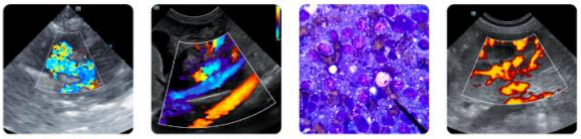


PATIENT

Columbo Spiegel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Salazar

INVOICE

14019

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- presents for vomiting 4 times on Wednesday, lethargy

Abnormal PE/Chem/CBC/UA Results: Eosinophilia rest WNL

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. Mild homogenous hyperechoic cortex with enhanced corticomedullary border demarcation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No obvious pathology in the areas 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 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.

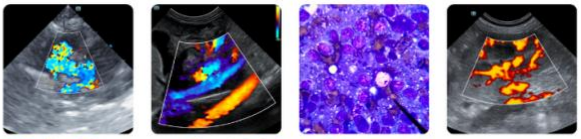
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained fluid without obstruction to pyloric outflow.

The intestinal walls demonstrated intact thickened wall layers with altered to borderline inverted 1:3 muscularis / mucosa ratio owing to thickened muscularis layer.

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

Pancreas



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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

Several to multiple mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with mild irregular contour. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intact thickened small intestine with associated mild irregular hypoechoic mesenteric lymphadenopathy.
- Mild nonobstructive hypomotile stomach.

Secondary Findings

- Normal renal architecture with hyperechoic renal cortices.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner. Mesenteric reactive hyperplasia, lymphadenitis or early metastatic lymphadenopathy is possible. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroids trial with assessment of clinical response and monitoring of body weight could be considered. If additional diagnostics were not elected, empirical therapy for IBD, which may include dietary therapy, as needed gastroprotectants and supportive care for non-affective gastric hypomotility, cobalamin supplementation probiotics +/- steroid trial with assessment of clinical response and monitoring of body weight and as needed sonographic monitoring could be considered.

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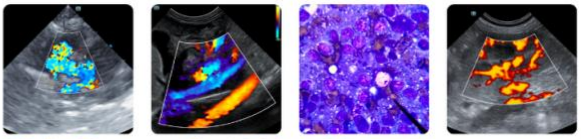

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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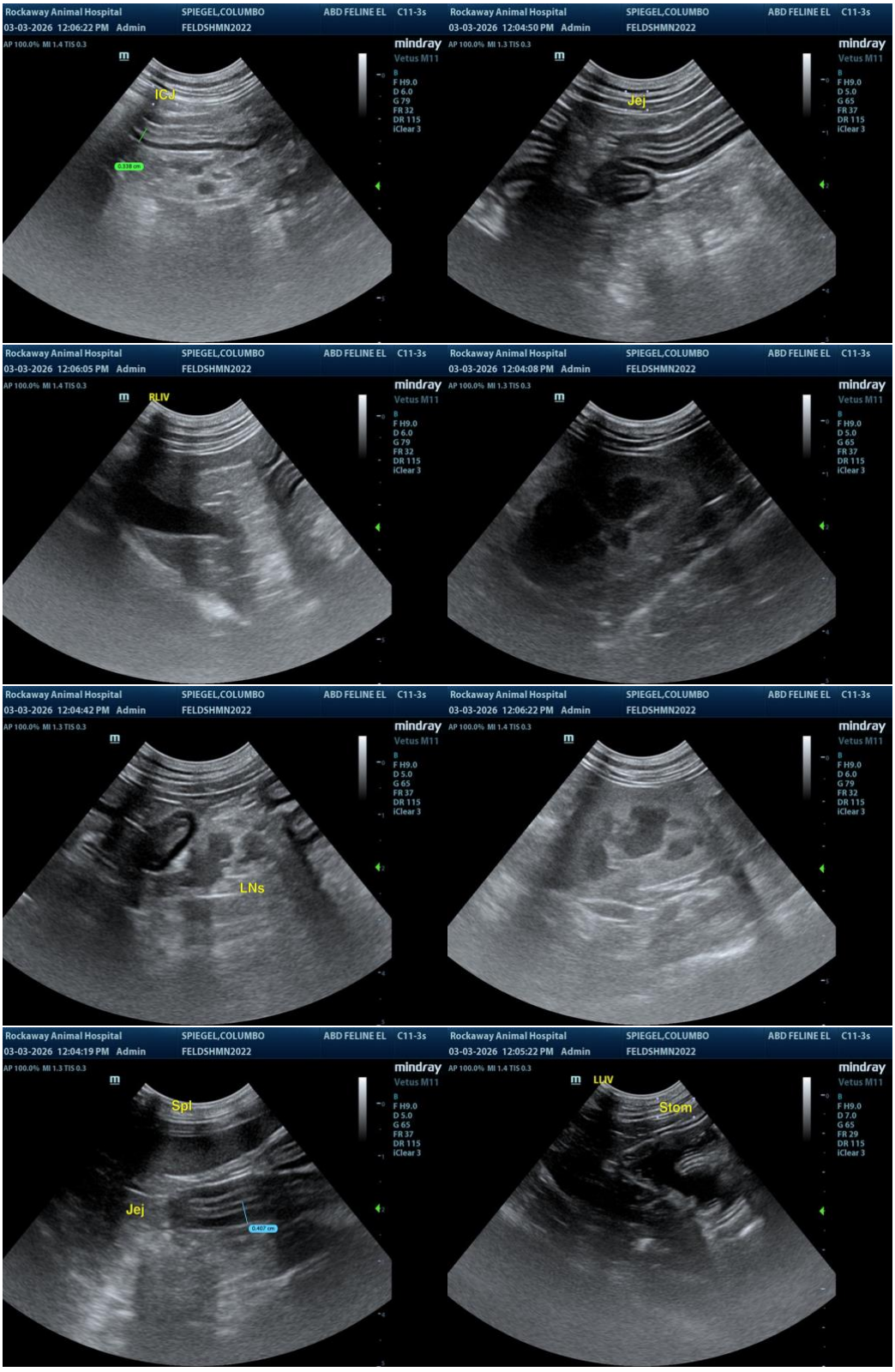

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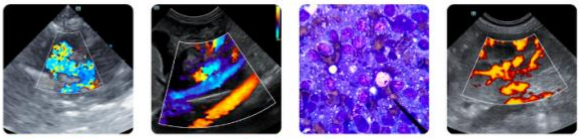

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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