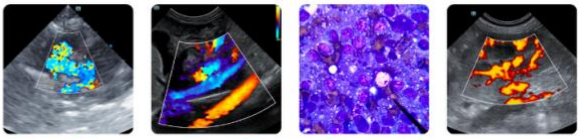

PATIENT

Lilac Romero

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

2

WEIGHT

6.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Eric Randall DVM

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

Dr. Eric Randall DVM

INVOICE

14476

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea since adoption 2-3 months ago. P has responded on Metronidazole but returns immediately after stopping medication

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

No evidence of pathology in the areas of the left and right adrenal glands although not definitively visualized.

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 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented normal intact visible wall. The stomach fundus and gastric body exhibited lumen has with mild retained gastric and pyloric fluid. No evidence of obstruction to pyloric outflow or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.20 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent mild mesenteric 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). An example of the lymph nodes measured 1.7 cm x 0.39 cm. No evidence of peritoneal effusion. Normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

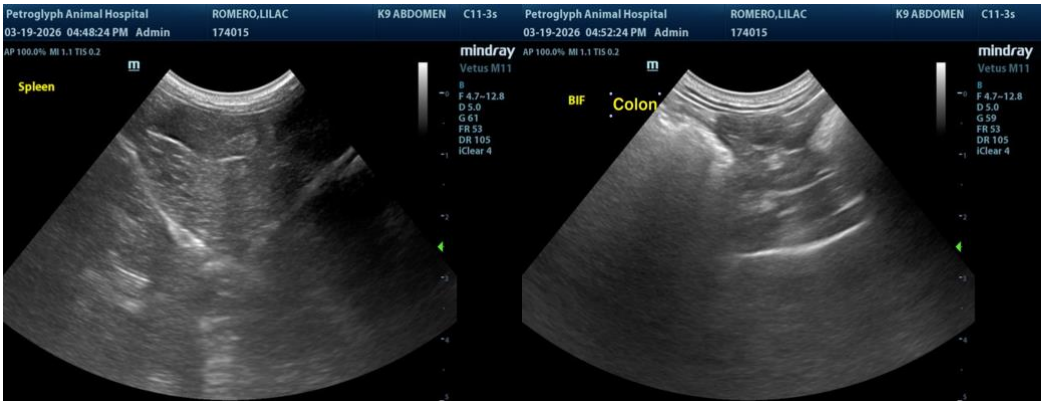
- Sonographically unremarkable gastrointestinal tract with mild nonobstructive gastric ileus.
- Semi formed to soft fecal matter in colon.
- Intermittent mild benign mesenteric lymphadenopathy- consistent with mild reactive hyperplasia or possible lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance or food hypersensitivity, infectious disease/dysbiosis, non-structural inflammatory bowel, mild pancreatitis, occult parasitism if patient is indoor or outdoor are all potentials. No evidence of classic IBD intestinal criteria, neoplasia, FIP or other pathology.

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. A novel protein or hydrolyzed diet trial +/- fiber supplementation versus a higher fiber diet trial with potential long-term dietary therapy and empirical deworming (Panacur SID times 7-10 days if clinically indicated), highly colony count probiotics such as Proviable, and cobalamin supplementation (pending assessment of cobalamin level) may prove beneficial.

Antibiotic responsive diarrhea or dysbiosis may be prioritized given positive response to metronidazole, yet adverse effects on normal gastrointestinal flora with long-term antibiotic use may be considered.



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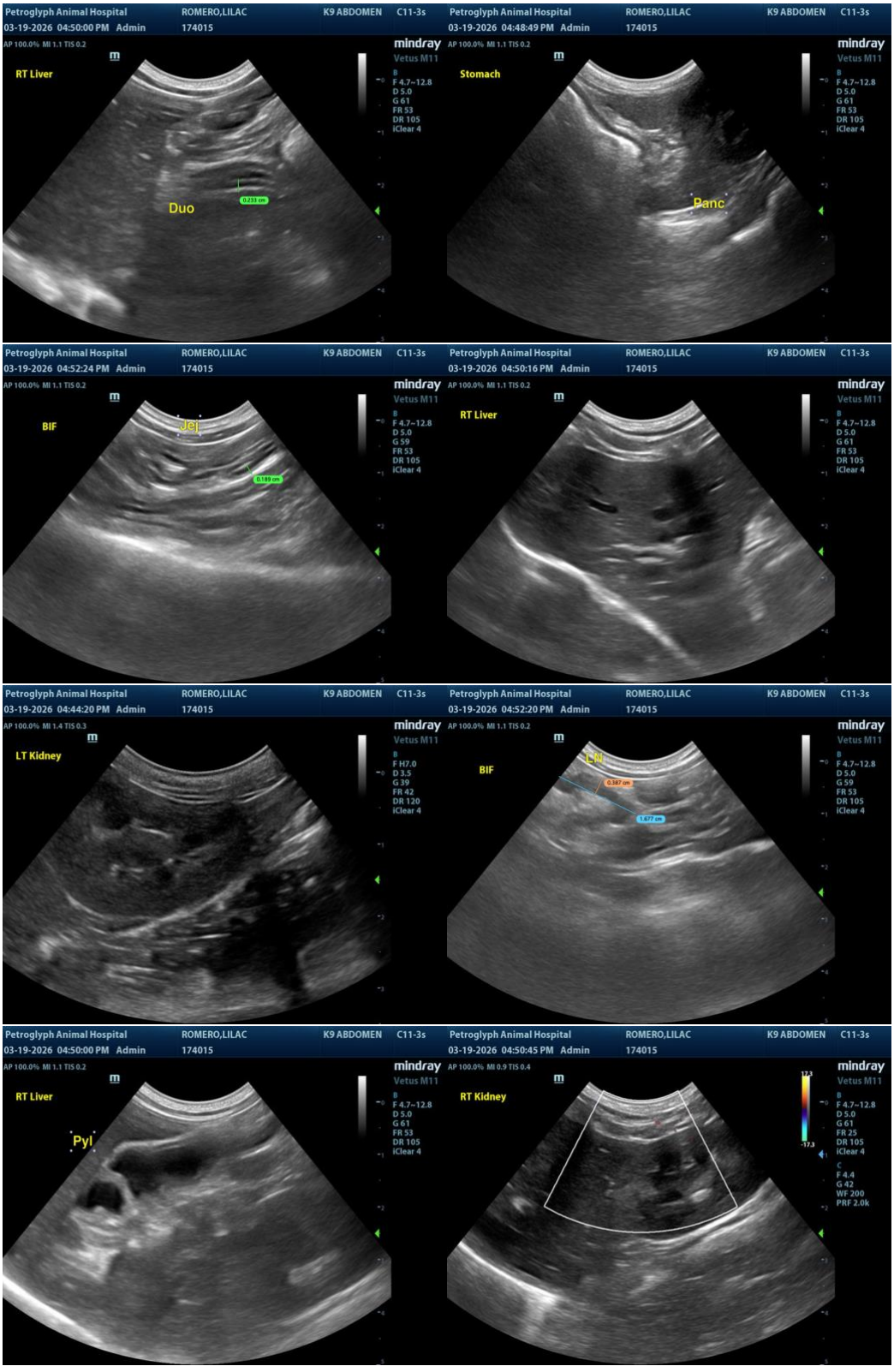

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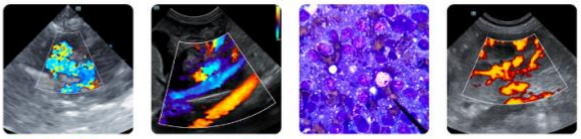

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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