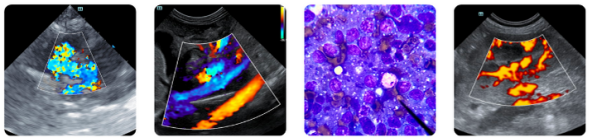

PATIENT

Crook Wagner

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14y 4m

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kimberly Morgan

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Jaime Griffin

INVOICE

12902

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Weight loss, inappetence; FNA of mesenteric LN pending

Meds: on once daily prednisolone for suspected IBD based on previous scans.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 changes 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal, hyperechoic parenchyma foci suggestive of pinpoint mineralization. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 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 0.28 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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. The spleen measured 0.63 cm width level of the mid spleen.

Liver

The liver was borderline enlarged in size. 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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Example of small intestine wall measured 0.29 cm.

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

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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

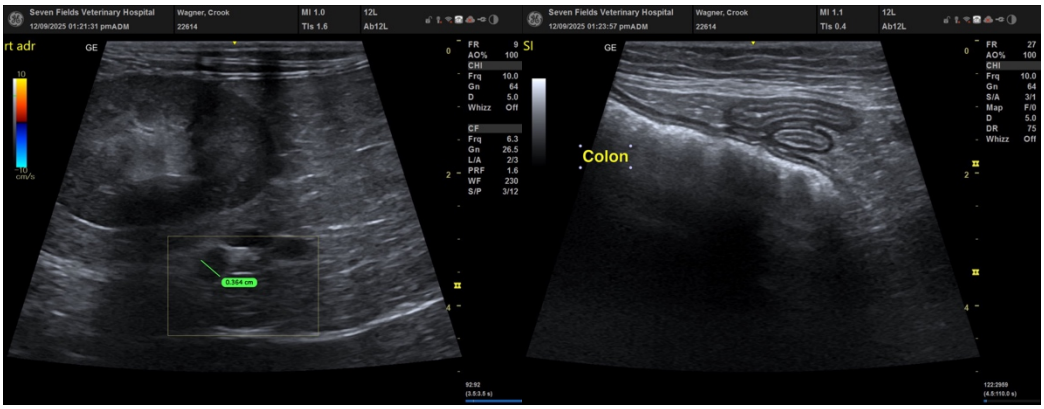
Intermittent to multiple, generally mild mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Lymph node measured1.6 cm x 0.45 cm. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Chronic enteropathy
- Associated mesenteric lymphadenopathy
- Borderline hepatomegaly
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBBD or other inflammatory enteropathy with associated reactive mesenteric lymphatic hyperplasia/lymphadenitis or low-grade to mild intestinal round cell neoplasia, i.e. lymphoma with early metastatic lymphadenopathy, primary potentials. Dry form FIP though less likely. Potential suppression of intestinal mural changes and lymphadenopathy owing to Prednisolone, possible. Definitive diagnosis would require intestinal and lymph node biopsy for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs to rule out intrathoracic pathology as a contributing factor may be considered.



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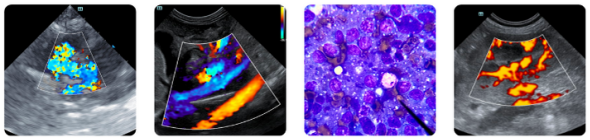

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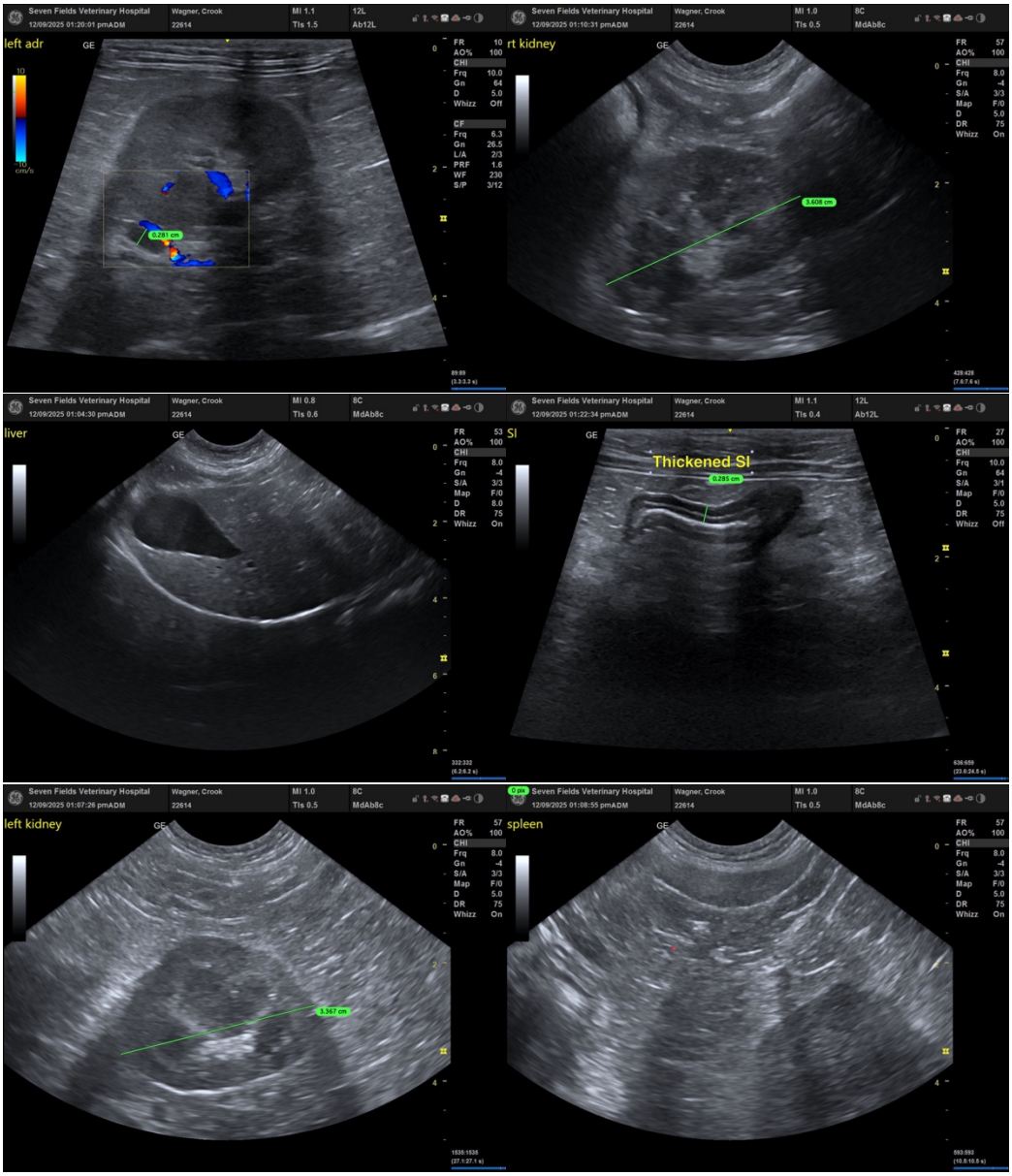

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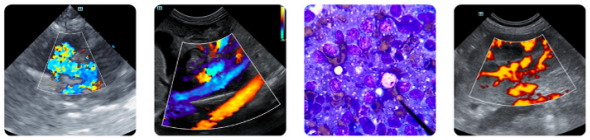

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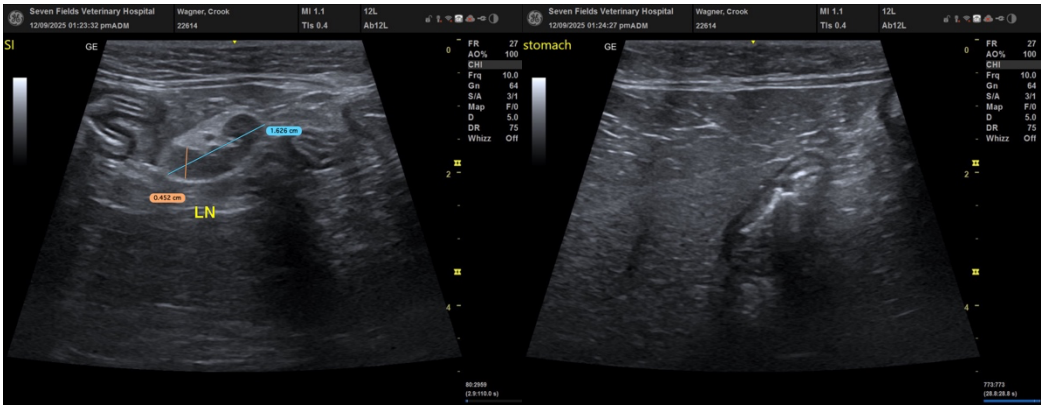

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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