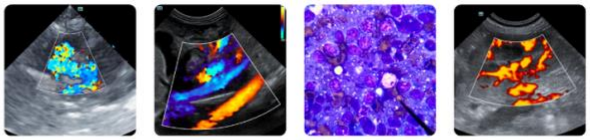

PATIENT

Bernie Sackett

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16 Years

WEIGHT

10.06 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

D+ for 5 days, soft stool 2 weeks, inappetence, and vomiting. P started having GI issues around 11yrs old and O has had to switch food frequently since. P did vocalize 1x while urinating yesterday but has otherwise had normal UR. P will eat churu but this causes further diarrhea. Did eat come churu before coming in for appt. Current medications: bupe PRN, Cerenia 16mg 1/4 tab PO SID x2d, mirtazapine 15mg 1/4 tab PO 24-72hr, pet pectalin (OTC) started today x3 doses q 4hr, previous rx for gabapentin but d/c d/t sedation.

Abnormal PE/Chem/CBC/UA Results: Labs performed at rDVM on 12/15/25: fPL 8.6ng/mL, chem 17: amyl 1539, crea 2.8, glob 5.5 (rr 2.8-5.1), all else wnl. TT4 1.6, UA: rbc >50/hpf, suspected rods (no confirmation done), no crystals, no pyuria, SpGrav 1.022, no proteinuria. CBC: neut 15.24k, bands suspected, hct 42.2% all else wnl CBC: O declined repeating labs today.

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. Primarily anechoic urine was present in the lumen. Nondependent particulate to mobile moderate to significant sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.2 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 0.49 cm width.

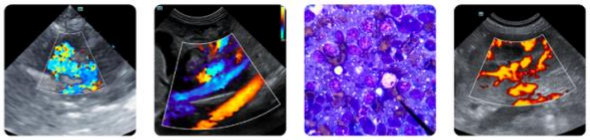
The right adrenal gland was not definitively visualized.

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

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained nonshadowing to focal progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented with intact wall layering with overall maintained wall layer ratio. Borderline thickened intestinal wall with segmental similar appearing nonshadowing intestinal ingesta/chyme without mechanical obstructive pattern to the level of the colon. The small intestine wall measured 0.27 cm wall width. The ileocolic wall measured 0.45 cm wall width. The duodenum wall measured 0.27 cm wall width.

Normal visible colon wall layers were present with generalized nonformed to soft fecal matter in lumen.

Pancreas

The pancreas presented mildly enlarged in size with primarily symmetrical capsule contour and nonhomogenous hypoechoic parenchyma and prominent pancreatic duct. Mild peripancreatic hyperechoic omentum.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis.
- Hepatomegaly with mild gallbladder debris.
- Intact mildly thickened small intestine wall with gastrointestinal ingesta.
- Concurrent mild potentially chronic colitis with soft fecal matter.
- Moderate to significant urinary bladder sediment.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory enterocolonopathy with concurrent chronic active pancreatitis and potential for triaditis are favored. Emerging to occult enterocolic or multicentric neoplasia are thought less likely yet not definitively excluded. Further assessment may include recheck lab work primarily to assess for evidence of inflammatory hepatobiliary disease i.e. cholangiohepatitis +/- screening hepatic FNA cytology A GI panel to include PLI, TLI, cobalamin and folate and full urinary work up with urinalysis if evidence of inflammatory sediment, novel protein or hydrolyzed diet trial with potential fiber supplementation or higher fiber diet, cobalamin supplementation (pending assessment of cobalamin level), high colony count probiotics such as Proviable with consideration for empirical IBD or triaditis protocol may prove beneficial. A definitive diagnosis would likely required biopsies for histopathology.

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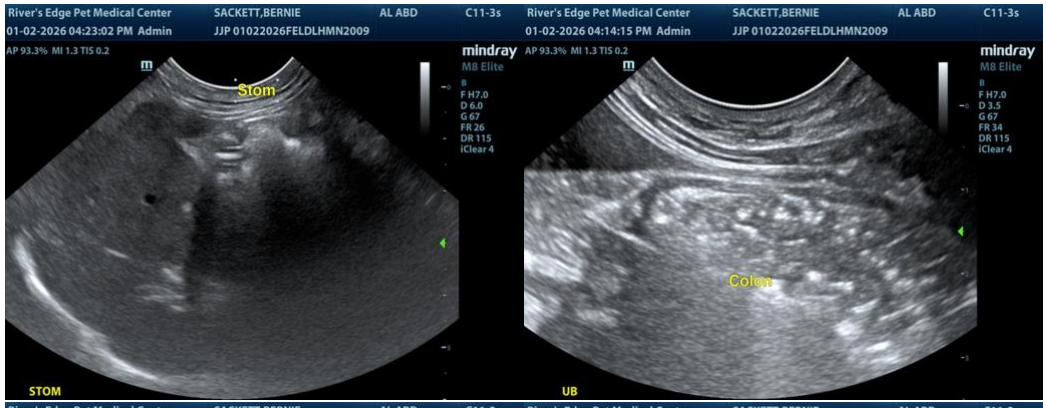

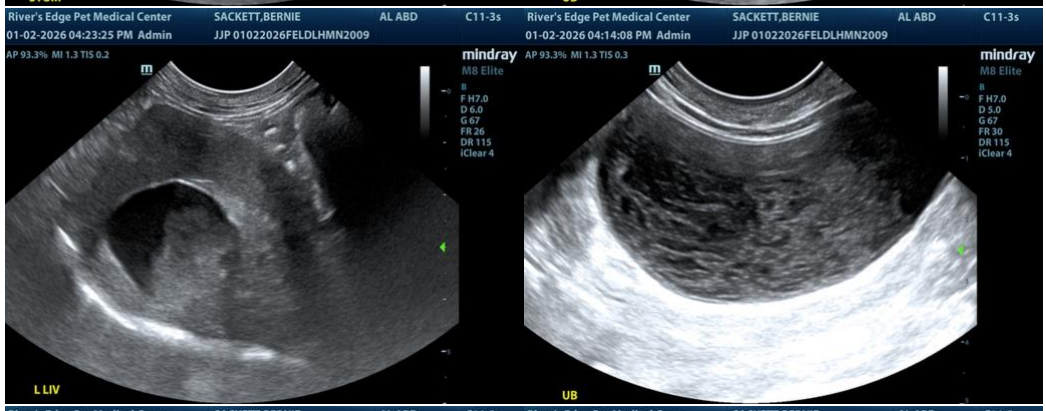

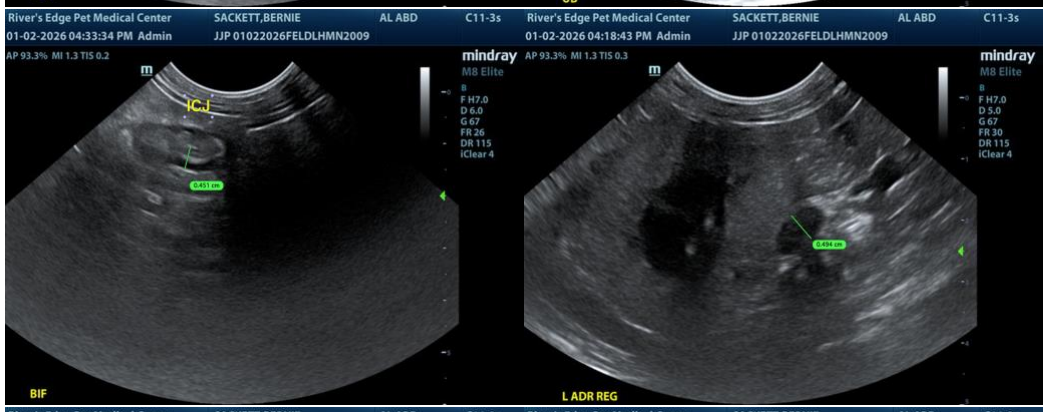

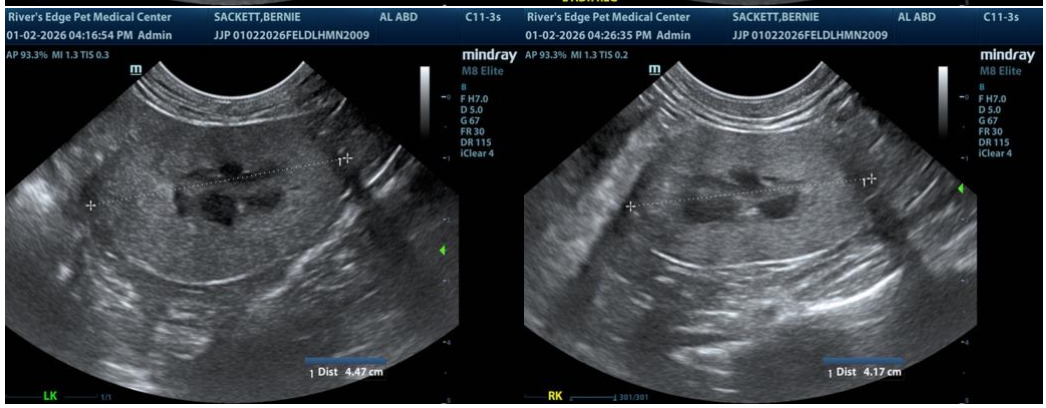

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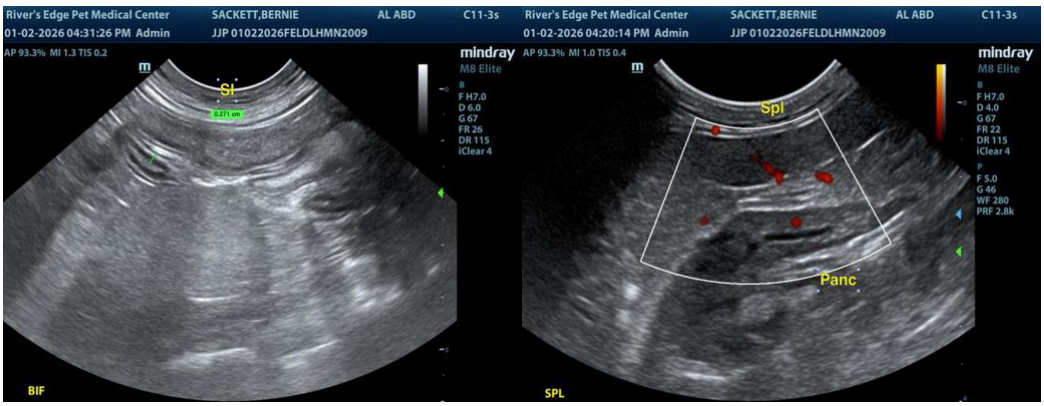

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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