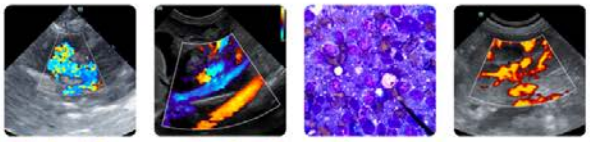

PATIENT

Bean Bean Yeh

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

9

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary Service

REFERRING VET

Dr. Shen Li

INVOICE

75442

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Bing Bing is a 7-year-old neutered male domestic shorthair presented for over one week of soft stool/diarrhea with intermittent hematochezia. History: Adopted from outdoors in February 2026. Initial wellness testing after adoption: FIV negative, FeLV negative, Heartworm negative, Fecal negative, Vaccinations updated after adoption, Initially adjusted well to the home environment. Social history: Does not fully get along with the resident cat. Ongoing household/social stress suspected. Recent history: Approximately two weeks ago, owner observed vomiting and later found a silicone toy passed in the stool. Diarrhea developed afterward. Treated with metronidazole and famotidine for 5 days. Stool improved during medication use. Diarrhea recurred after stopping medications. Occasionally blood noted in stool.

Abnormal PE/Chem/CBC/UA Results: CBC, chemistry, and UA, total T4 and cardiac markers are within normal limits. Diarrhea PCR is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 3.9 cm. Right kidney measured 4.13 cm.

Adrenal Glands

The regions of the **adrenal glands** did not show any obvious evidence of pathology. However, they were not specifically identified in the images provided.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. The abdomen was free of gastrointestinal masses and pathological fluid.

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The Ileocecocolic junction lymph nodes were found to be mildly enlarged, measuring 0.91 cm x 0.31 cm.

There was a hypoechoic, prominent mesenteric lymph node that was not dramatically enlarged, measuring 1.61 cm x 0.52 cm.

Pancreas

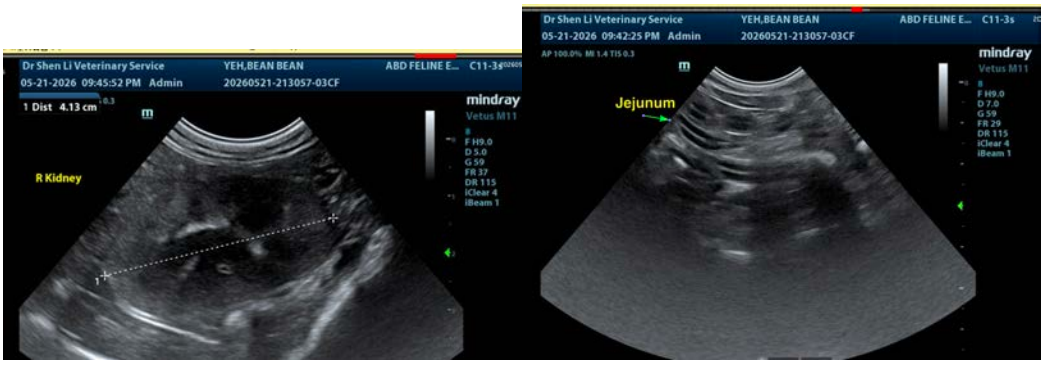
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged Ileocecocolic junction lymph nodes.
- Prominent mesenteric lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have evidence of dramatic increased thickness of the muscularis layer throughout the intestinal tract in the images provided. There was evidence of a mildly enlarged Ileocecocolic junction lymph node and mesenteric lymph node, which may represent a reactive process or underlying inflammation secondary to a chronic enteropathy. It is thought to be much less likely to representing underlying neoplasia. If there continues to be clinical signs of soft stool or intermittent vomiting, then full thickness intestinal biopsies and lymph node biopsies should be considered in order to definitively diagnose if this patient has an underlying chronic enteropathy such as inflammatory bowel disease. That would also further rule out underlying neoplasia. Based on patient's history of having had improvement while on Metronidazole and then the soft stool returning, there also could be a microbiome dysbiosis at this time. Submitting a fecal sample for a dysbiosis index could be helpful in better determining the health of this patient's underlying microbiome. A fecal transplant can be considered. It is felt that starting a daily probiotic would be of benefit in this patient. It is also important to ensure the patient is being fed a high quality diet, and a hypoallergenic diet trial may be of benefit.



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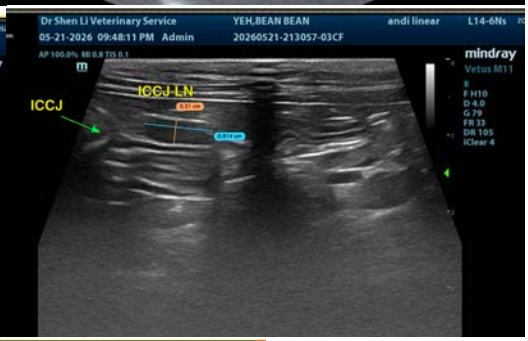

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com