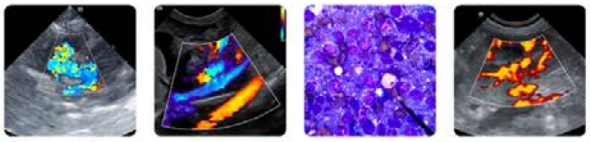


PATIENT

Lilith Melendez

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

3 Years

WEIGHT

5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Ashley Torres, DVM

INVOICE

75259

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History of chronic diarrhea and weight loss since adopted 1 year ago. Patient has a great appetite but never seems to keep weight on. Other pets in the home are unaffected. Patient tried a prednisolone trial but symptoms did not improve.

Labwork shows leukocytosis (38k) characterized by neutrophilia (33k), SDMA 16, BUN 47, low albumin (2.5), and elevated K+ and Phos and low cholesterol. Her T4, UA, fecal, and BNP are unremarkable.

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. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.78 cm. Right kidney is normal in size at 3.82 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.33 cm at cranial pole and 0.23 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.57 cm at cranial pole and 0.54 cm at caudal pole), 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

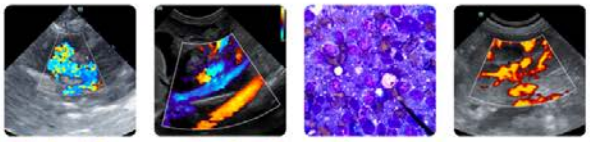
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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.

The small bowel is diffusely near the upper end of normal limits for thickness, with the duodenum measuring 0.37 cm thick and the jejunum measuring 0.26 cm thick, with normal intact layering but significant hyperechoic mucosal fogging or speckling noted throughout. In several views ot eh



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duodenum there appears to be a focal mildly heterogeneous, largely hyperechoic thick area measuring up to 0.76 cm thick. The lumen is largely empty.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is diffusely moderately distended with soft stool.

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 a trace amount of free fluid noted.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state. The focally thicker part of the duodenum could represent a benign process i.e., a more severe presentation of the suspected diffuse bowel disease, although infiltrative neoplasia, while considered much less likely, can't be definitively ruled out.

- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

- Mild bilateral chronic kidney disease 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.

While much less common and potentially low yield in a cat, given the laboratory changes, an ACTH stimulation test to rule out hypoadrenocorticism could also be considered.

Ultimately, based on the appearances above, I'm most concerned about a protein losing enteropathy, and ultimately biopsies of the GI tract, being sure to include the focally thick duodenum as well as the ileum, if possible, are likely indicated for definitive diagnosis and to further guide medical management.

In the meantime, if a less invasive approach is elected and it can safely be reached, fine needle aspirate of the focally thick duodenum could be considered to investigate/hopefully rule out infiltrative round

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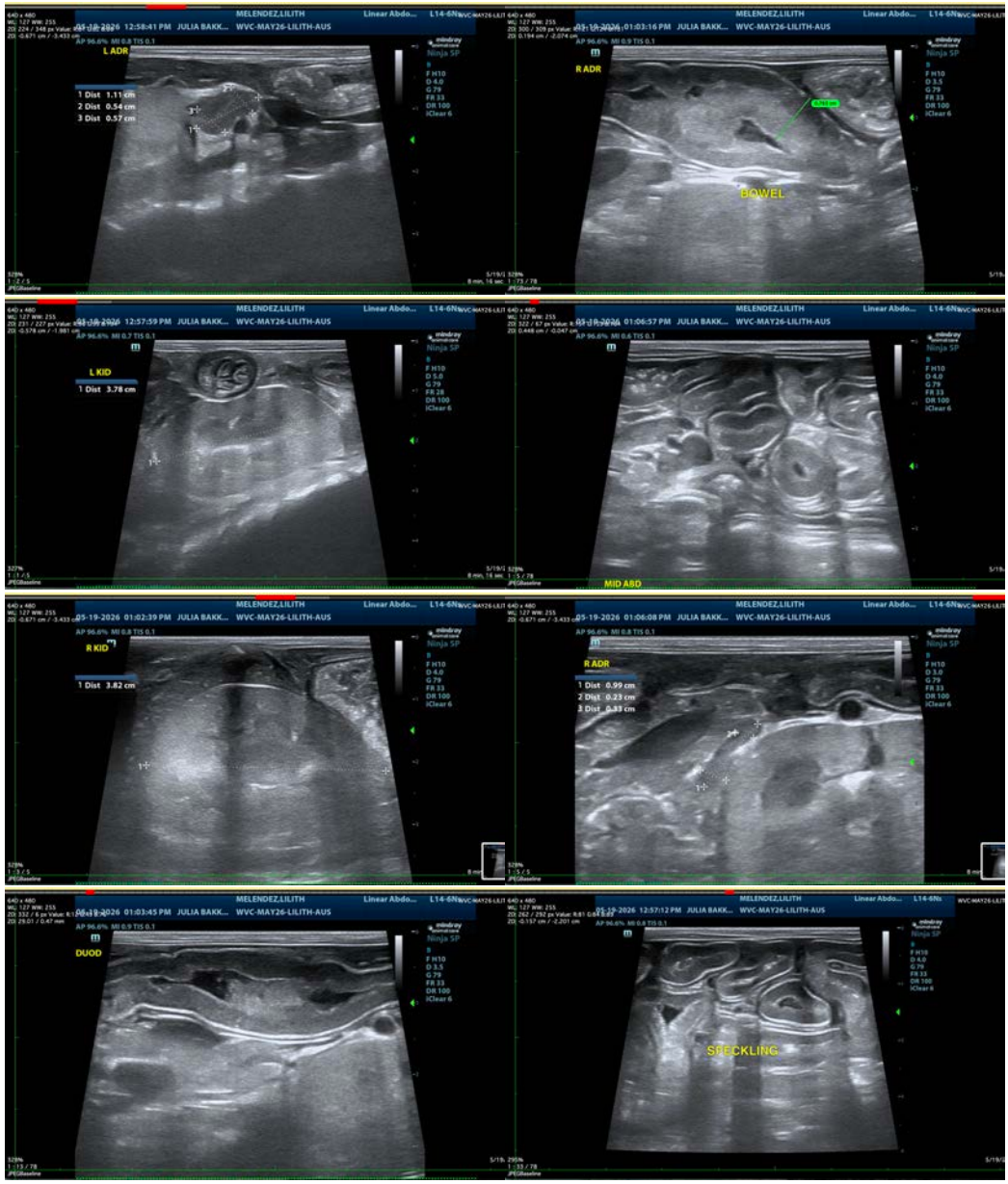
cell neoplasia, but benign inflammatory conditions, sources of protein loss, etc. may not be diagnosed via cytology.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (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 possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.



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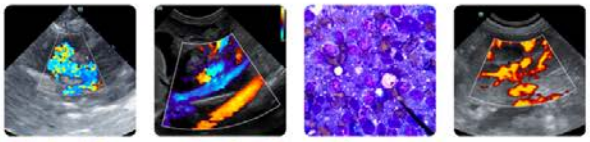

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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