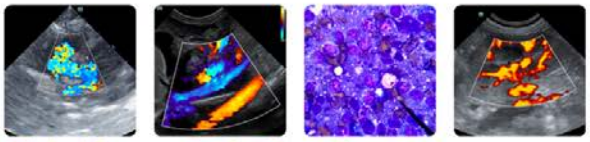

PATIENT

Banksy Rice

SPECIES

Feline

BREED

Sphynx

SEX

Castrated Male

AGE

6.7 Years

WEIGHT

5.4 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Kristen Carpenter

INVOICE

73205

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Sedated with butorphanol. Chronic hx of presumptive IBD based on AUS at approx 6 months of age. Was originally managed with Redford Naturals sens skin and stomach. One year ago presented for acute diarrhea, weight loss, elevated liver enzymes. AUS deferred at that time. Was managed with switch to HP, B12 injections, antibiotics and steroid therapy weaned to every third day after IBD signs controlled. Liver enzyme elevations resolved after abx therapy for presumptive cholangiohep.

Presented 2 weeks ago for another bout of severe diarrhea and weight loss (down to 4.5 pounds) after switch to raw lamb diet. Live suspected roundworms were also seen in his stool and he was dewormed at that time (Fecal NOS). Steroids were also increased to SID x 7 days and patient is being weaned down again to LED. Patient is still currently having diarrhea.

Current meds: Vit B12 injections once monthly, Prednisolone 2.5 mg EOD, HP dry + Z/d wet, Metronidazole 25 mg PO BID. Dewormed with pyrantel.

Abnormal PE/Chem/CBC/UA Results: 2/12/26 Bloodwork: HCT 33.4, Neutrophilia 36.7 k/ul (2.6-15.17), Monocytosis 1.013 k/uL (0.04-0.4). Chem: BG 218 (72-175), Creat 0.8 (0.9-2.3), tCa 8.0 (8.2-11.2), Albumin 2.3 (2.6-3.9), ALT 24 (27-158), AST 15 (16-67), ALP 10 (12-59). T4 - 2.5. -2/12/26 Fecal NOS - 2/24/26: Spot Check BG 170, unable to obtain urine to check for glucosuria

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. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.1 cm. Right kidney measures 3.9 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 0.34 cm in thickness. Right measures 0.27 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 ingesta. 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 ingesta throughout. Wall thickness is normal to slightly increased. 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.

The colonic wall is diffusely mildly thickened with no discrete masses visualized. Colonic contents are hyperechoic material consistent with soft stool/diarrhea.

Pancreas

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

Free Abdomen

Mesenteric and ileocolic lymph nodes are prominent, slightly rounded and hypoechoic.

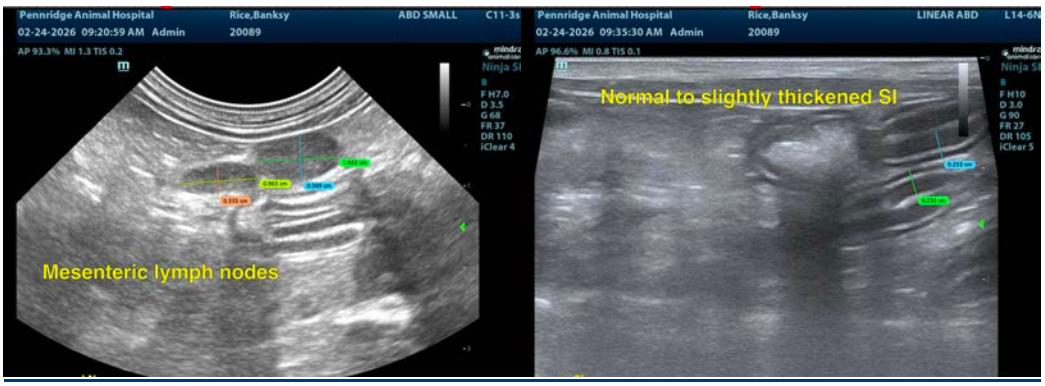
No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Colitis with soft stool/diarrhea.
- Mildly thickened small intestines.
- Mesenteric ileocolic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colonic changes are consistent with colitis, which is consistent with described clinical signs. No definitive cause of colitis is visible on ultrasound. Given patient's history of chronic enteropathy together with history of intestinal parasitism, a prolonged recovery from inflammation is suspected. Colonoscopy may reveal pathology not visible on ultrasound and should be considered if there is continued clinical deterioration. Additional psyllium husk to diet may help improve the quality of the stool. An increased dose of Prednisolone may be necessary if clinical signs continue.



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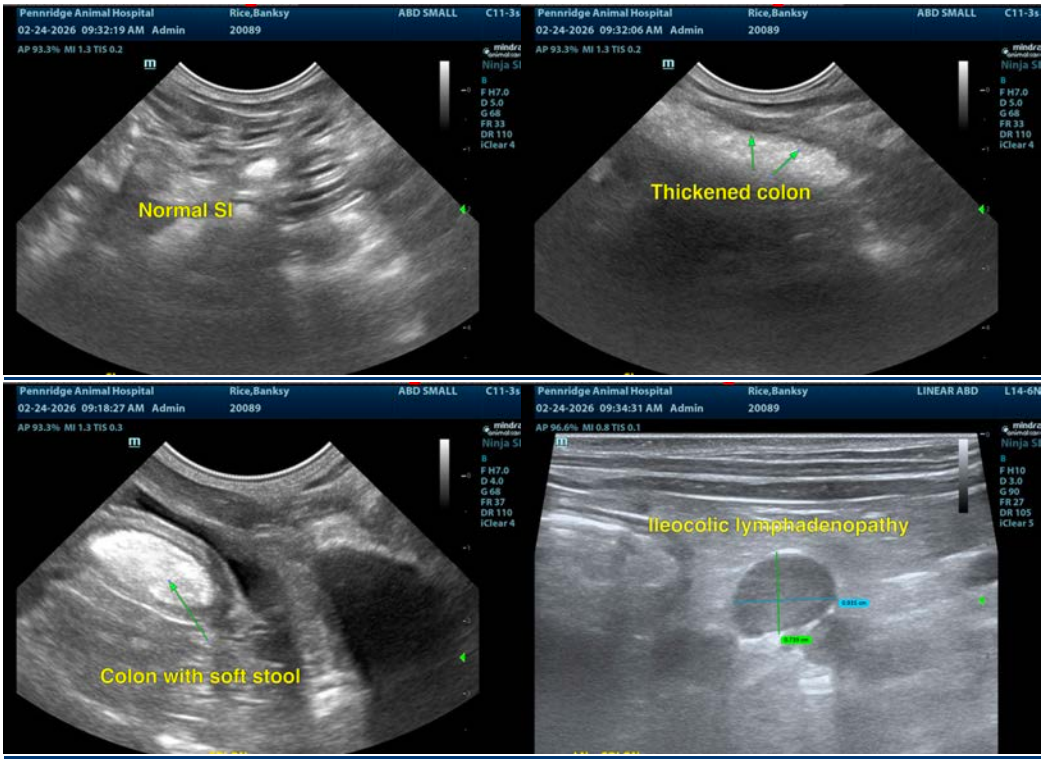

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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