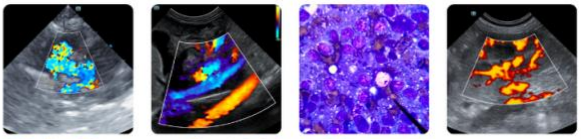


PATIENT

Nyla Forsythe

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 7 Months

WEIGHT

7.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ruth Loomis

HOSPITAL NAME

Brookswood Animal Clinic LLC

REFERRING VET

Dr. Mariah Mountanos

INVOICE

14486

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- P has been losing wt, vomiting, and lethargic x several weeks.

Abnormal PE/Chem/CBC/UA Results: CREA 3.0 0.8 - 2.4 BUN 50 16 - 36 GLOB 5.6 2.8 - 5.1 K 3.4 3.5 - 5.8 USG 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 left kidney with mild right kidney subnormal size. 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 3.3 cm in length. The right kidney measured 2.9 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 0.42 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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.

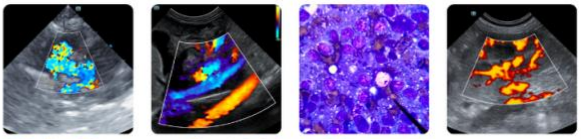
Liver & Gallbladder

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 indistinctly visualized but potentially secondary to the presence of gastric ingesta and fluid. No evidence of gallbladder over distention or posthepatic obstruction.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach contained a moderate amount of anechoic to echogenic fluid and nonhomogenous nonshadowing ingesta/chyme. No evidence of obstruction to pyloric outflow/ The pylorus wall measured 0.24 cm wall width.



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The small intestine presented intact mildly thickened wall with overall maintained wall layer ratio. Mild segmental nonobstructive duodenojejunal ileus. Segmental discrete hyperechoic intestinal mucosal speckling. The upper duodenum wall measured 0.36 cm wall width. The descending duodenum wall measured 0.33 cm wall width. The jejunum wall measured 0.27 cm wall width. The ileocolic wall measured 0.31 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Scant pockets of perihepatic to perigastric effusion were present. No evidence of significant peritoneal effusion. Intermittent mildly enlarged hypoechoic mesenteric lymph nodes and mild surrounding perilymphatic omentum were visualized. An example of lymph node measured 1.3 cm x 0.80 cm.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with moderate retained fluid and nonshadowing ingesta/chyme.
- Chronic enteropathy pattern exhibiting intestinal mucosal speckling and nonobstructive duodenojejunal ileus.
- Intermittent mild mesenteric lymphadenopathy.
- Sonographically unremarkable area of the pancreas.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

chronic IBD or other inflammatory enteropathy with mild lymphatic reactive hyperplasia or lymphadenitis is favored. Potential for low-grade to occult intestinal round cell neoplasia such as lymphoma and early metastatic lymphadenopathy are not definitively excluded. No evidence of mechanical gastrointestinal obstruction i.e. foreign body, mural pathology or stricture indicating probable metabolic or functional gastric and mild segmental intestinal ileus.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening three view chest radiographs are suggested if not recently done. Intestinal and lymphatic biopsies are required for a definitive diagnosis. Gastrointestinal support and consideration for empirical IBD protocol with clinical and as needed sonographic monitoring if continued or progressive gastrointestinal signs or weight loss would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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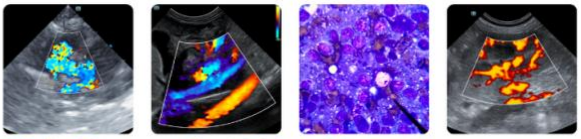

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Educational Teleconsultation Services™

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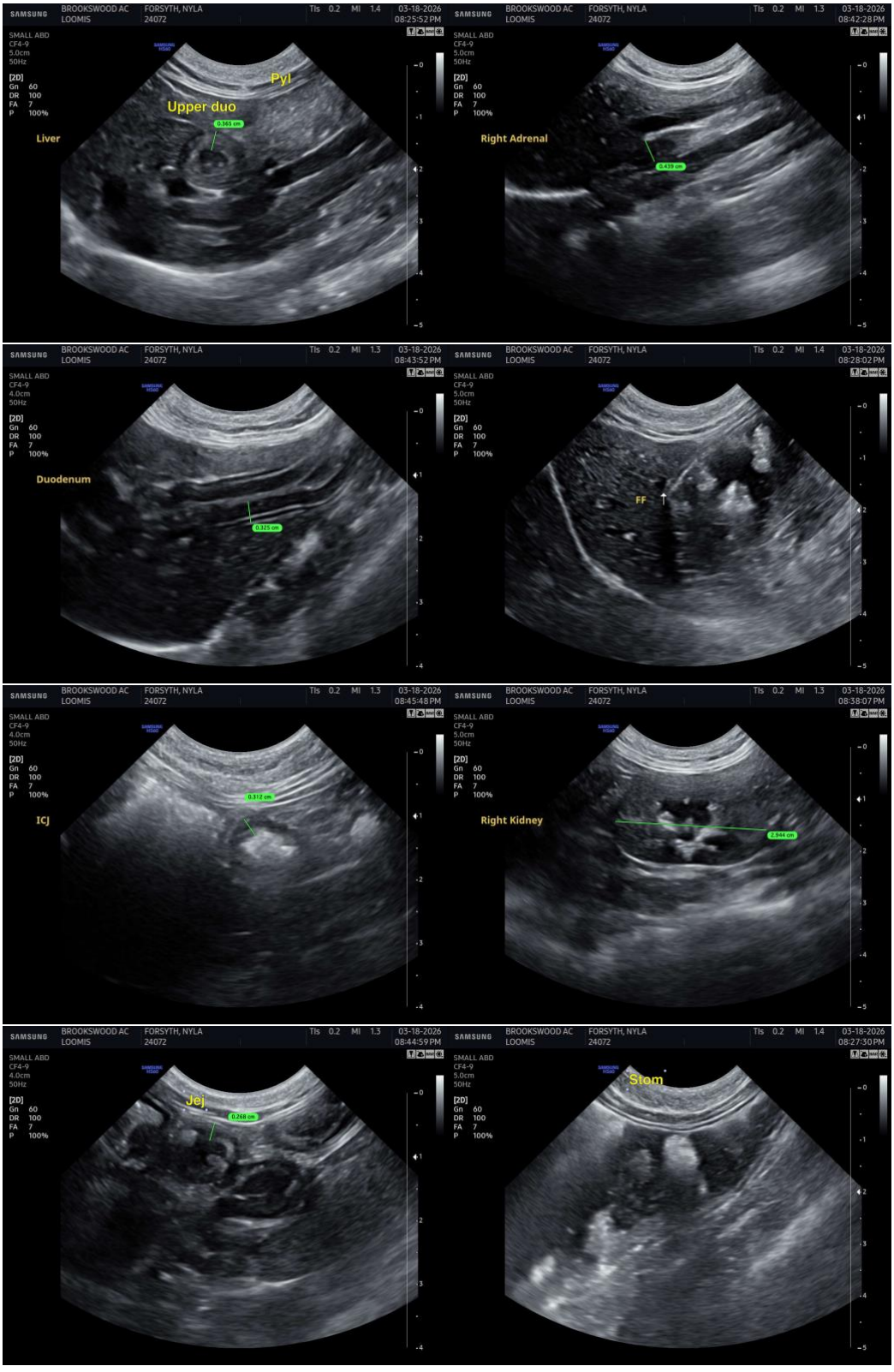

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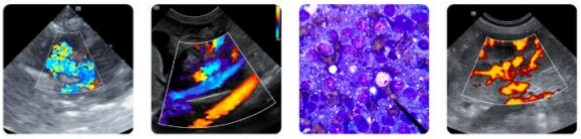

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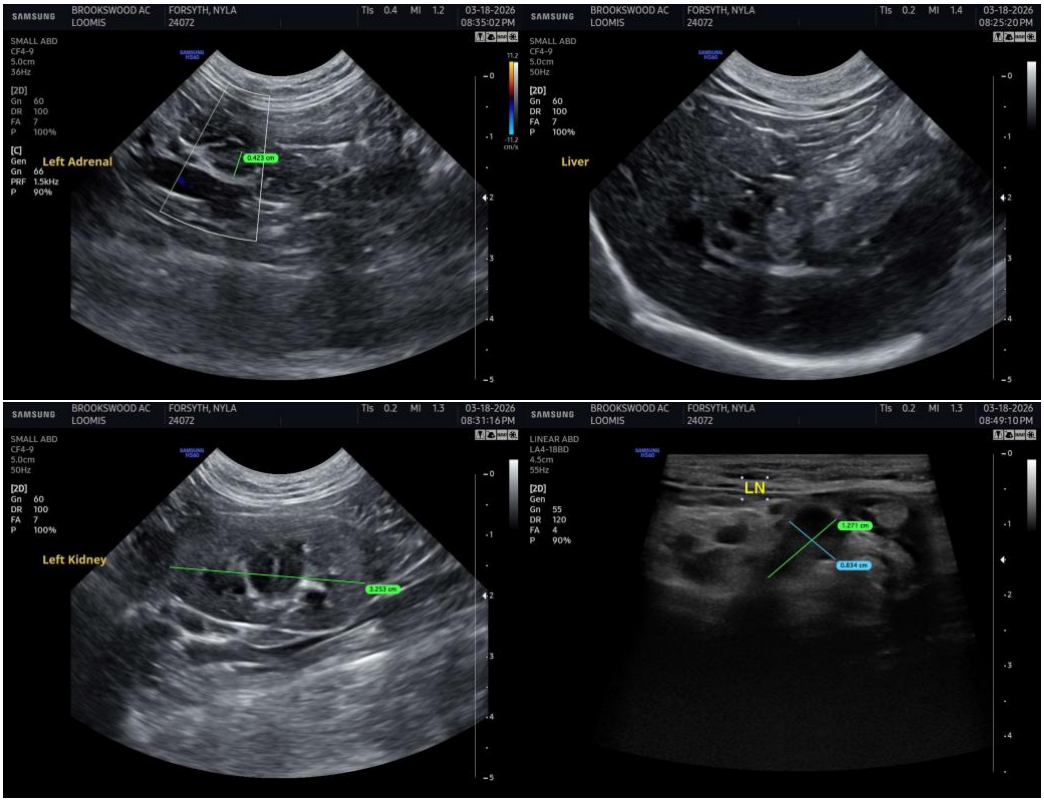

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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