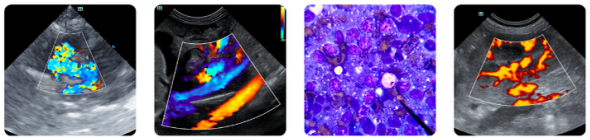


PATIENT

Pie Zink

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16

WEIGHT

6.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Linda Grau

INVOICE

13323

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting, diarrhea, weight loss

Abnormal PE/Chem/CBC/UA Results: PE: bcs 4/9 CBC nsf CHEM nsf T4 1.9

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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Areas of medullary mineral present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No obvious 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.

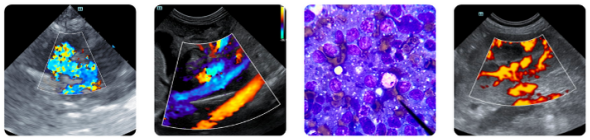
Liver

The liver was subjective borderline to possible mildly enlarged in size with nor mal vascular volume. 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, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid.

The small intestine presented intact wall layering with overall maintained 1:3 muscularis/mucosa ratio. Mildly thickened duodenum and segmental jejunum. Minor segmental, non-obstructive intestinal ileus



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to the level of the colon. Duodenum wall measured 0.32 cm, jejunum wall measured up to 0.32 cm, and ileocolic wall measured 0.34 cm.

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

Pancreas

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

Free Abdomen

Mild volume peritoneal effusion, no obvious visualized significant or swollen mesenteric lymphadenopathy, although mid isoechoic lymphadenopathy possible.

PRIMARY FINDINGS

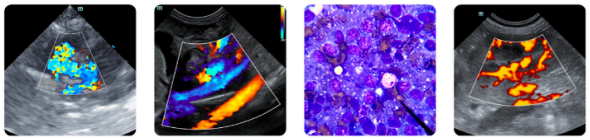
- Mild hypomotile stomach
- Chronic enteropathy
- Soft fecal matter in colon
- Chronic pancreatitis
- Borderline to possible mild hepatomegaly – subjective benign
- Mild gallbladder debris
- Mild volume peritoneal effusion

SECONDARY FINDINGS

- Chronic renal changes exhibiting medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with chronic pancreatitis and potential triaditis despite the lack of hepatic enzyme elevations and short half-life of hepatic enzymes in cats favored. Emerging to occult intestinal or multicentric neoplasia thought less likely yet not definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. 3-view chest radiographs, effusion analysis and consideration for screening hepatic FNA cytology assuming normal clotting status and using 25-gauge needle is recommended. Gastrointestinal support and +/- empirical IBD/triaditis protocol may prove beneficial.



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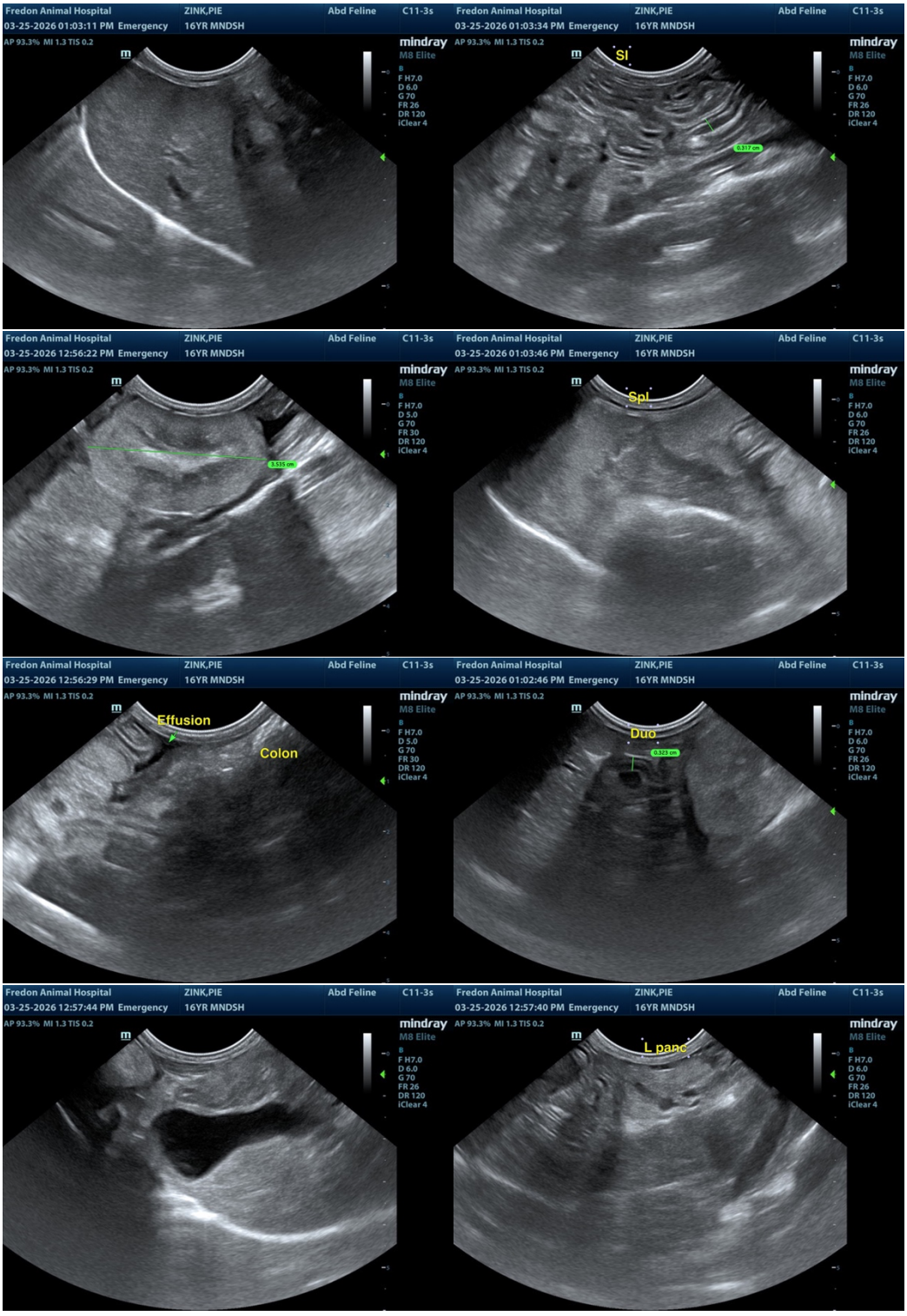

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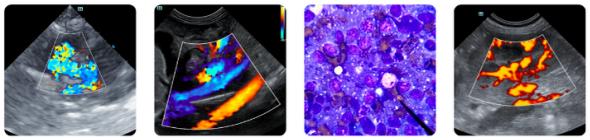

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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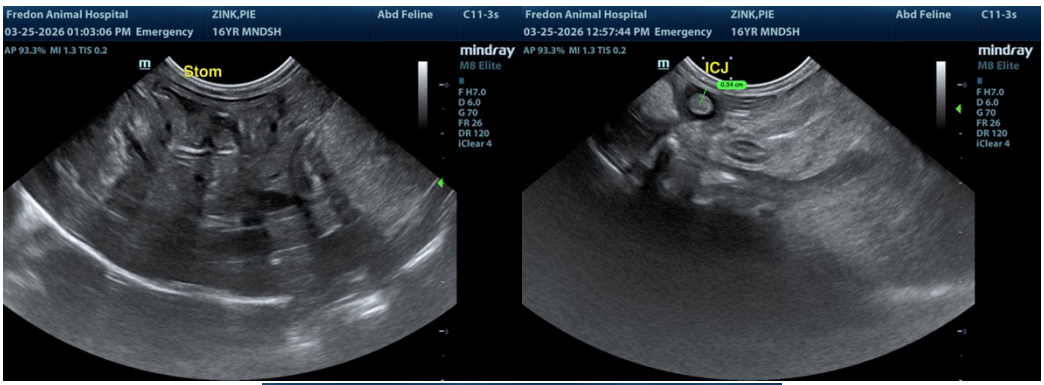

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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