PATIENT

Yoda Tao

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 8 Months

WEIGHT

11.3 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Heart & Paw Lk Hopatcong

REFERRING VET

Dr. Isabella Marmolejo

INVOICE

35032

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: On & off vomiting. V liquid and hairballs.
Abnormal PE/Chem/CBC/UA Results: Mildly elevated eosinophils and monos. Chem-nsf.

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 was noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 3.89 cm in length. The left kidney measured 3.94 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.35 cm in thickness.

The right adrenal gland is not visualized.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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

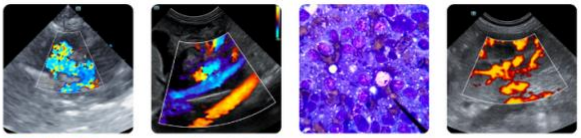
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gallbladder wall is diffusely moderately thickened with a hyperechoic mucosal surface.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The duodenum is diffusely thickened with decreased motility and hazy wall layering. The remainder of small intestines are diffusely thickened with prominent muscularis layer.



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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

Pancreas

The left and right limbs of the pancreas are visible. They are bilaterally mildly enlarged and hypoechoic.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestines with prominent muscularis and hazy wall layering and duodenum.
- Enlarged/prominent pancreas
- Thickened gallbladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of pancreatic, small intestinal, and gallbladder wall changes is suggestive of feline triaditis. GI panel (TLP, PLI, cobalamin and folate) should be considered. Ultimately, biopsy is required for definitive diagnosis, but empiric treatment is reasonable.

Empiric treatment includes maintenance of hydration with fluid support and GI support as needed (anti-nausea, appetite stimulant, analgesics if indicated). If initial treatments are unsuccessful, treatment for IBD could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Treatment with steroids (budesonide vs prednisolone) may be required – biopsies should be acquired prior to treatment with steroids. Ursodiol is helpful if cholestasis is present. Antibiotics are generally not required as it is not an infectious process but may be considered if liver values become significantly elevated and ascending infection of the biliary tree is a concern.

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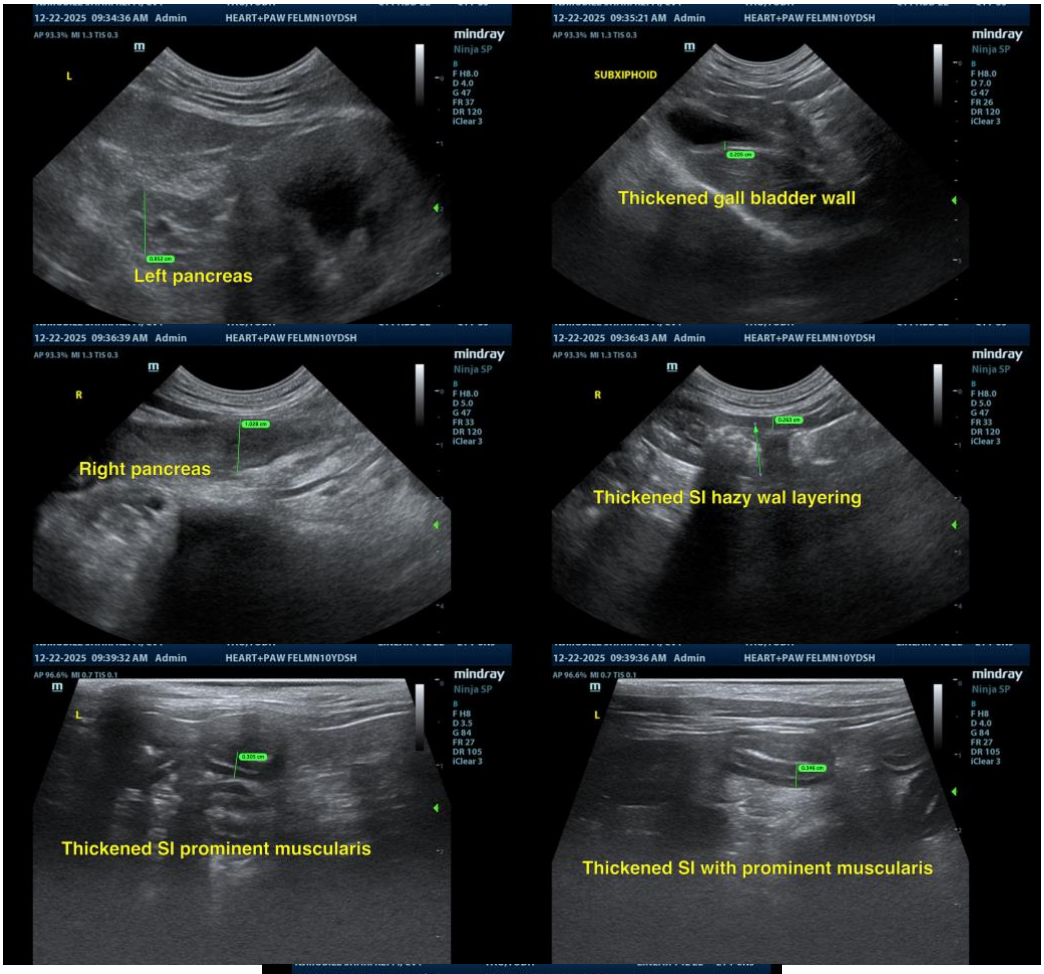

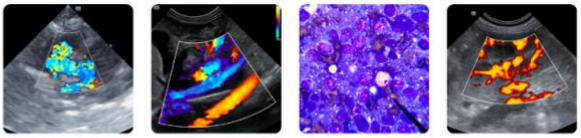

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com