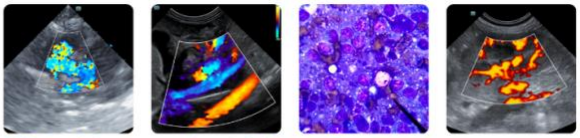


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Ashie Osborn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Ark Animal Hospital

REFERRING VET

Dr. Mitchell

INVOICE

12799

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: distended abdomen, intestines palpated thickened and displaced caudally, 2-3 days of diarrhea recently resolved with Fortiflora and pro pectalin ABNORMAL Labwork Values BUN 31, Creatinine 1.6, SDMA 16, Hypoglycemia 32, Amylase 2744, PSL 58, Leukocytosis 52.3, Neutrophilia 24058, Monocytosis 2092, Eosinophilia 24058, non-regenerative anemia HCT 27, HGB 8.5, Reticulocyte 0.6

Current Medications Methimazole transdermal 3mg/0.05ml 1 click BID, Pro-pectalin, Fortiflora

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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The adrenal glands are normal in size, position and shape. The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.45 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 0.90 cm wall width.

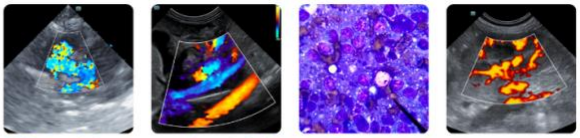
Liver

The liver was borderline enlarged in size with symmetrical contour and homogenous mild increased hepatic parenchyma echogenicity. No mass or nodules were evident. Normal vascular volume was maintained.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



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Diffuse thickened small intestine exhibiting intact altered to inverted 1:3 muscularis / mucosa ratio. Generalized thickened intestinal muscularis layer. Small intestine wall measured 0.42 cm wall width. The duodenum wall measured 0.40 cm width. The ileocolic wall measured 0.51 cm width.

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

Pancreas

The pancreas was normal in size and primarily asymmetrical contour with heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct was noted.

Free Abdomen

Mildly prominent intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Generalized mild increased omental echogenicity with no visualized significant peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestine.
- Chronic pancreatitis pattern.
- Borderline enlarged mild hyperechoic liver.
- Mild gallbladder debris.
- Intermittent mild mesenteric lymphadenopathy.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the thickened small intestine may include IBD, eosinophilic enteritis or other inflammatory enteropathy versus neoplasia such as lymphoma. Triaditis is a consideration in this patient with potential multicentric intestinal and hepatic neoplasia not excluded. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology, fresh fecal analysis, and GI panel to include PLI, TLI, cobalamin and folate. A definitive diagnosis would require intestinal biopsies for histopathology.

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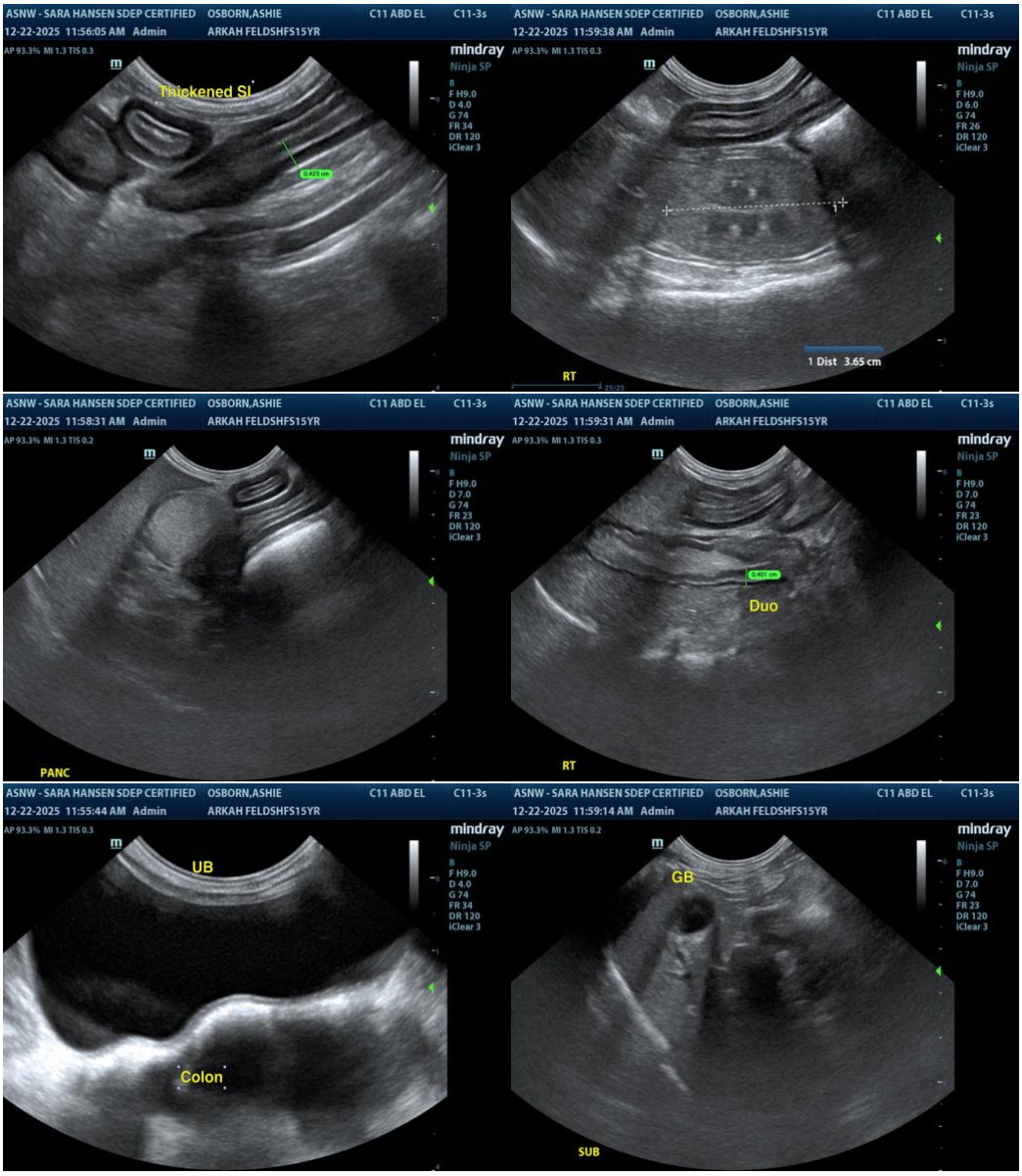

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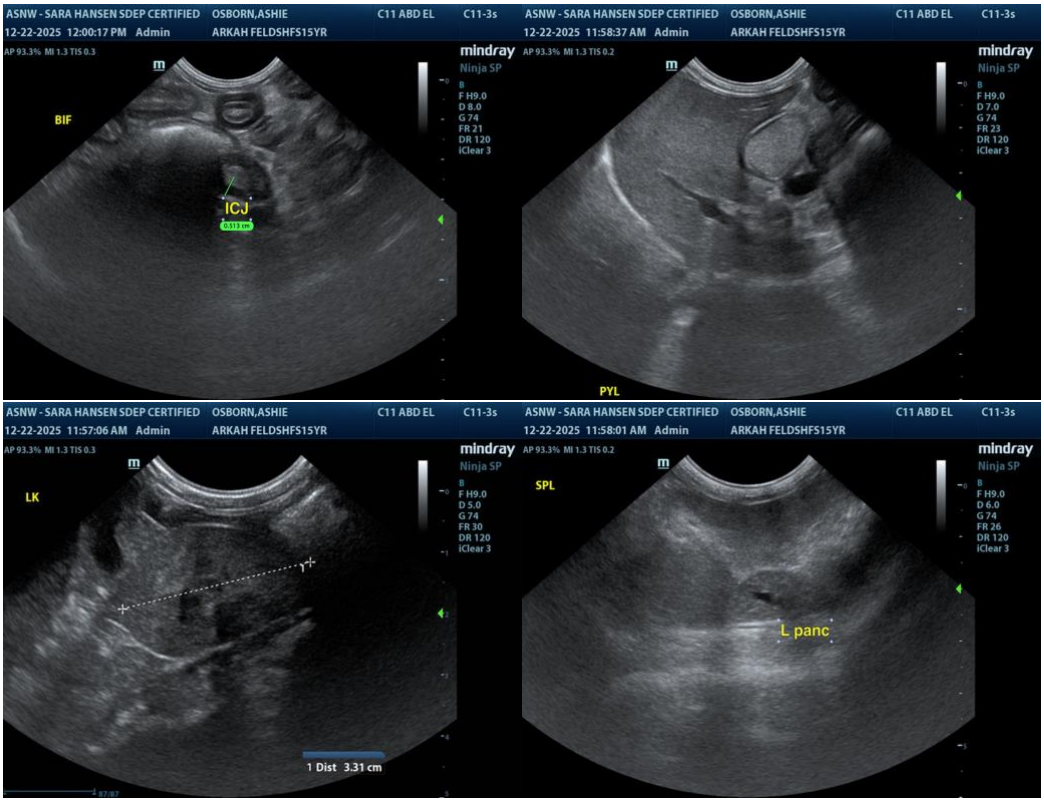

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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