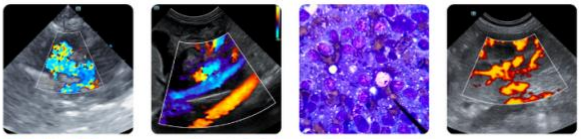


PATIENT

Maynard Pasieka

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.54 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

14410

DATE

03/17/26

PRESENTING CLINICAL SIGNS

- Patient is historically diabetic and well controlled on Lantus insulin and diabetic rx food
- Hx of Grade III murmur for 3-4 years
- Patient has slowly but consistently been losing weight with no change in food intake or appetite.
- No history of v/d noted by owner
- Labwork consistently shows an elevated BUN and a gradually worsening anemia over the past 6-8 months

Abnormal PE/Chem/CBC/UA Results: Grade III murmur, abdomen non tender on palpation but feels distended Labwork shows elevated BUN, proteinuria, and anemia

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. Echogenic to particulate nondependent mild 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.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild thickened nonhomogenous cortex with adequate medullary volume and moderate loss of corticomedullary border demarcation. Mild pyelectasia was present bilaterally. The left kidney measured 4.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No obvious visualized pathology in the area of the left and right adrenal glands.

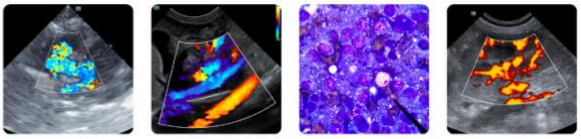
Spleen

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 & Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of anechoic to echogenic fluid and nonshadowing chyme with lumen gas. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layers with mildly thickened walls and mild altered 1:3 muscularis / mucosa ratio owing to propensity for mildly prominent muscularis layer and mildly thickened intestinal wall to the level of the colon. Segmental nonshadowing intestinal ingesta with concurrent shadowing ingesta with potential for nonobstructive intestinal hairball type density or similar. The jejunum wall measured 0.30 cm wall width. The duodenum wall measured 0.33 cm wall width.

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

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate retained gastric fluid and nonshadowing chyme.
- Chronic enteropathy pattern exhibiting segmental nonshadowing to focally shadowing intestinal ingesta with potential for nonobstructive hairball type density.
- Chronic pancreatitis.
- Chronic renal changes exhibiting mild pyelectasia.
- Mild urine sediment.
- Mild hepatomegaly.
- Mild gallbladder debris with nonobstructive proximal commo bile duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If documented NPO, some degree of metabolic or functional gastrointestinal ileus or inefficient peristalsis may be suspected without evidence of mechanical intestinal obstruction. Correlation with most recent meal ingestion is recommended. Chronic to mild IBD or other inflammatory enteropathy in conjunction with chronic pancreatitis and triaditis is possible.

Mild potential for emerging to low-grade intestinal to multicentric occult neoplasia is not definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening three view chest radiographs are suggested if not recently done.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD,

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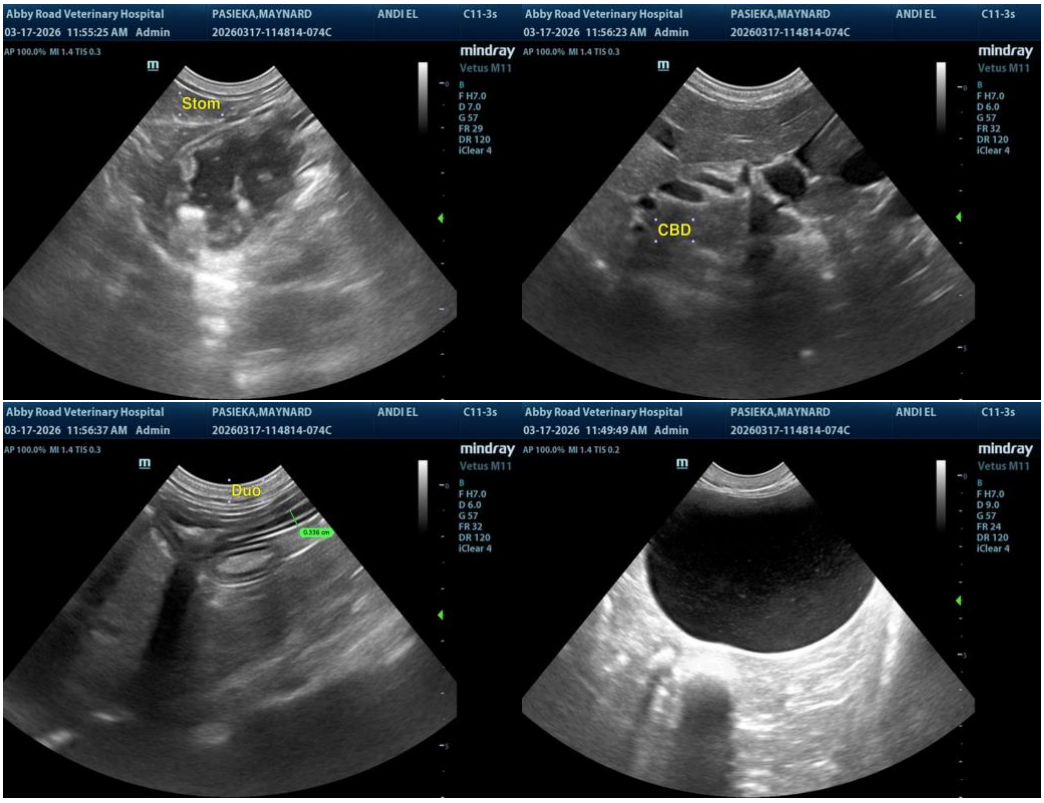
DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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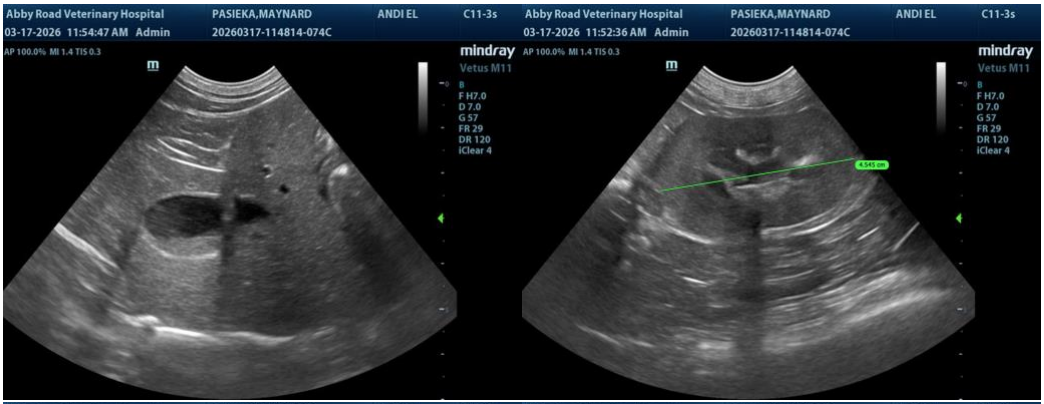

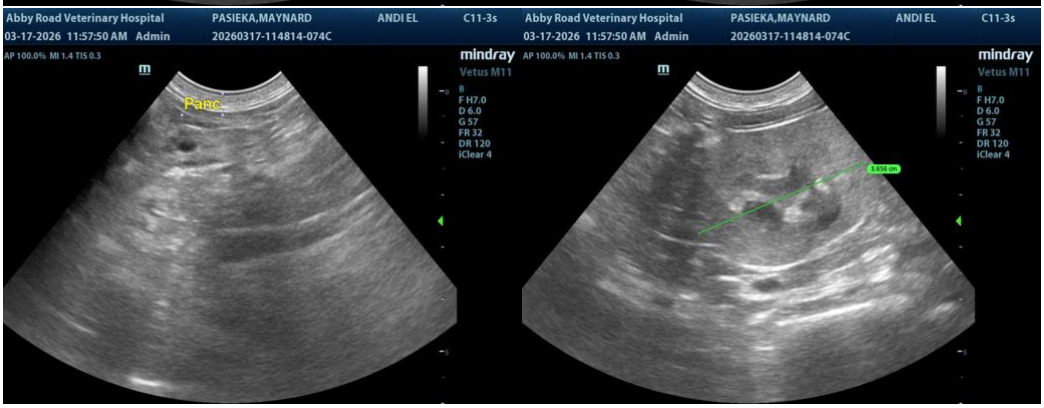

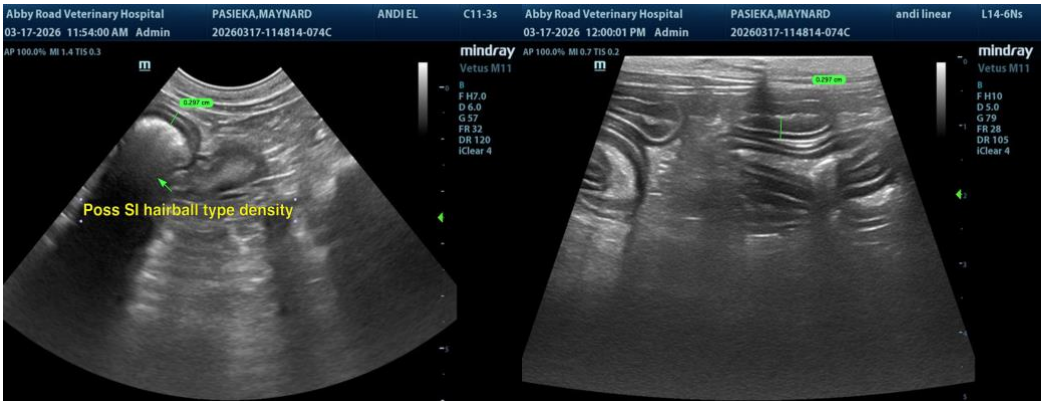

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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