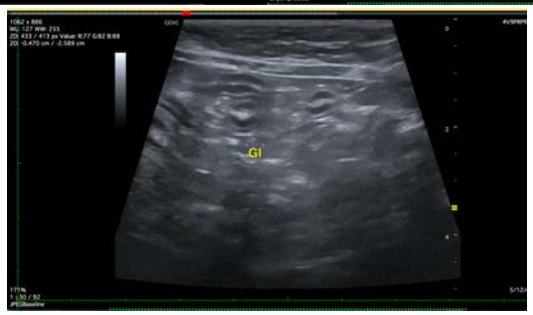

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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