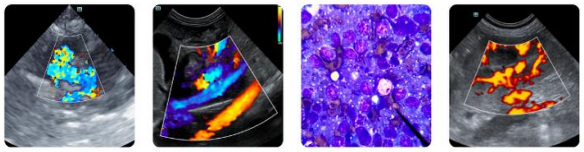


PATIENT

Dillo Logan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Mt Olive Vet

REFERRING VET

Dr Logan

INVOICE
24445

DATE
04/10/2026

PRESENTING CLINICAL SIGNS

Vomiting, Losing weight, no current meds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor right kidney pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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.

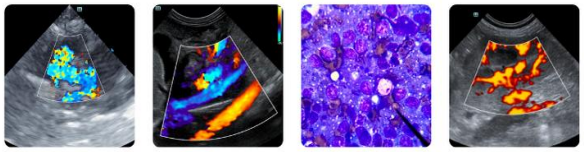
Liver/Gallbladder

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. Normal vascular volume. 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 subjective mild to moderate distension with gas and non-shadowing ingesta /chyme. No definitive evidence of obstruction to pyloric outflow.

The small intestine exhibited overall intact, mildly thickened wall layering with subjective propensity for mildly thickened intestinal mucosa layer. Segmental intestinal ileus with non-shadowing chyme and segmental gas to the level of the colon was present. No evidence of pathology in the area of the



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ileocolic junction. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.30 cm width.

Normal visible colon wall layers were present with semi 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 evidence of peritoneal effusion was present.

Intermittent minor prominent to enlarged jejunocolic lymph 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 measured 1.8 cm x 0.58 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact mildly thickened small intestinal wall with primarily generalized gastrointestinal ileus
- Probable mild chronic pancreatitis
- Intermittent mild jejunocolic lymphadenopathy
- Semi-formed fecal matter in colon

Secondary

- Chronic renal changes with minor right kidney pyelectasia
- Urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical intestinal obstruction, i.e. foreign body, mass, stricture, etc. which suggests metabolic gastrointestinal ileus or inefficient peristalsis, secondary to primary and potentially chronic intestinal disease or mild chronic pancreatitis. Technically a non-visualized area of mechanical intestinal obstruction given concurrent intestinal ileus and empty intestinal segments, not definitively excluded yet thought less likely.

Correlation with most recent meal ingestion is recommended with consideration for documented 12-hour fast and sonographic monitoring of gastrointestinal motility. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor. If persistent gastrointestinal ileus in conjunction with clinical signs, laparotomy with gross inspection of the gastrointestinal tract and with biopsies considered essential may be indicated. Correlation with full lab work and UA is recommended.

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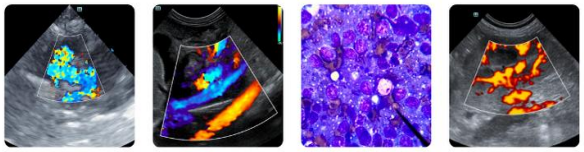

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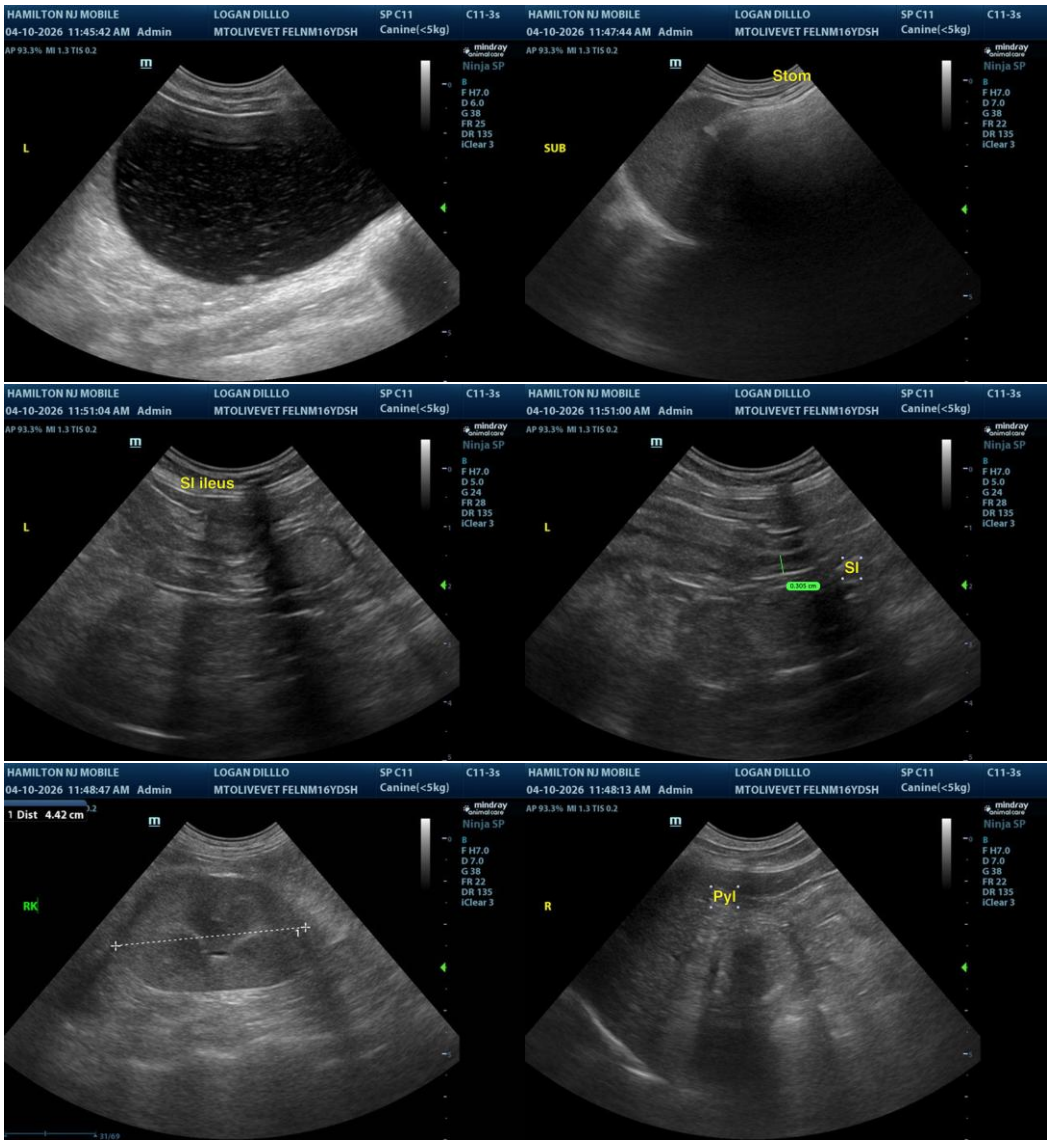

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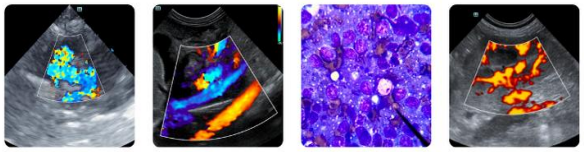

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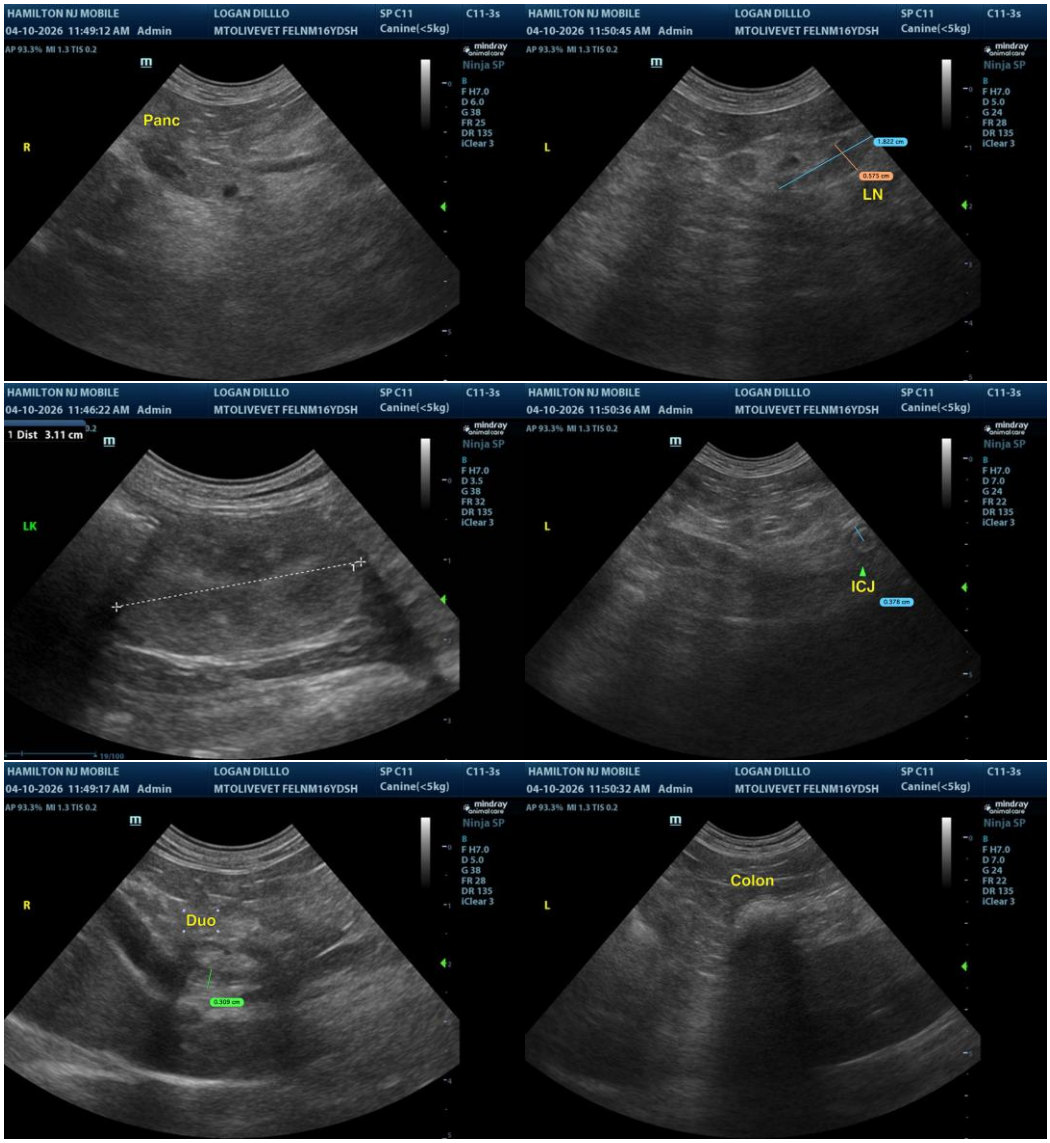

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com

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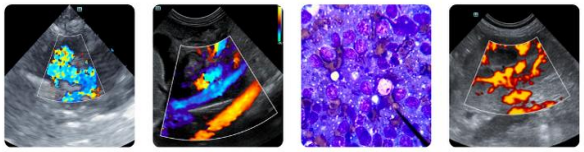

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