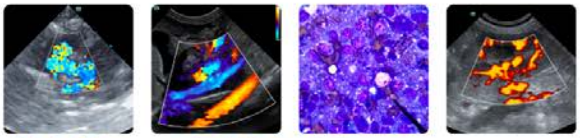

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Grissom Vanbelleghem

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

2.3 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Allen

INVOICE

72060

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Presented for significant weight loss despite having an increased appetite. -Blood work performed in June of the previous year was reportedly normal. -There is a history of vomiting, though it has not been observed recently -The client reports that recent stools have been liquidy (few days) BAR, BCS: 1.5/5 HR- 160 bpm, Grade IV/VI heart murmur is present. Strong synchronous pulses Current Medications None

Abnormal PE/Chem/CBC/UA Results: See attached lab work Primary Question to Be Answered in This Exam concern for intestinal disease (EPI, lymphoma, IBD, other)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left measures 4.2 cm. Right measures 3.97 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.36 cm in thickness. Right measures 0.42 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is enlarged and hyperechoic with a coarse echotexture. There are multifocal variably sized hypoechoic nodules throughout and multiple small cystic structures throughout.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains gas and ingesta, obstructing full visualization.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas and ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

There is scant free fluid visible in every quadrant.

ULTRASONOGRAPHIC FINDINGS

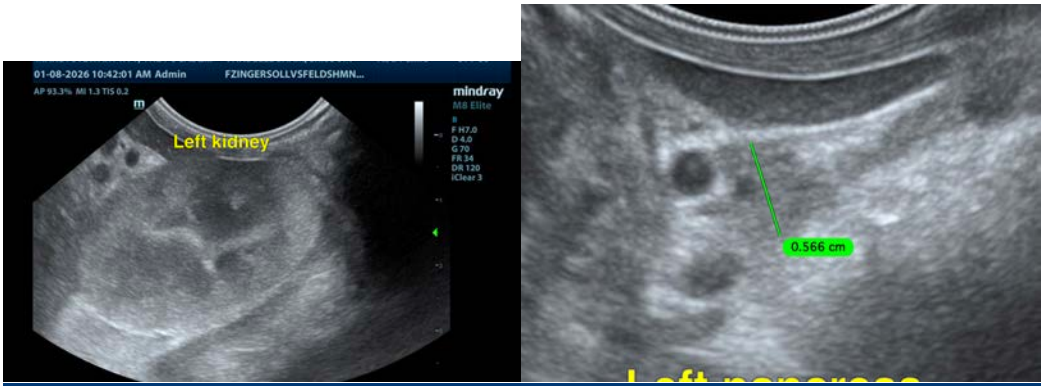
- Hyperechoic liver with nodules and cysts throughout the parenchyma.
- Aging renal changes.
- Scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant ultrasonographic changes are the liver parenchymal changes. These may reflect infiltrative disease, and liver aspirate is recommended. Ultimately, liver biopsy may be required for more definitive diagnosis. This may also be an incidental, benign change.

No other cause of weight loss was apparent on ultrasound. GI tract was full of ingesta, but there were no apparent changes to wall layering or thickness. Trial treatment for IBD could be considered if liver sampling is benign.

Abdominal effusion was very scant. Serial AFAST exam should be considered with plan to obtain a fluid sample for fluid analysis, cytology, and testing for FIP mRNA if another fluid sample becomes available.



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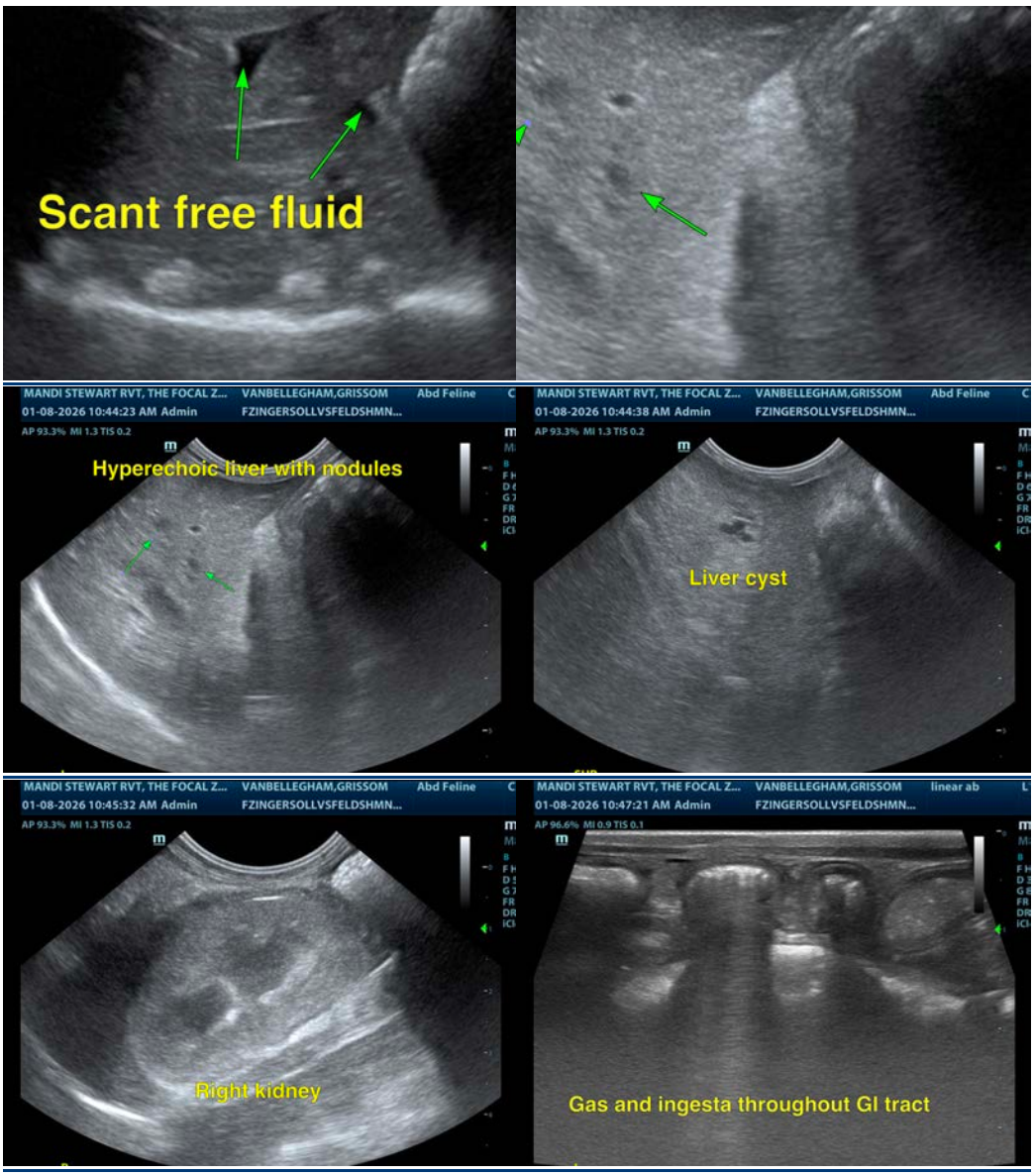

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com