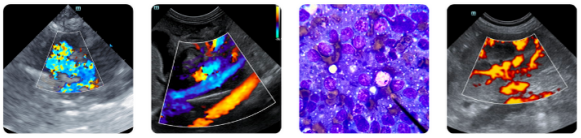

PATIENT

Orc Rhea

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7y

WEIGHT

8.1 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Alden

INVOICE

13145

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History:

- Chronic v+ and d+, increased appetite, PU/PD
- Elevated proBNP
- muscle mass loss of rear legs, palpable formed stools in colon

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. Minor, non-dependent particulate to hyperechoic 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 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 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

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 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 contained mild to moderate, variably echogenic, non-shadowing ingesta/chyme.

The small intestine presented intact mildly thickened wall layering exhibiting propensity for thickened mucosa layer. Concurrent, primarily generalized, mild, non-shadowing ingesta without obstructive pattern to the level of the colon. Duodenum wall measured 0.36 cm, jejunum wall measured 0.3, and ileocolic wall measured 0.33 cm width.

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

Pancreas

The pancreas was prominent in size with symmetrical contour and mild non-homogeneous hyperechoic parenchyma.

Free Abdomen

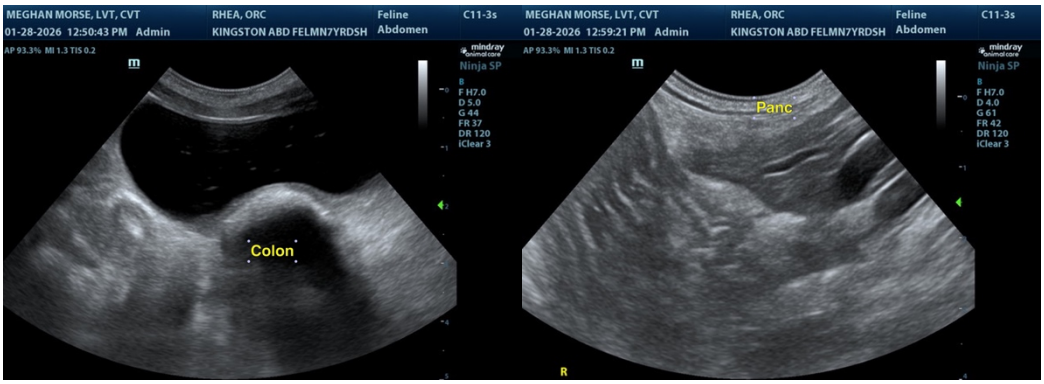
No visualized significant swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with generalized non-shadowing gastrointestinal ingesta – ingesta consistent with food echogenicity
- Chronic active pancreatitis pattern
- Formed fecal matter in colon
- Sonographically normal kidneys
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy combined with chronic active pancreatitis is favored. Triaditis could be a consideration if previous or future evidence pf hepatopathy. Potential for intestinal neoplasia, i.e. lymphoma may present in a similar sonographic manner. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require intestinal biopsies for histopathology. Empirical therapy for IBD/pancreatitis with clinical and ad needed sonographic monitoring is continued gastrointestinal signs or decreased body condition would be reasonable.



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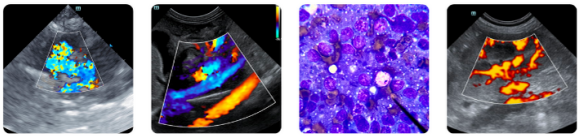

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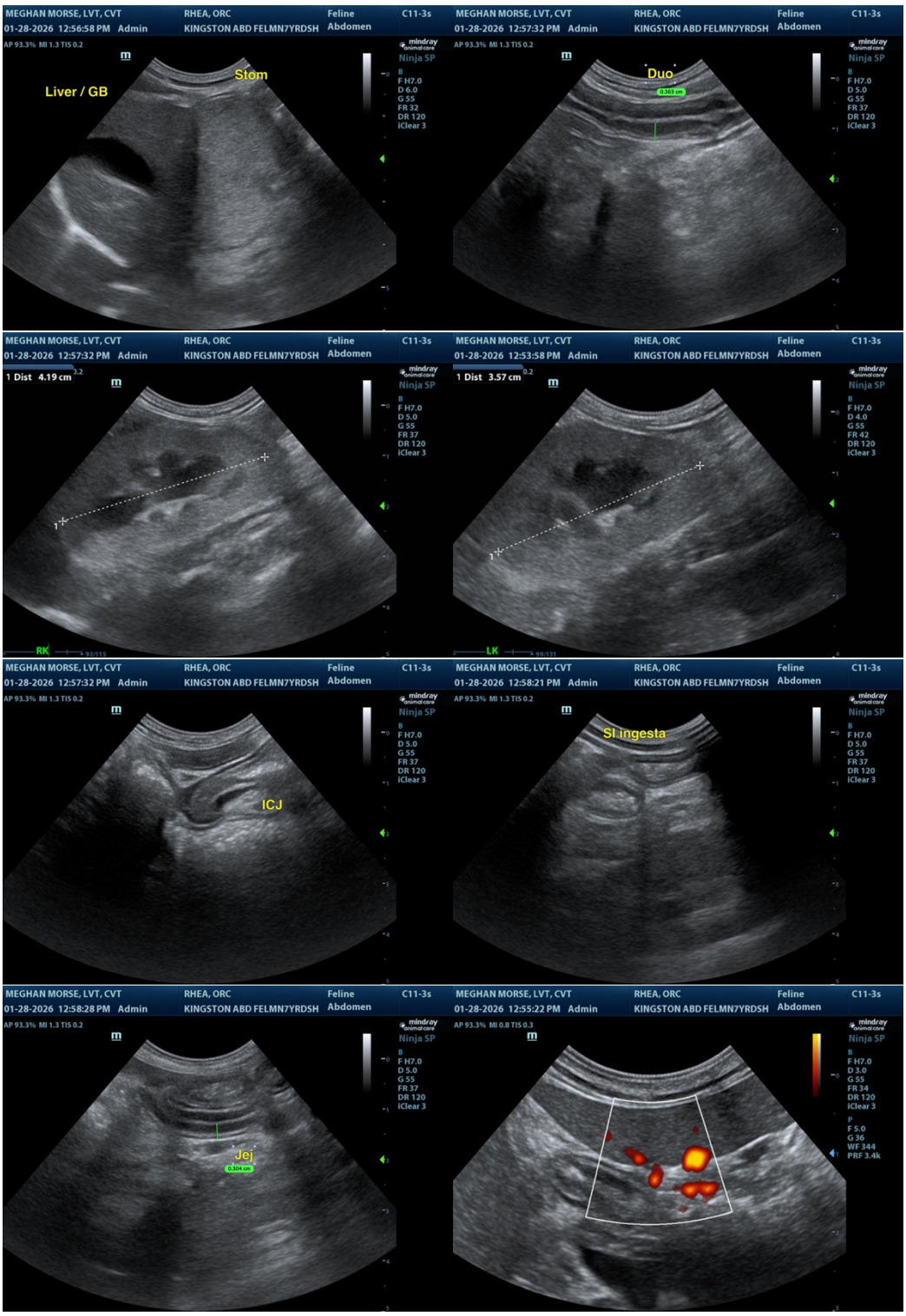

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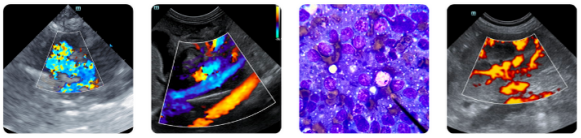

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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