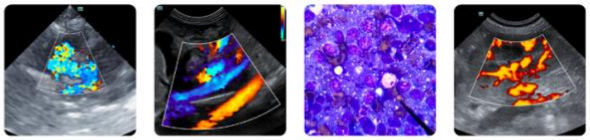


PATIENT

Ginsberg Pauls

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

14351

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- Presented 3/15/26 for hematuria and stranguria and lethargy and anorexia and 1 episode of vomit.
- current meds: fluoxetine, onsior, gabapentin, c/d stress food, hydracare
- mild discomfort with abdominal palpation noted overnight, did start eating overnight.
- intestines thickened on palpation, mild dehydration

Abnormal PE/Chem/CBC/UA Results: Lactate 3.56H Creatinine1.92H on epoc at 1:30pm today (creat was 2.65 at 1:40am) and lactate was normal at 2.69 on presentation: CBC: WNL Chem: creat. 2.3 H EPOC: creat. 2.84 H, lactate 8.62 H (very stressed during blood draw), BE -9, pH 7.193 L Urinalysis: USG 1.030, sediment quiet Radiographs: stomach contains ingesta (more likely food vs. foreign material), subjectively thickened intestines, gas in colon

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. The left kidney measured 3.27 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

Both adrenal glands were not distinctly visualized but area is normal.

Spleen

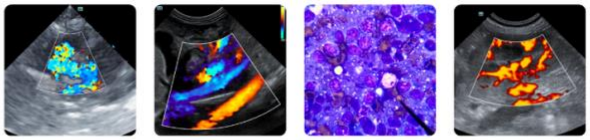
The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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.

Gastrointestinal



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The stomach is distended with 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 minimal fluid distension. Wall thickness is diffusely increased, and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. 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 visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

The mesenteric lymph nodes are slightly prominent with normal length: width ratio and normal echogenicity.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestines with prominent muscularis.
- Normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder is ultrasonographically normal. This patient likely suffers from feline lower urinary tract syndrome. Urine culture and sensitivity is warranted to treat any underlying infection properly, with repeat culture at the end of antibiotic treatment to ensure clearance. Ultimately FLUS is most often a sterile process which can be difficult to control. Stress reduction is important and pheromone therapy (Feliway) or anxiolytic medications (gabapentin, fluoxetine, etc.) may be of use. Promotion of increased water intake with canned food and access to water fountains and urinary health diets (hills c/d, Royal Canin urinary S/O, Purina proplan UR, etc.) may be useful but must be fed exclusively to be effective. Increasing the number of litter boxes and being fastidious about changing the litter, as well as placing litter boxes in stress free areas, away from other pets, high traffic areas or noisy appliances can be helpful.

Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. No overt neoplastic criteria present in the bowel given that curvilinear layering is still intact. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel disease, and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (TLI/PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

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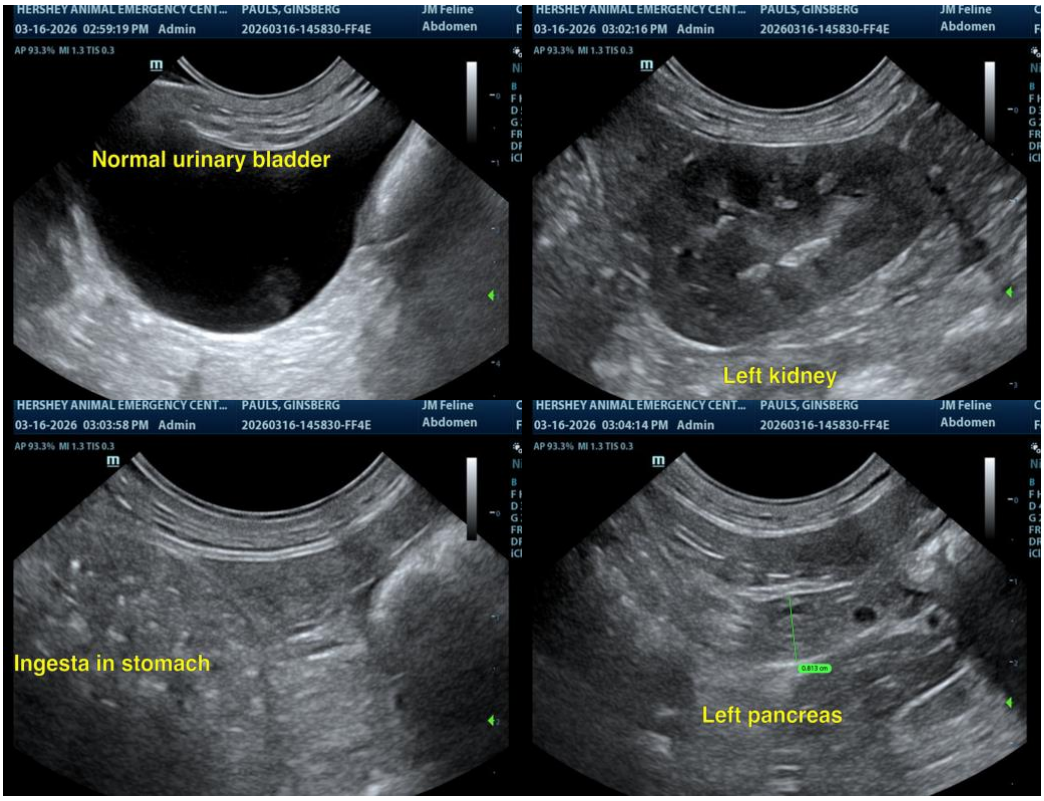
Empiric treatment for IBD includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisolone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to the lowest effective dose or discontinued in some cases.



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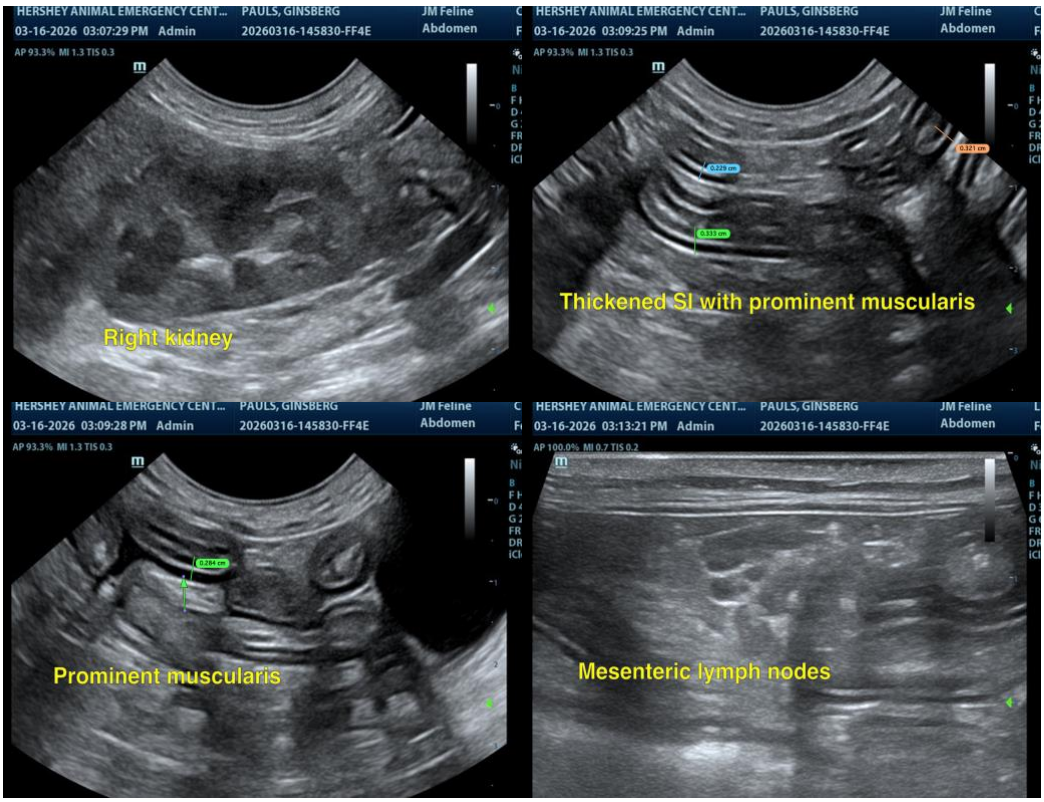

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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