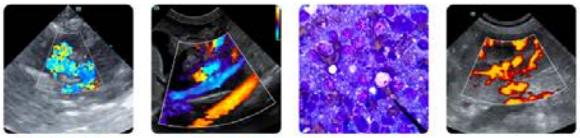

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Yzmah Hicks

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

12 Years

WEIGHT

3.28 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel Animal Hospital

REFERRING VET

Dr. Neill

INVOICE

75301

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Vitals WNL - will email record for today separately. Hx. Severe IBD full work up with treatment (many times at MOVEH), HCM (Sees cardiologist at moveh routinely), Luxating Patellas. Current Medications: Clopidogrel 18.75mg - PO SID, Budesonide 1mg EOD (increasing to daily), Proviable 1 cap BID, Visbiome SID (though ran out and will get more Saturday), Cartrophen monthly, B12 q2weeks (increasing to weekly), Starting Metronidazole and Maropitant today. Received a Convenia dose5/12/26 for e. coli uti, Gabapentin 25mg SID-BID for stress (going to increase to TID - is peeing in sink)- 50mg+ for diagnostics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.6 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.4 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.4 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 2.4 mm in width.

Spleen

The spleen was mildly enlarged at 1.1 cm in width. Scalloped margins and diffusely hypoechoic echotexture.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach has normal wall layering and thickness. The stomach contains a moderate amount of partially digested food material. The small bowel is diffusely moderately distended with ingesta. In the rare sections of sections of small bowel that do not contain ingesta, the wall appears thickened at approximately 3.4 mm in width due to a mildly thickened muscularis layer. Colon contains normal contents with normal wall thickness.

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Pancreas

The visible pancreas is diffusely hypoechoic. No surrounding steatitis.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mild loss of corticomedullary distinction bilaterally in the kidneys.
- Mildly enlarged, scalloped spleen.
- Ingesta in stomach and small intestine.
- Mildly thickened small bowel wall.
- Hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full IRIS staging, monitoring and managing for the kidneys.

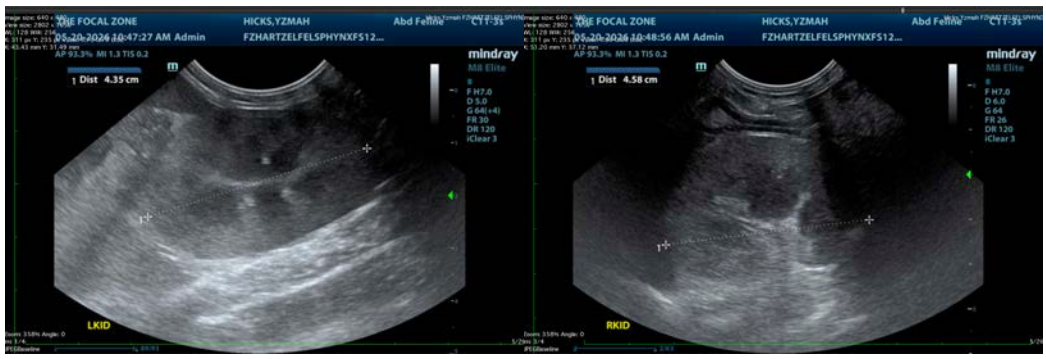
The appearance of the spleen could be a possible normal variant or may be indicative of infiltrative neoplasia such as lymphoma, mast cell disease, less likely an infectious etiology. Recommend an ultrasound guided fine needle aspirate of the spleen with submission for cytology to rule out infiltrative disease.

It is unclear if the patient needs longer fasting to better evaluate the GI tract, or if the patient may have functional ileus present causing delayed GI emptying. Consider fasting the patient for a longer time and reevaluating the GI tract via ultrasound.

The thickened sections of small intestine may be due to inflammatory bowel disease, although neoplastic disease cannot be ruled out such as small cell lymphoma or mast cell disease. Given patient's reported chronic history of GI disease, consider GI biopsies either surgically or endoscopically (endoscopically preferred as it is minimally invasive) and submitting samples for histopathology to determine etiology and formulate an effective treatment plan.

It is suspected that the patient's current evidence of pancreatic inflammation is a reactive process, most likely the pancreas reacting to the patient's underlying gastrointestinal disease or possible splenic disease.

Prognosis is open pending results of recommended diagnostics.



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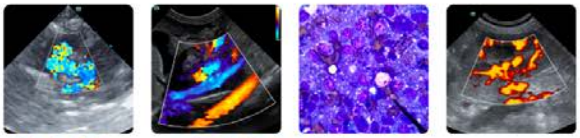

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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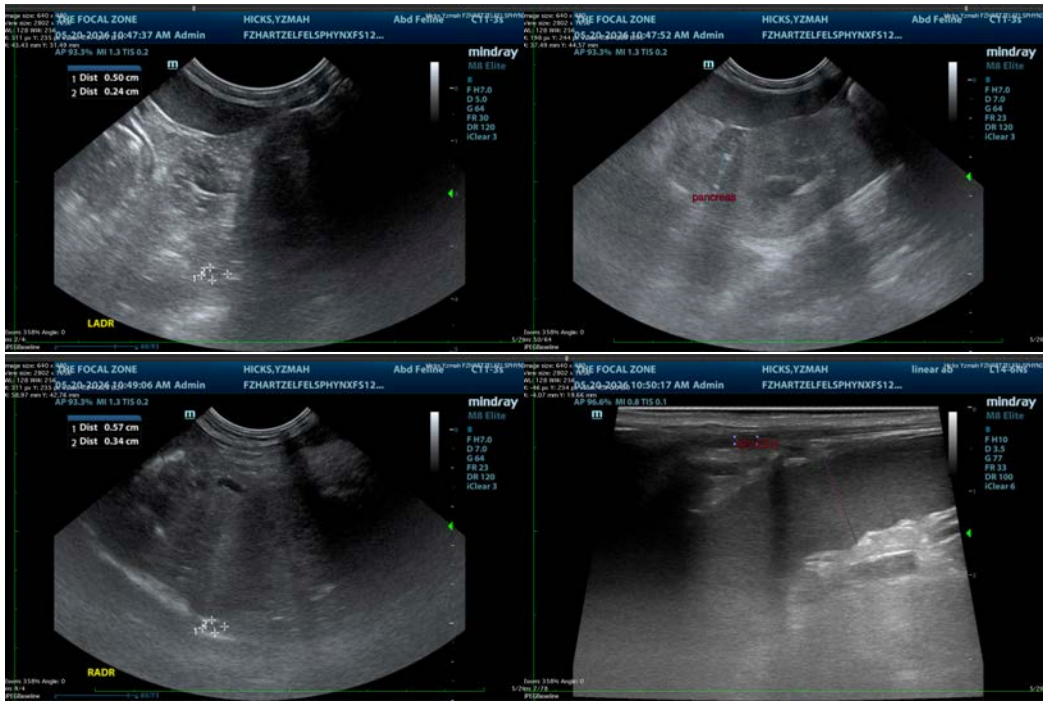

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com