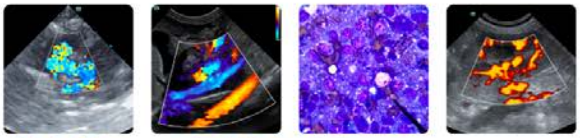


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Frankie Warnock

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Months

WEIGHT

2.2 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

72815

DATE

12/29/25

PRESENTING CLINICAL SIGNS

The patient presented for anorexia and anal discharge. The owner reports the patient has eaten less than a quarter cup of food in the last 24 hours. The owner also notes the patient is straining to defecate and has a constant discharge from her anus, leaving two large marks on the bed. The patient was seen by her regular veterinarian at Briarwood 2 days ago for suspected constipation. - A physical exam, rectal exam, and x-rays were performed. X-rays reportedly showed no blockages. - The veterinarian noted enlarged anal glands and expressed them during that visit.

Abnormal PE/Chem/CBC/UA Results: CBC: Significant anemia with a hematocrit of 23%. Marked inflammatory leukocytosis (total white blood cell count of 28) with neutrophilia. Chemistry: Hyperglobulinemia (65), resulting in a low albumin-globulin ratio of less than 5. Elevated total bilirubin. Saline Agglutination Test: Positive for red blood cell clumping, which is highly suggestive of IMHA. FeLV/FIV Test: Negative.

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 were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. The cortices of both kidneys are hypoechoic. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. There is a hyperechoic band between the cortex and medulla bilaterally. Left kidney measures 3.66 cm in length. Right kidney measures 3.67 cm in length.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.25 cm in thickness. Right measures 0.23 cm in thickness.

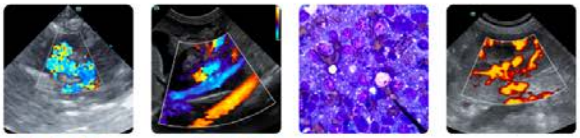
Spleen

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 subjectively normal in size with normal contours and structure. There is age 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.

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



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Gastrointestinal

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

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. 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 gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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

Lymph Nodes

Multiple colonic lymph nodes are enlarged, rounded, and hypoechoic, with one measuring 1.1 cm x 1.2 cm.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Colonic lymphadenopathy.
- Bilateral renal medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colon is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described clinical signs. The most common reason for diarrhea in juveniles is parasitism which may escape detection in routine fecal exams. Fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. An easily digestible GI diet with consideration for addition of extra fiber could be considered. If initial treatments are unsuccessful, treatment for dietary sensitivity/allergy could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Colonoscopy may reveal pathology not visible on ultrasound. Colonic lymphadenopathy is not commonly seen. FNA of colonic lymph nodes is recommended to assess for juvenile lymphoma. This may be diagnostic of other causes of colitis as well. MRNA testing for FIP with colonic lymph node aspirate material should be considered, given patient signalment and bloodwork abnormalities.

Further assessment of reported anemia may include pathology review of CBC,Coombs test, and infectious anemia testing.

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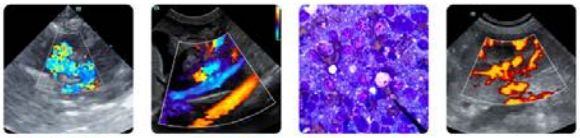

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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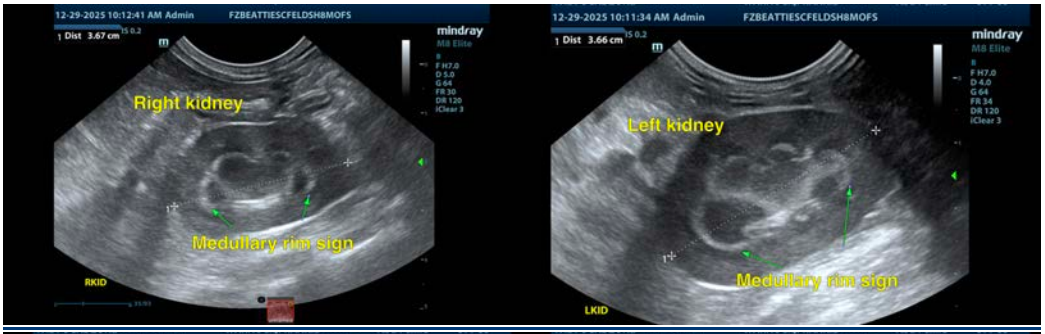

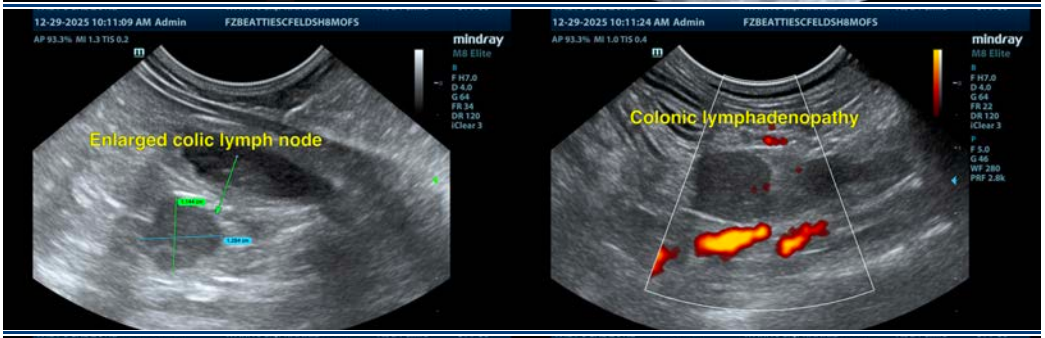

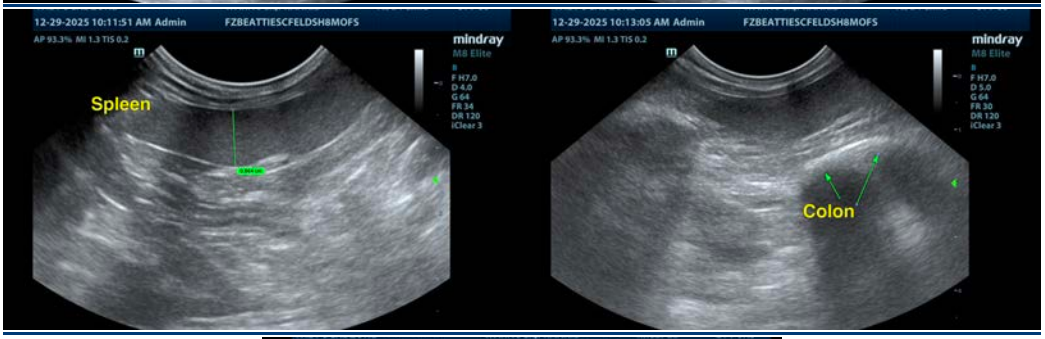

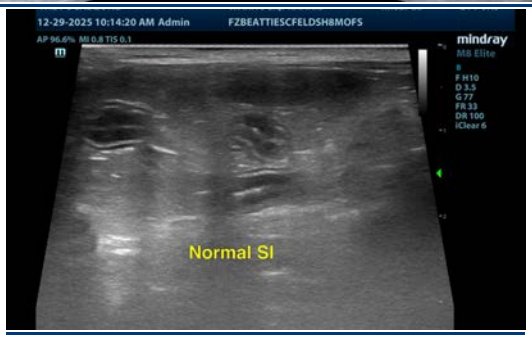

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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