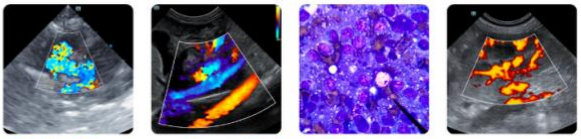


PATIENT

Ross Schulist

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

9 Years

WEIGHT

8.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Mark Schlimgen

HOSPITAL NAME

Sherwood Family Pet Clinic

REFERRING VET

Dr. Wustenberg

INVOICE

13360

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- indoor/outdoor and sometimes hunts; decreased appetite, lethargy, decreased urination, and decreased defecation. She has had multiple inappropriate urinations and occasional recent vomiting.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, moderate dehydration, Firm mass effect in the cranial abdomen may be stool in the transverse colon, cannot be indented. A large volume of firm stool is palpable in the descending colon. Remainder of abdominal palpation wnl. FPL is 9.8 (0-4.4). - FeLV, - FIV. SDMA 15 (0-14). Normal BUN and creat. Normal glucose, ALT and AST Low ALKP at 7 (12-59). T4 wnl Remainder Chem 27 is wnl Monocytes 3,891 (42-467) Basophils 122 (ref 0-100) Remainder of the CBC was normal. Cystatin B 600 (0-99). Urinalysis (cysto sample): - USG 1.044 - Moderate hematuria - 1+ bilirubinuria - No visible bacteria, casts, or crystals. There were reportedly rare rods and 1+ cocci on the in-house urinalysis, but this was not repeatable with the urinalysis at IDEXX.

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 minor nondependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 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 0.32 cm width.

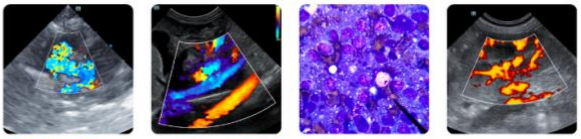
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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. The spleen measured 0.98 cm width level of the mid spleen.

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.



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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. The stomach contained a moderate amount of retained nonshadowing to progressively shadowing ingesta. No evidence of obstruction to pyloric outflow or obstructive pyloroduodenal mural pathology. The pylorus wall measured 0.31 cm wall width.

The small intestine presented overall intact wall layering. Segmental borderline thickened jejunum wall with minor altered wall layer ratio and minor thickened muscularis layer. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.30 cm width. No evidence of small intestinal mechanical obstructive pattern to the level of the colon. Minor concurrent segmental nonshadowing intestinal ingesta/chyme.

The visualized colon exhibited overall normal nonthickened visible colon wall. The colon appeared to be nondistended containing generalized formed fecal matter. Although sonographic assessment of the colon distention may be inaccurate, a subjective focal area of descending colon narrowing with possible associated mild thickened wall medial to the spleen. Possibly thickened descending colon wall measured 0.34 cm wall width.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No significant or swollen mesenteric lymphadenopathy was present. Scant perihepatic effusion was present likely secondary to sedation.

ULTRASONOGRAPHIC FINDINGS

- retained nonshadowing to progressively shadowing gastric ingesta- retained food echogenicity secondary to potential metabolic gastric ileus, hairball density or similar are possible.
- Intact segmental mild thickened small intestine- nonspecific patient variant, inflammatory disease, potential emerging intestinal neoplasia thought less likely yet not excluded.
- Generalized formed fecal matter in colon with subjective focal descending colon narrowing and possible mild thickened associated descending colon wall- possible focal descending colon stricture, inflammation, granuloma not overtly consistent with definitive descending colon mural mass.
- Normal urinary blader with minor urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper gastrointestinal or perigastric mass. Empirical supportive care for constipation with sonographic monitoring of the focal narrowed descending colon as well as a small intestine for progressive enterocolic mural pathology is recommended. If documented NPO, 12-hour fast and sonographic reassessment of the stomach +/- hairball therapy is recommended. Urine culture and

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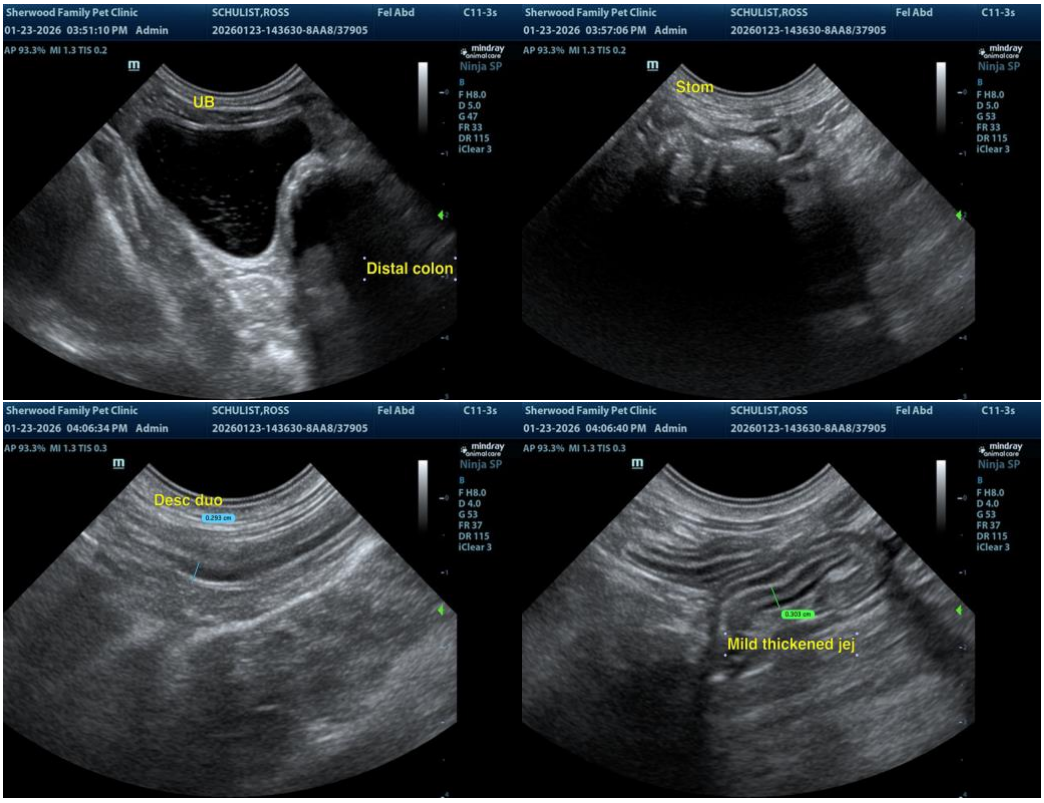
sensitivity on sterile urine sample is recommended if repeatable bacteriuria or persistent inflammatory sediment.



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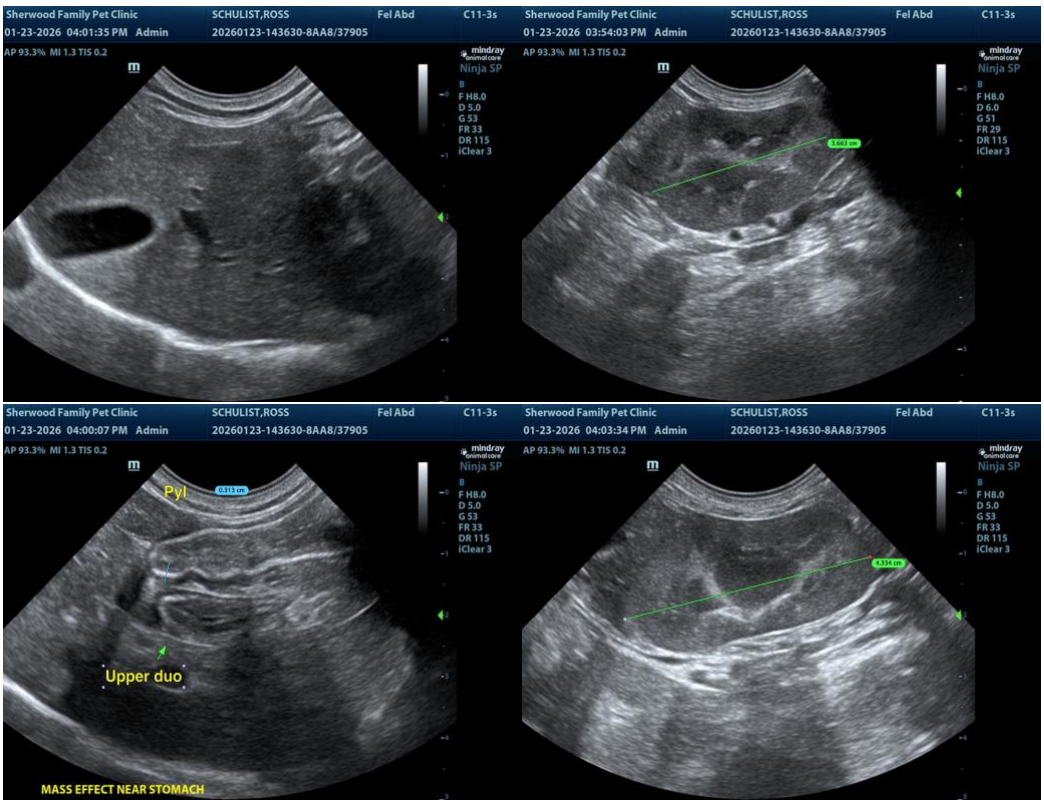

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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