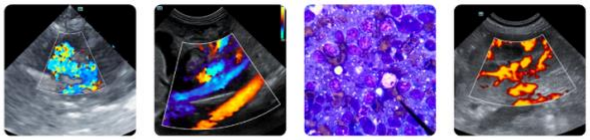

PATIENT

Tasmin Pelletier

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.26 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Bowmount Nagy

REFERRING VET

Dr. Nagy

INVOICE

13234

DATE

01/16/26

PRESENTING CLINICAL SIGNS

Weight loss and anorexia, not responding to medications. Not well controlled hyperthyroidism. Increased Spec Fpl and hypophosphatemia on last bloodwork in Dec 2025.

Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with overall maintained wall layer ratio with borderline to mild thickened intestinal wall width. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.28 cm width. The ileocolic wall measured 0.27 cm width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The left pancreas presented normal in size with mild capsule asymmetry and isoechoic nonhomogenous remodeled parenchyma. The right pancreatic limb was normal in size with capsule asymmetry and mild to variable hyperechoic parenchyma. Mildly prominent pancreatic duct was visualized.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

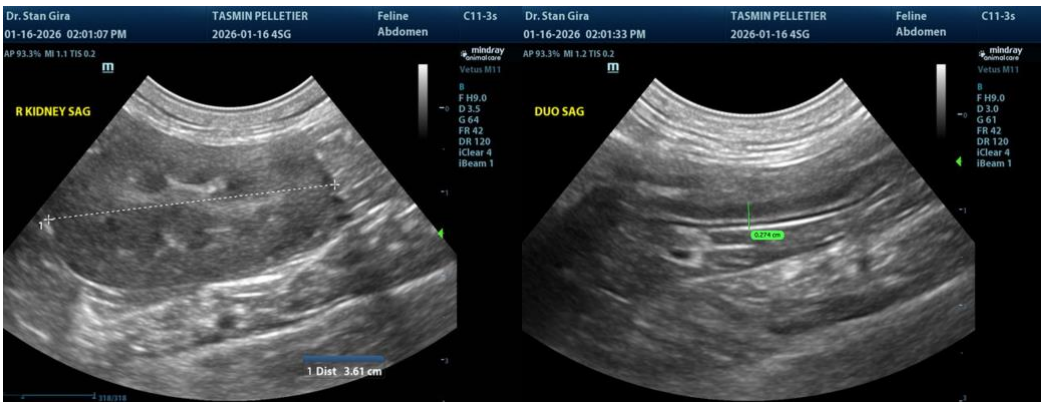
ULTRASONOGRAPHIC FINDINGS

- Empty gastrointestinal tract with intact mildly thickened small intestine wall.
- Chronic to possible chronic active pancreatitis with remodeling.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from uncontrolled hyperthyroidism as a contributing factor to the weight loss, the small intestine exhibited mild mural changes, which although not specific and possible patient variant, are suggestive of mild enteropathy criteria with considerations including mild IBD or other inflammatory disease, less likely potential for emerging or occult intestinal round cell neoplasia such as lymphoma.

A GI panel to include PLI, TLI, cobalamin and folate for further assessment of the small intestine as well as correlate with pancreas is suggested. Three view chest radiographs are recommended if not recently done.



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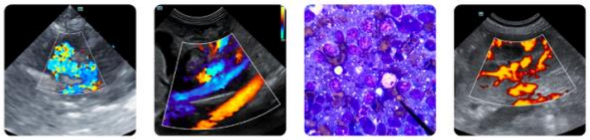

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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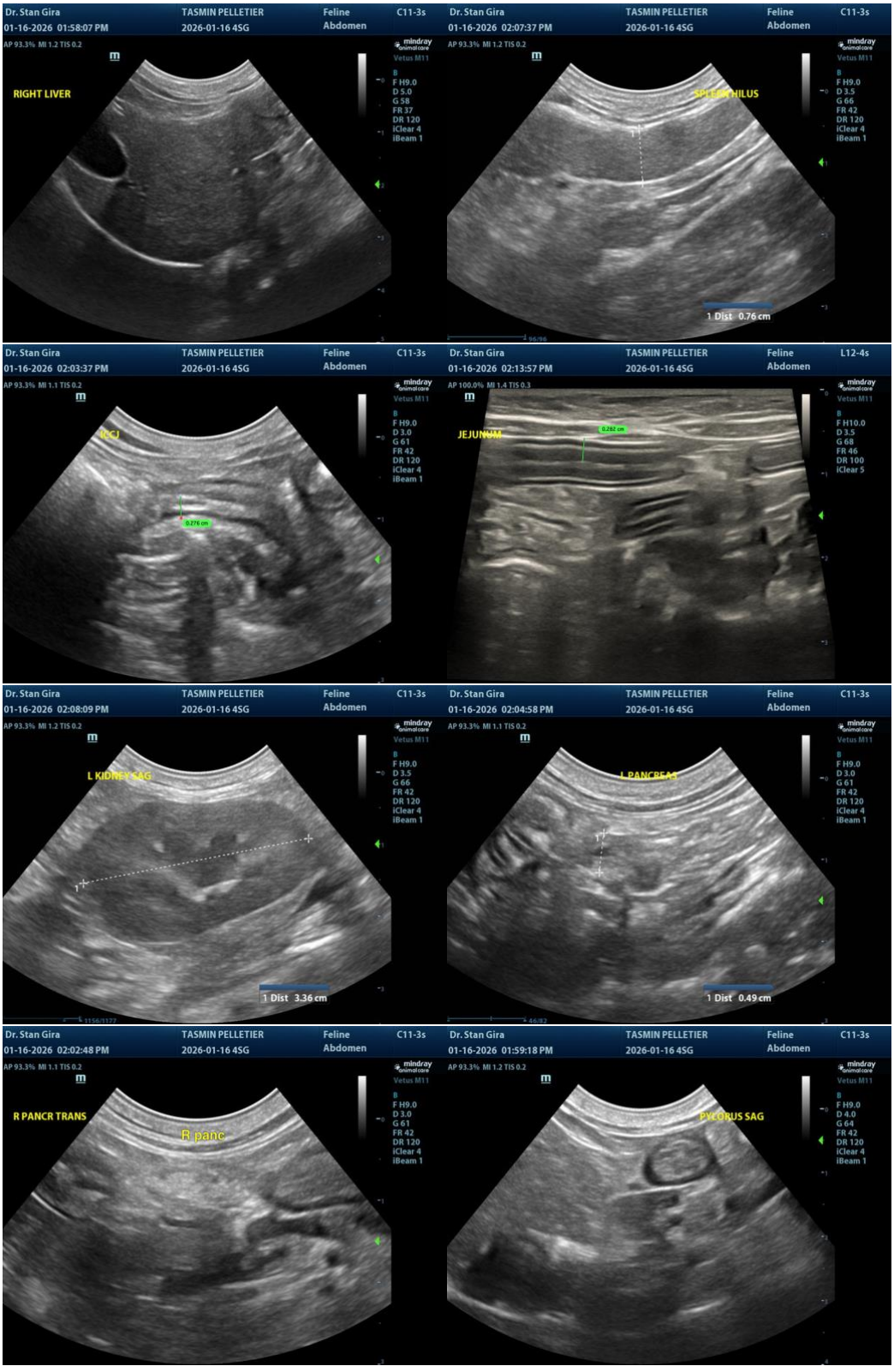

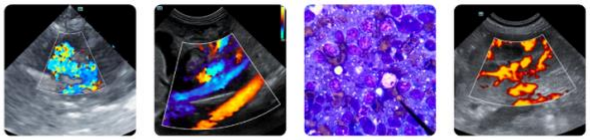

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com