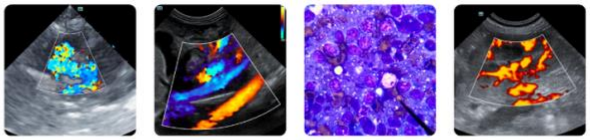


PATIENT

Gracie Leodler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Kristin Marciszewski

INVOICE

37258

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Sonopath ultrasound 1 year ago: Enteritis pattern with reactive mesentery. Non-specific enteritis, potential inflammatory bowel. NSF on TAMU Panel. Pet did not take to eating Hydrolyzed diets offered. On 10 mg Prednisolone transdermally SID. Presented last week for acute on chronic diarrhea, vomiting, weight loss

Abnormal PE/Chem/CBC/UA Results: Underweight, catchexic 7% dehydrated Wt Loss Monocytes 0.644 Basophils 0.165 ALP 72 Cholesterol: 87 proBNP: WNL TT4, FT4: WNL.

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 slightly irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 3.74 cm in length. The right kidney measured 4.55 cm in length.

Adrenal Glands

The adrenals glands are 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.

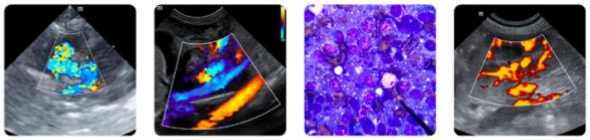
Liver

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

The stomach is moderately distended with fluid. Gastric wall is subjectively of normal thickness with normal wall layering. Towards the pylorus, there is echogenic non-shadowing formed material. 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.



PATIENT

Gracie Leodler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Kristin Marciszewski

INVOICE

37258

DATE

6/1/26

There are multiple loops of small intestine with fluid dilation and back and forth fluid movement. There's no overt mechanical obstruction visualized with no masses and no foreign material seen.

The ileocecal junction was not visualized. Sections of colon are visualized with fluid fecal material consistent with diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent but not overtly enlarged.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Fluid distension of stomach and small intestines with no ultrasonographically evident cause.
- Mild degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI changes are consistent with nonobstructive gastroenteritis. In the face of chronic GI signs, a chronic underlying condition such as inflammatory bowel disease or less likely GI lymphoma remain possibilities. Pancreatitis is a possible contributor to clinical signs. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant, prokinetics), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

Empiric treatment for gastroenteritis 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. An increased dose of steroids may be necessary to treat for IBD flare.

PATIENT

Gracie Leodler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

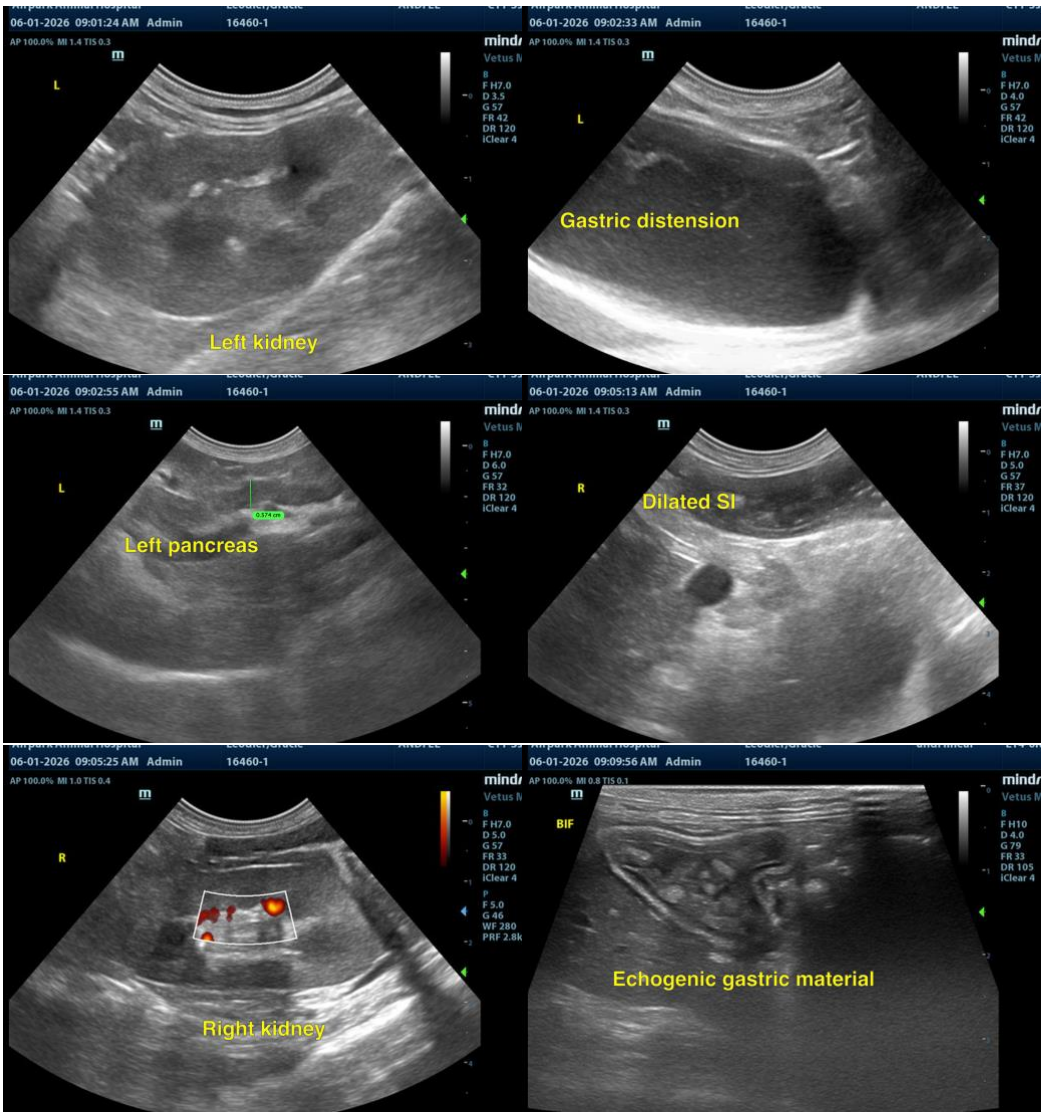
Dr. Kristin Marciszewski

INVOICE

37258

DATE

6/1/26



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