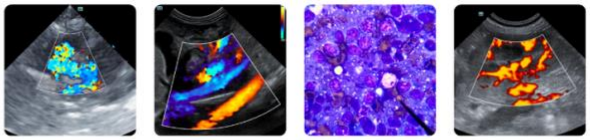


PATIENT

Mia Robey

SPECIES

Feline

BREED

American Shorthair

SEX

Spayed Female

AGE

5 Years

WEIGHT

6 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Bridgeland VC

REFERRING VET

Dr. Ale Bertolucci

INVOICE

16448

DATE

06/08/26

PRESENTING CLINICAL SIGNS

History of Intermittent Gastrointestinal Signs - The owner reports a history of on-and-off diarrhea and occasional vomiting. The current diet is a hypoallergenic formula (ZD and Rayne).

CBC: RBC 10.7 10^12/L (5.9 -9.9) Hemoglobin 161.0 g/L (93 -159) Hematocrit 52 % (29 -48) ALT(SGPT) 102 (10 100) U/L rest including BUN , CREAT and SDMA are wnl

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.

Mild medial iliac lymphadenopathy is present with an example measuring 5.3 mm width. Most likely these nodes are reactive and less likely to be neoplastic.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.6 cm in length in the caudal ventral aspect. There is a hyperechoic wedge that measures 4.6 mm x 6.6 mm and appears to be previous infarction. Most likely clinically insignificant.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.1 cm in length. Similar infarction present in the caudal pole that measures 7.9 mm x 9.0 mm and most likely clinically insignificant.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.2 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.2 mm width.

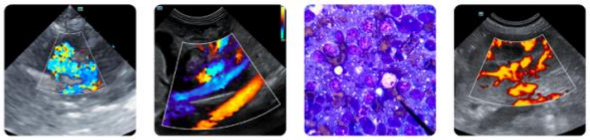
Spleen

The spleen is diffusely mildly enlarged measuring 1.36 cm in thickness with scalloped margins. The patient was sedated for exam. The cause of the splenomegaly and the scalloped margins may be due to splenic congestion from sedation. However, other differentials would include infiltrative neoplasia such as lymphoma or mast cell disease.

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 portal vein to caudal vena cava ratio is within normal limits at 0.85 cm. Portosystemic shunt is not suspected.

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



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Gastrointestinal

The stomach has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The ileum has mild loss of layering and moderately thickened muscularis layer measuring 2.4 mm width. Diffusely, the small bowel has normal layering in thickness measuring 2.3 mm width. There is a mildly prominent muscularis layer which may be a normal variation or may suggest a possible chronic enteropathy.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

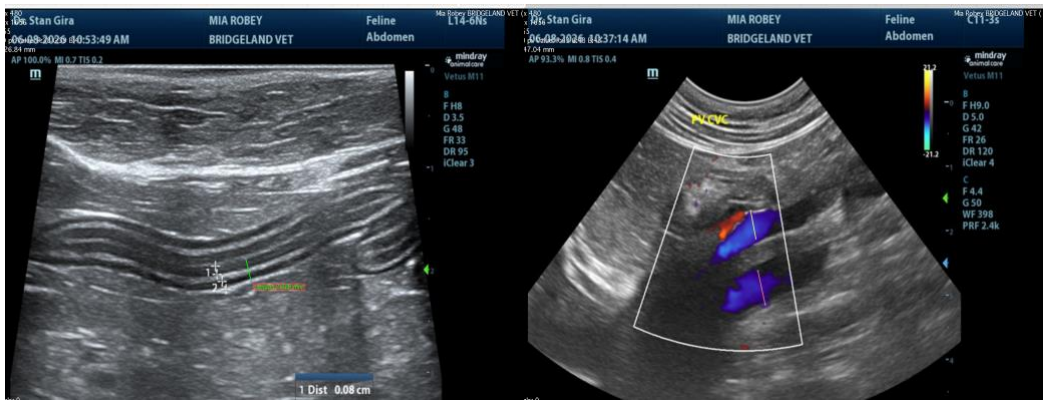
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Mild medial iliac lymphadenopathy.
- Small bowel thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the spleen with submission for cytology. Less likely an infectious etiology. Recommend submitting GI panel including cPLI, cobalamin, folate, and TLI to screen for possible chronic enteropathy. If chronic enteropathy is identified, since a diet trial has already been attempted with a hydrolyzed diet, then consider intestinal biopsies. Differentials for the thickened muscularis of the jejunum and the loss of layering and thickened muscularis of the ileum together would potentially be a benign process such as inflammatory bowel disease versus small cell lymphoma versus mast cell disease. Possibly an infectious disease such as histoplasmosis if geographically relevant for this patient. If patient has not had recent fecal pathogen testing, recommend fecal pathogen PCR testing to rule out parasitism as a cause of the big GI signs.



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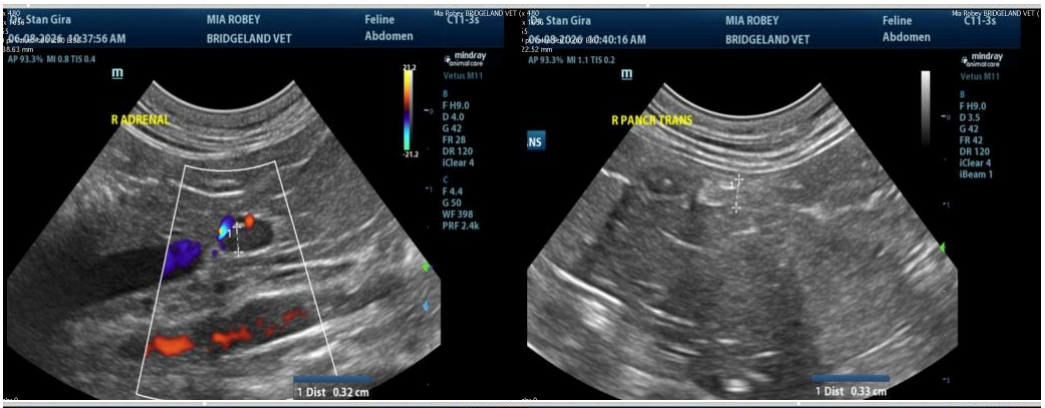

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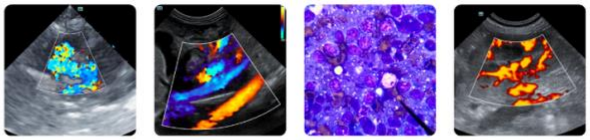

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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