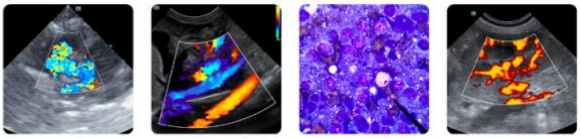


PATIENT

Norman Waltson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

14.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Veterinary Center

REFERRING VET

Dr. Greg Hartman

INVOICE

14060

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Not eating, lethargic for a couple of days, recently eating cardboard, weight loss.

Abnormal PE/Chem/CBC/UA Results: Positive murphy sign in the cranial abdomen, mildly dehydrated. CBC low neutrophils and lymphocytes. Chemistry normal. RDVM x-rays report a mass effect shifting intestines.

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 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left or right adrenal glands.

Spleen

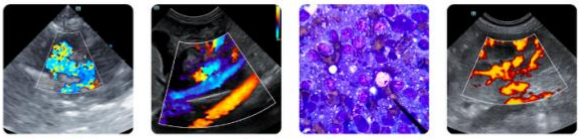
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact segmentally prominent wall exhibiting minor altered wall layer ratio owing to propensity for mildly prominent intestinal muscularis layer. The small intestine wall measured 0.28 cm wall width. Segmental mildly hyperechoic progressively shadowing intestinal ingesta was present without obstructive pattern to the level of the colon.

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

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

No significant or swollen mesenteric lymphadenopathy, omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Intact segmental mild thickened small intestinal wall with segmental hyperechoic progressively shadowing ingesta.
- Normal area of the pancreas.
- Normal liver/spleen.
- Bilateral nonspecific renal medullary rim sign.
- Minor urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal masses or gastrointestinal obstructive pattern. The small intestine exhibited segmental mild mural changes, which although non-specific with possible patient variant, are suggestive of underlying enteropathy with considerations including non-specific enteritis, IBD or other inflammatory disease, less likely emerging to occult intestinal neoplasia such as lymphoma. The intestinal ingesta may indicate inefficient peristalsis with food echogenicity. Minor potential for segmental non-obstructive potentially passing hairball density or similar.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Hospitalization with 24-hour gastrointestinal support including IV fluids to promote intestinal motility, documented 12-hour fast and sonographic reassessment of the small intestine is recommended. Intestinal biopsies may be required for a definitive diagnosis. Urinalysis is recommended if not recently done.

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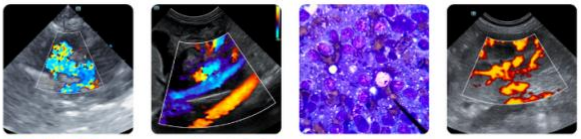

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Educational Teleconsultation Services™

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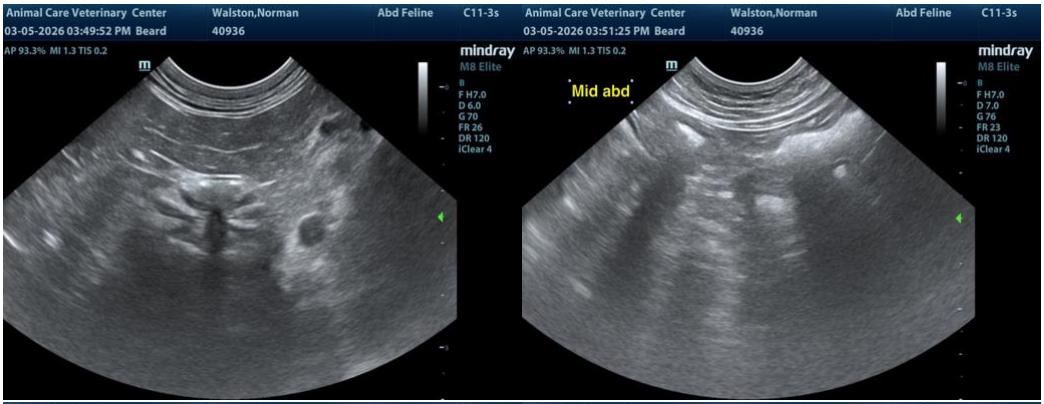

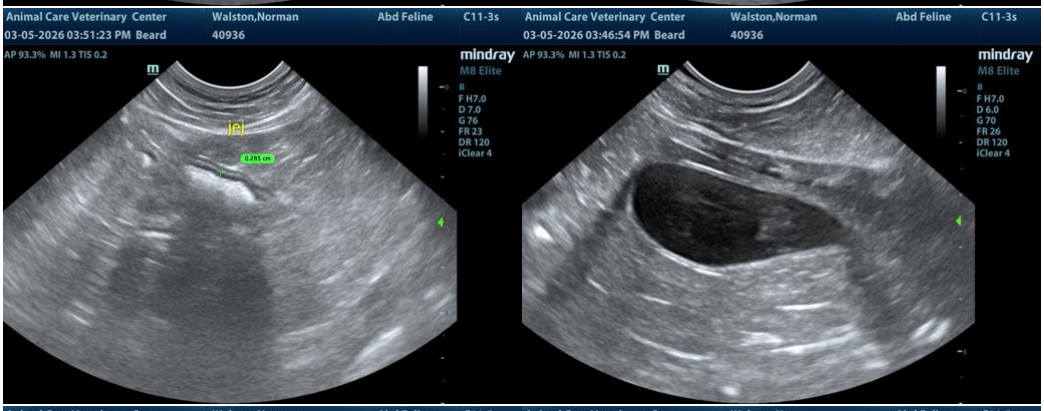

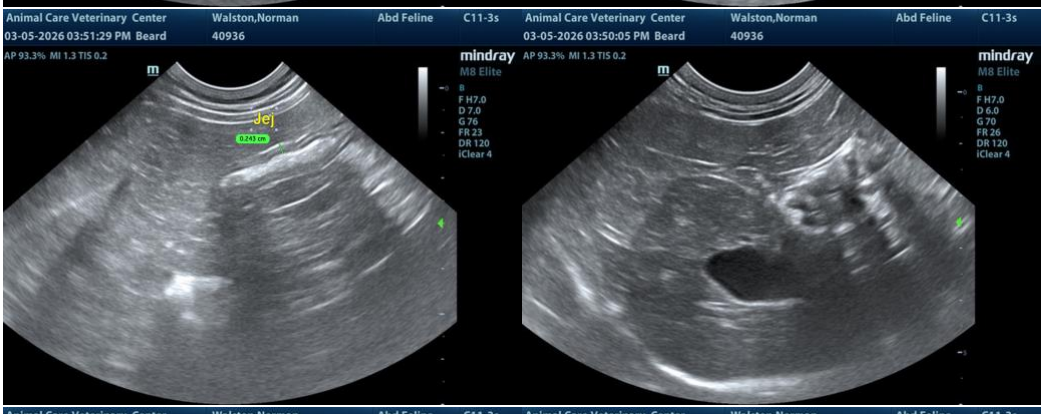

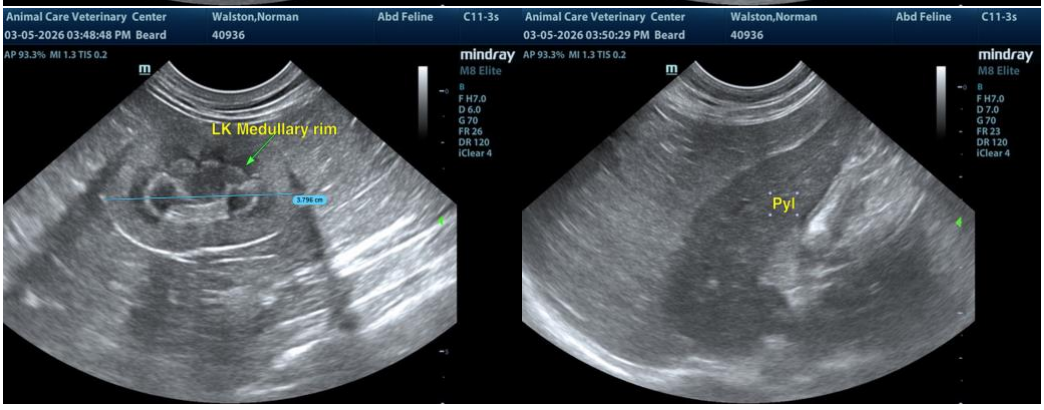

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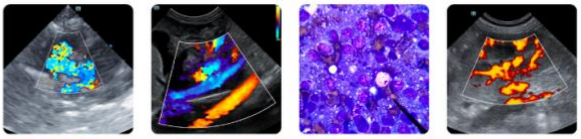

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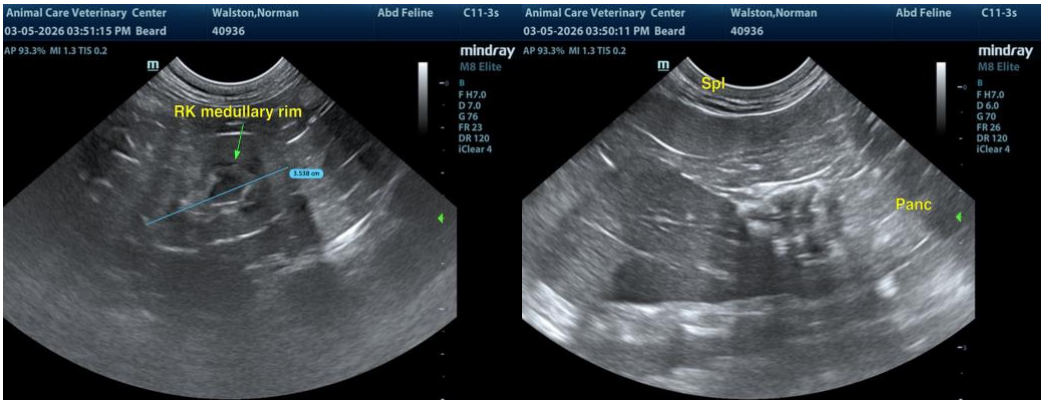

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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