



## PATIENT

Sophie Fischer

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years 7 Months

## WEIGHT

4.36 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Anthony Krawitz  
DVM

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Anthony Krawitz  
DVM

## INVOICE

13552

## DATE

02/03/26

## PRESENTING CLINICAL SIGNS

- Sophie presented today for a further work up concerning her decreased appetite lately, not being herself and some mild weight loss. A few years ago, she was diagnosed with IBD treated with Prednisolone initially and then became diabetic. The Prednisolone was discontinued, and she reverted to non-diabetic state, Budesonide was started, and she has been doing OK until lately. Full BW was recently run and was WNL. Radiographs were done and mild distention of intestines were seen indicating, either signs of possible post prandial intestines, non-specific enteritis, ileus, possible pancreatitis or persistent IBD. An FPL was run today and was high at 20.9 (3.5-5.4). A Urine sample was taken and sent out for a UA.

## 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 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 3.5 cm in length. The right kidney measured 3.2 cm in length.

### Adrenal Glands

The bilateral adrenal glands were overtly normal to mildly subnormal in size without overt pathology. The left adrenal gland measured 0.24 cm width. The right adrenal gland measured 0.29 cm width.

### Spleen

The spleen was nonenlarged and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent noncapsule deforming to small hyperechoic nodules were present with an example measuring 0.30 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.75 cm width level of the mid spleen.

### Liver & Gallbladder

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 mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal



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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 borderline to mildly thickened walls and altered 1:3 muscularis / mucosa ratio owing to propensity for mildly thickened muscularis layer. The small intestine wall measured 0.26 cm to 0.27 cm wall width.

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

### *Pancreas*

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct.

### *Free Abdomen*

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

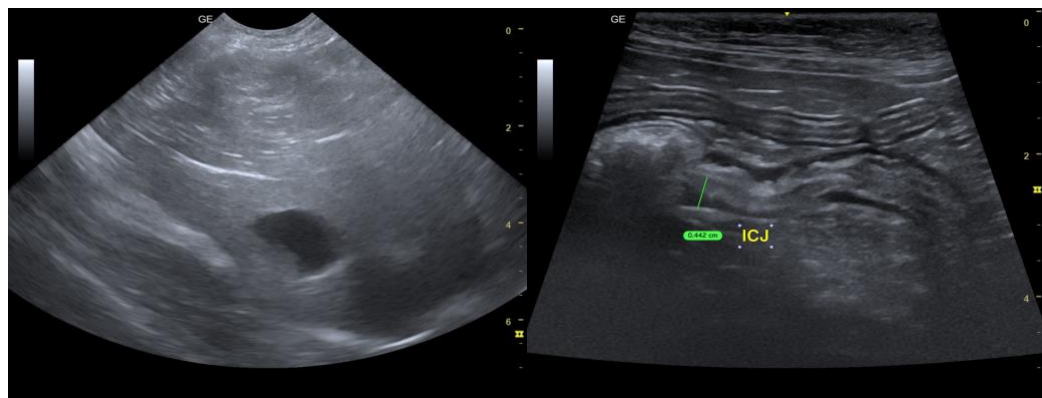
## ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Chronic subjectively mild current IBD intestinal pattern.
- Mild chronic pancreatitis.
- Mild gallbladder debris.
- Static benign splenic nodule- most consistent with myelolipomas.
- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears at least static to possibly mild improved subjectively compared to the previous study without previous wall measurement. No evidence of progressive mural pathology.

Potential for low-grade intestinal round cell neoplasia, i.e. lymphoma thought less likely given lack of progressive mural changes and concurrent significant mesenteric lymphadenopathy. A full GI panel to include PLI, TLI, cobalamin and folate and if not done, three view chest radiographs for further clarification and to rule out of thoracic pathology as a contributing factor given mild weight loss.





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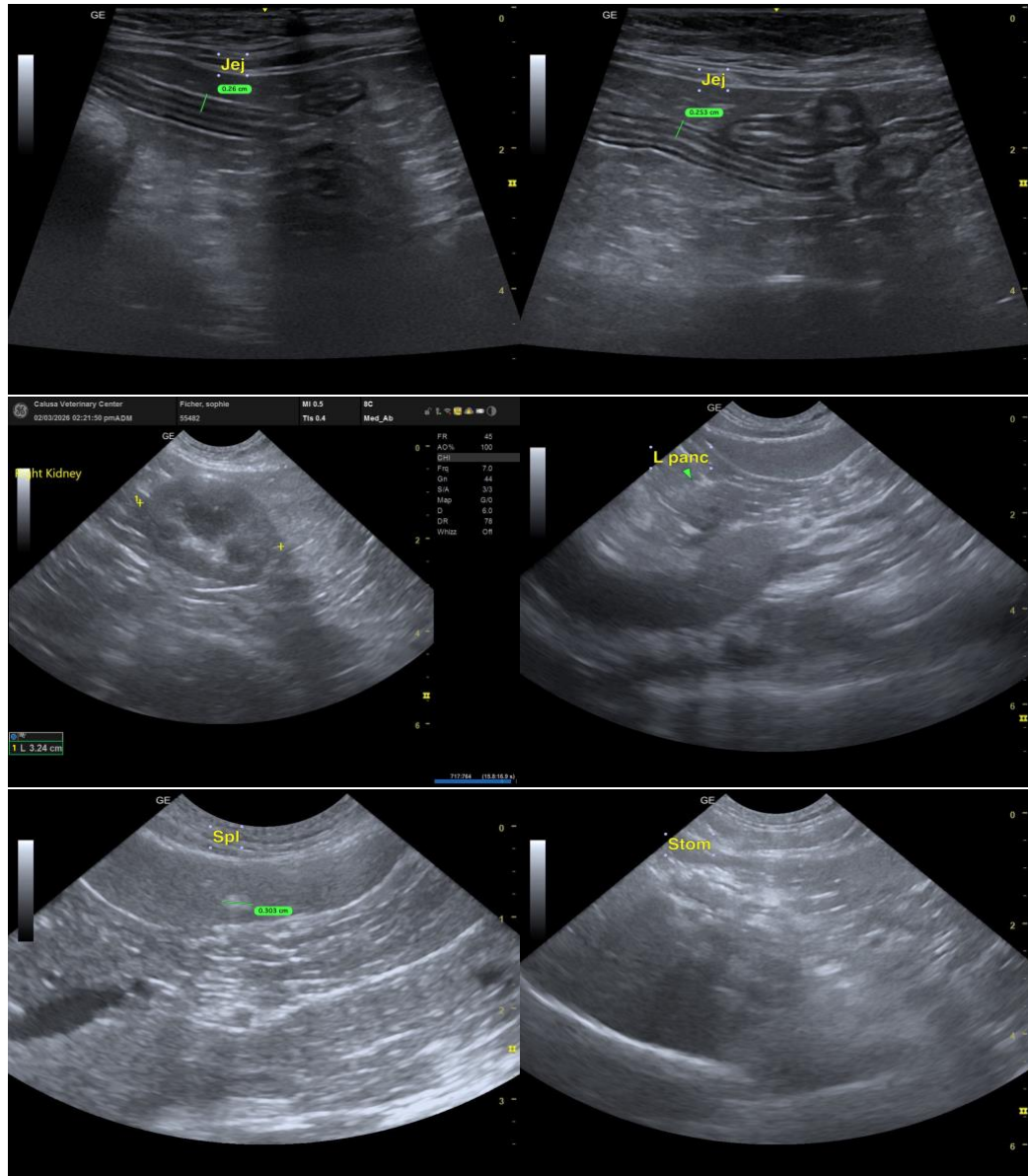
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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