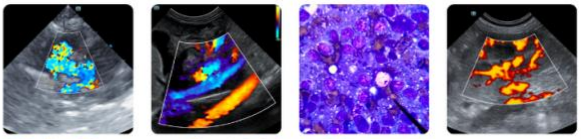


PATIENT

Giovanni Cutler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10

WEIGHT

6.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

13427

DATE

01/28/26

PRESENTING CLINICAL SIGNS

- Weight loss

PE: muscle wasting CBC/CHEM wnl T4 wnl

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 and a hyperechoic corticomedullary parenchyma with indistinct corticomedullary border demarcation. The left kidney measured 4.2 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet mildly prominent in size with nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 0.50 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. The spleen measured 0.80 cm width level of the mid spleen.

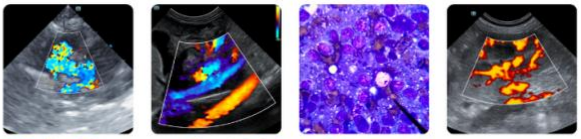
Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Pinpoint lobar biliary mineral was present.

The gallbladder was distended in size with mildly thickened echogenic gallbladder wall. The gallbladder contained moderate nondependent nonorganized bile sediment. The common bile duct was not visualized.

Gastrointestinal

The stomach presented with variably thickened wall exhibiting indistinct mural detail. The stomach contained a mild amount of retained anechoic fluid.



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The small intestine presented intact thickened wall layering owing to propensity for thickened intestinal mucosa layer. The small intestine wall measured 0.36 cm to 0.40 cm wall width. Empty intestinal lumen without mechanical/metabolic ileus to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas presented prominent in size with capsule asymmetry and nonhomogenous indistinctly nodular parenchyma.

Free Abdomen

No obvious significant or swollen mesenteric lymphadenopathy was present. Minor peritoneal effusion was visualized. Mild isoechoic mesenteric lymphadenopathy compared to adjacent omentum is possible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Thickened hypomotile stomach.
- Intact diffusely thickened small intestine.
- Hepatic parenchymal remodeling with focal lobar biliary tree mineral.
- Cholecystitis pattern with gallbladder debris.
- Prominent nonhomogenous indistinctly nodular pancreas.
- Minor peritoneal effusion.

Secondary Findings

- Nonspecific chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD /triaditis or intestinal versus multicentric neoplasia are primary potentials. Giving short half-life of hepatic enzymes in cats, further assessment may include screening hepatic FNA cytology using 25-gauge needle and a GI panel to include PLI, TLI, cobalamin and folate. A definitive diagnosis will likely require biopsies for histopathology. Gastrointestinal support including gastroprotectants and empirical IBD/triaditis protocol with clinical and as needed sonographic monitoring would be reasonable.

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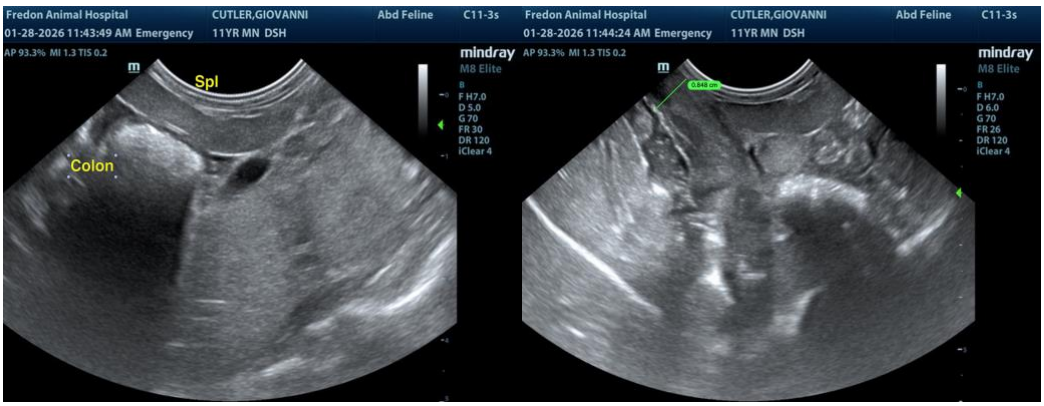

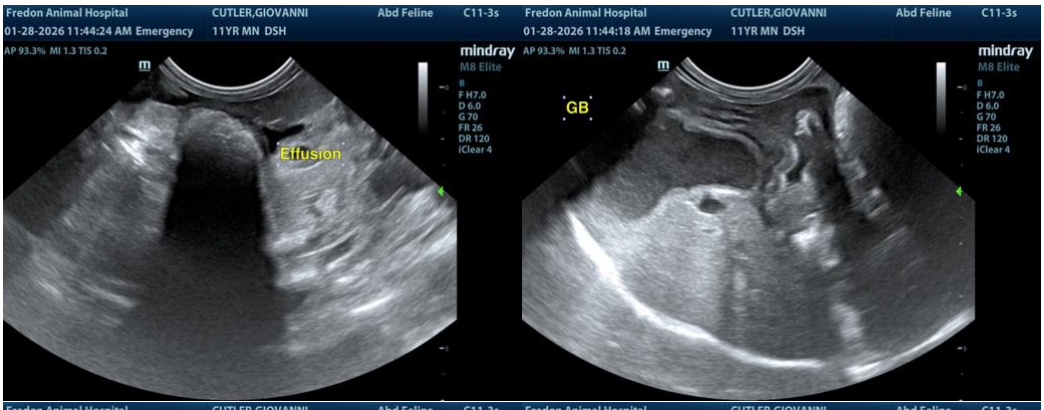

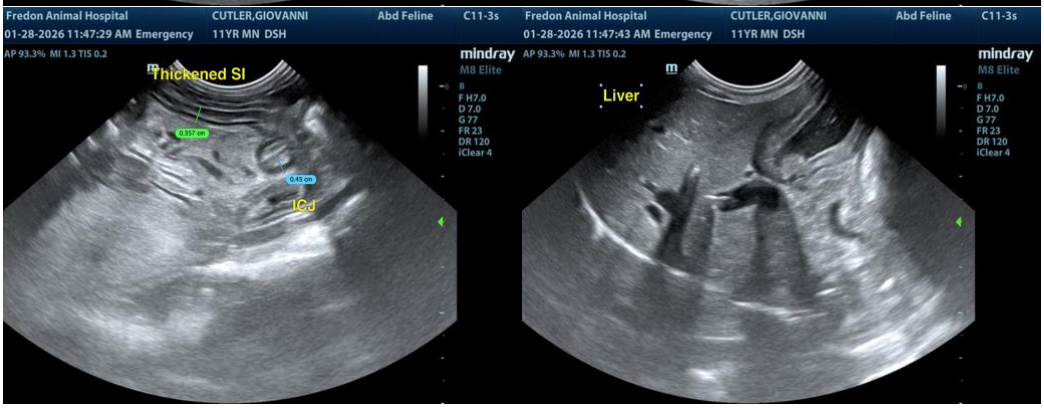

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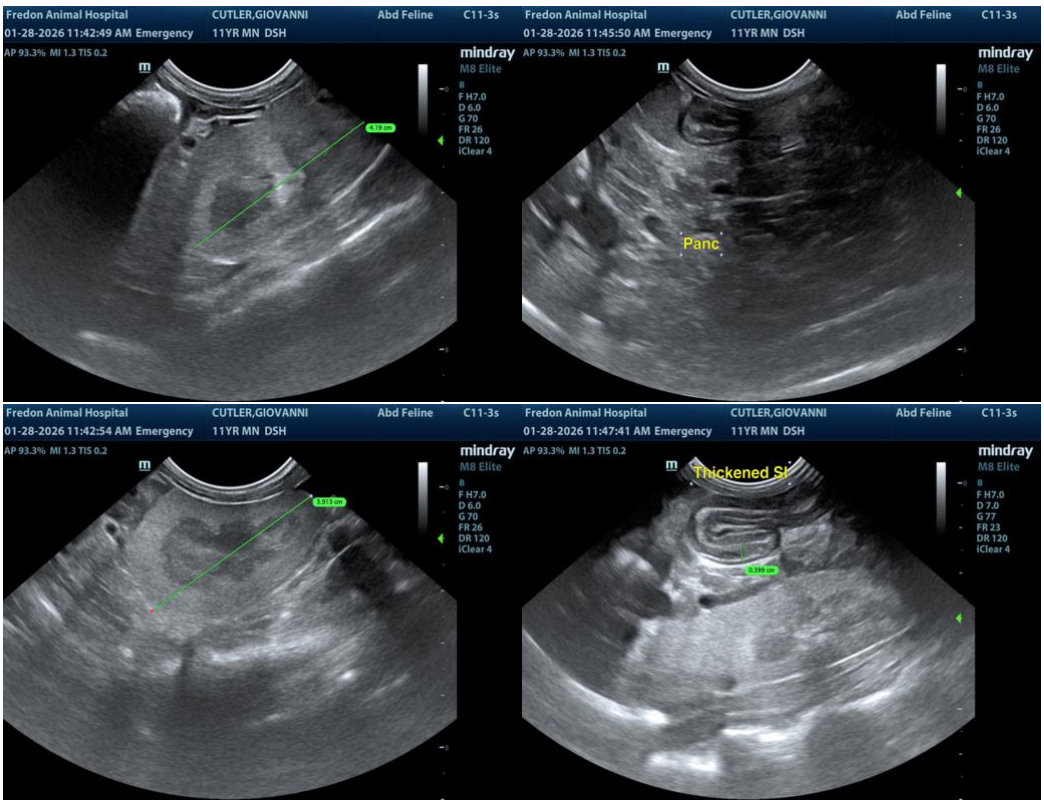

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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