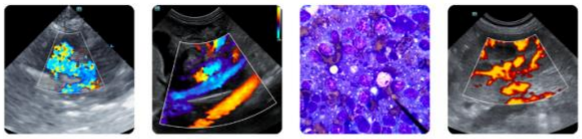


PATIENT

Bear Dapra

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

16.67 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline Animal Hospital

REFERRING VET

Dr. Vincent Fleming

INVOICE

12745

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History - Pt presents for progressive intermittent vomiting noted over the past few weeks. Pt had a few days of vomiting clear mucous to partially digested food 3-4 times per day. O recently noted blood-tinged mucous in vomit with decreased appetite this AM. O has been giving cerenia 4 mg (0.5 mg/kg) every 3-4 days with this q24h administration this past week. Concern for further weight loss. O has noticed black spots along pt's lip - uncertain if normal. No C/S/D. No PU/PD/PP. Diet: EN Gastroenteric wet/dry Environment: indoor only; no other pets Medications: Cerenia 4 mg (0.5 mg/kg) PO q24h, methimazole 3.75 mg (1 click) TD q12h No current supplements or preventatives. Weight loss - progressive, Chronic intermittent vomiting - progressive, Hyperthyroidism, Hypertension - possible Pt has unintentional weight loss of 0.95 lb or 5.7% of total body weight MEDS- Sucralfate, Omeprazole, Cerenia

Abnormal PE/Chem/CBC/UA Results: labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent to ventral apically accumulated to adhered 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.

Visualized medial iliac lymph node was sonographically normal.

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 4.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

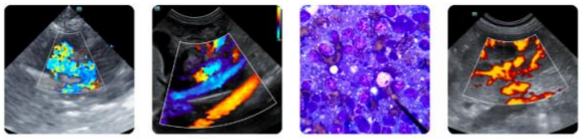
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

The spleen was mildly enlarged and 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 1.3 cm width level of the mid spleen.

Liver

The liver revealed possible borderline enlargement. 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. A subtle hypoechoic noncapsule deforming intraparenchymal nodule was present measuring 0.53 cm in diameter.



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The gallbladder was non distended in size with mild biliary sludge. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

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.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered to borderline inverted 1:3 muscularis / mucosa ratio primarily owing to thickened muscularis layer. The jejunum wall measured 0.31 cm width. The duodenum wall measured 0.28 cm width. The ileocolic wall measured 0.40 cm width.

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

Pancreas

The pancreas presented normal in size and contour with mild heterogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intact thickened small intestine.
- Normal empty stomach.
- Chronic to chronic active pancreatitis pattern.
- Mild hepatopathy with intraparenchymal nodule.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation.
- Mild splenomegaly.
- Intermittent generally mild mesenteric lymphadenopathy.

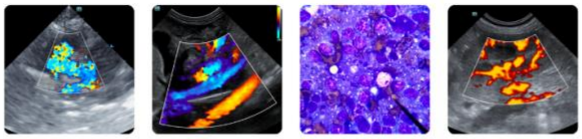
Secondary Findings

- Mild chronic renal changes.
- Nondependent to ventral apically adhered to accumulated urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations may include favored IBD or other inflammatory enteropathy and triaditis. Potential for emerging intestinal to multicentric neoplasia such as lymphoma cannot be excluded. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) screening hepatosplenic FNA cytology. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Three view chest radiographs are suggested if not recently done. A definitive diagnosis would require biopsies for histopathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Imaging performed by
pawsonography@gmail.com
530-786-8340



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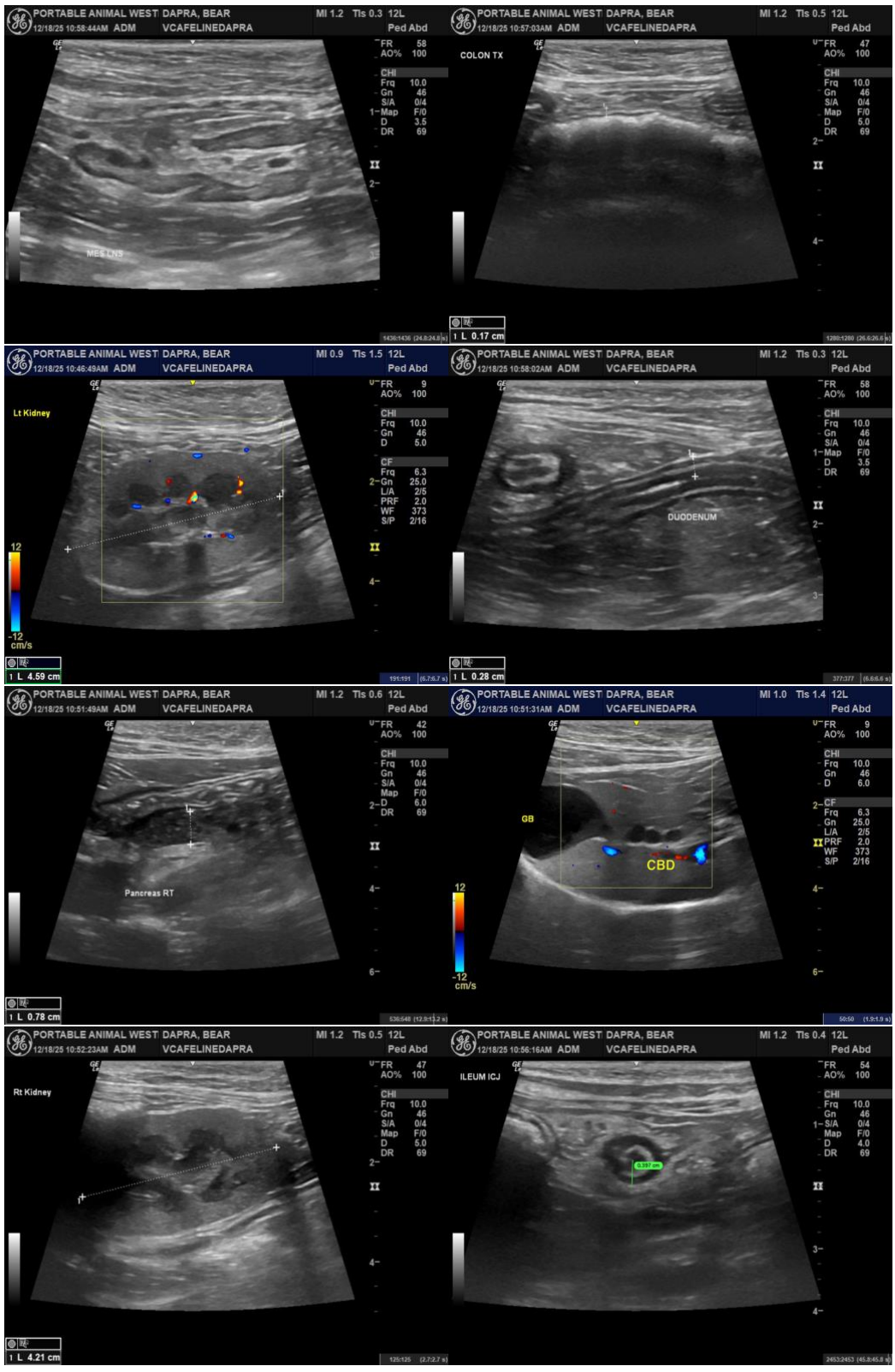

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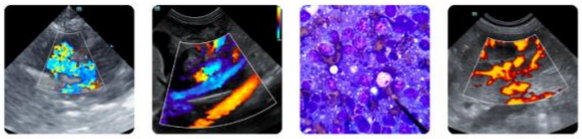

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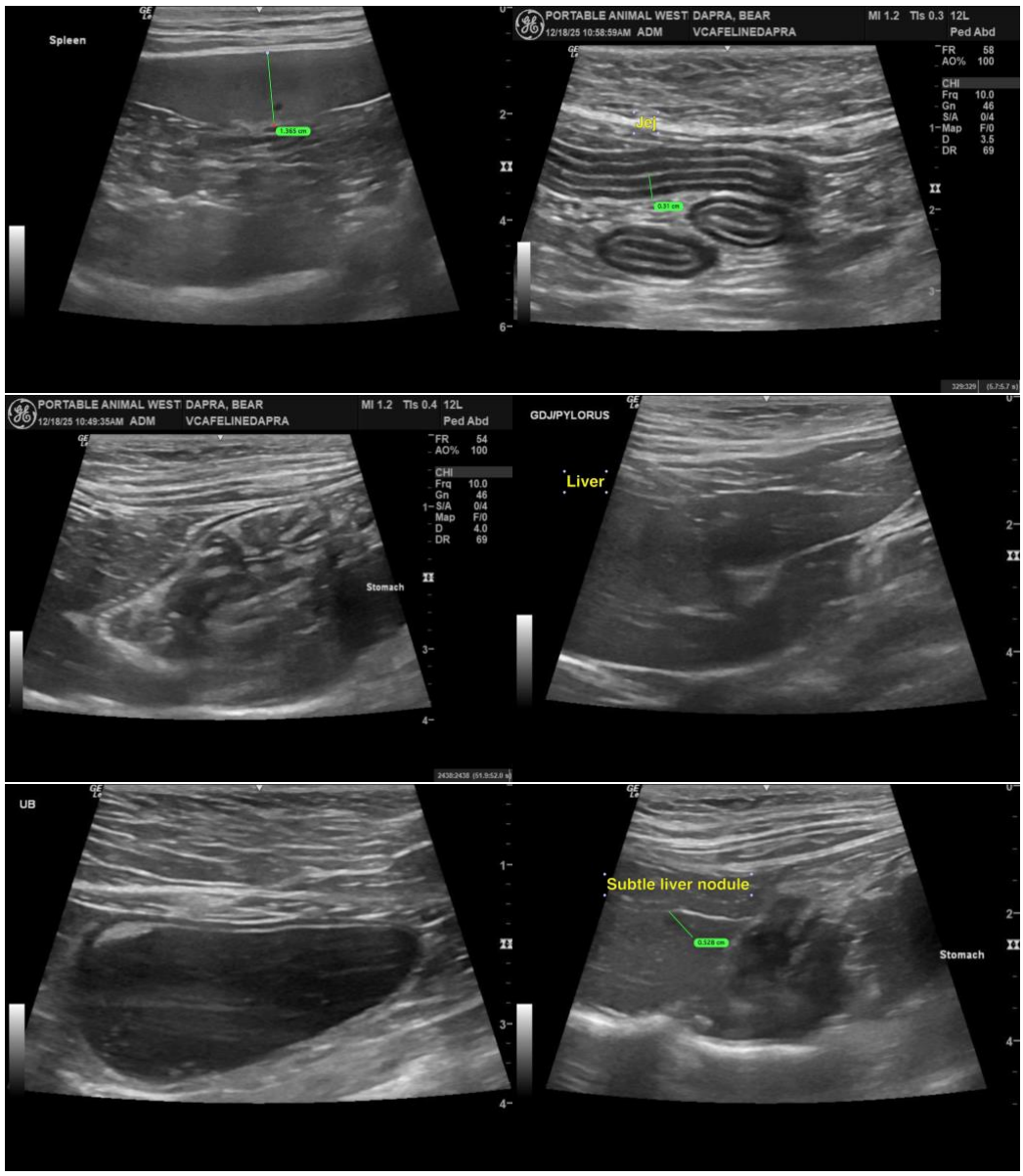

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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