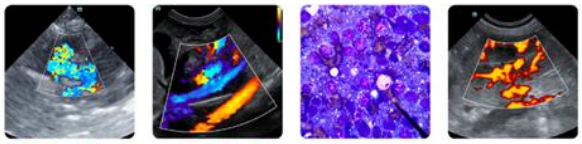


PATIENT

Taz Bartholomew

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

12.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24484

DATE
04/13/2026

PRESENTING CLINICAL SIGNS

Diarrhea since Sat , lethargy Hx of diabetes vomited breakfast

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 3.8 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.

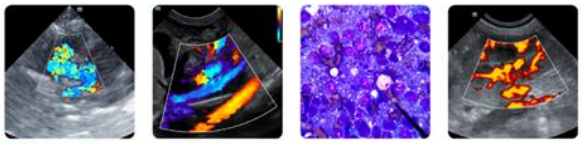
Liver/Gallbladder

The liver presented subjectively mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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 intestinal walls demonstrated intact wall layers with variably thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The intestinal wall measured 0.36-0.40 cm in width.



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Normal visible colon wall layers were present with soft fecal matter consistent with patient history.

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No visualized evidence of overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic pancreatitis with remodeling
- Empty stomach
- Thickened intestine exhibiting variable altered wall layer ratio- IBD vs other inflammatory enteropathy, intestinal round cell neoplasia such as lymphoma not excluded
- Bilateral chronic renal changes
- Hepatomegaly exhibiting mild parenchyma hyperechogenicity - diabetic or inflammatory hepatopathy, lipidosis, cholestasis, occult neoplasia thought less likely
- Gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Assuming normal clotting status, using 25ga needle and with vitamin K pretreatment, hepatic FNA cytology could be considered for further differentiation.

Given historical diabetes, dietary trial such as hydrolyzed diet with fiber supplementation or higher fiber diet, high colony count probiotic such as Proviable, cobalamin supplementation pending assessment of cobalamin level +/- empirical deworming if clinically indicated may prove beneficial.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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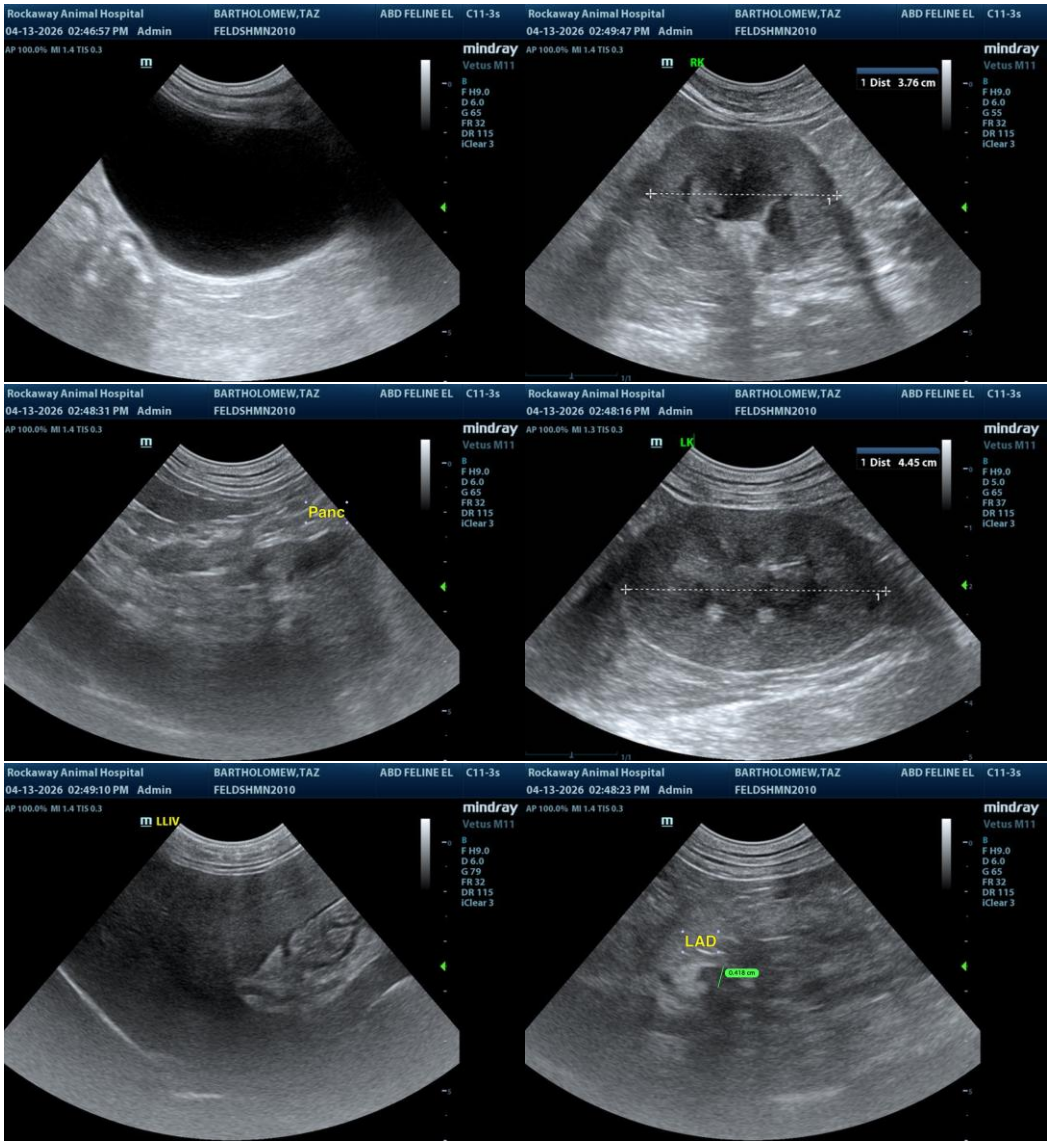

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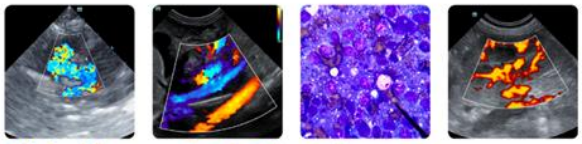

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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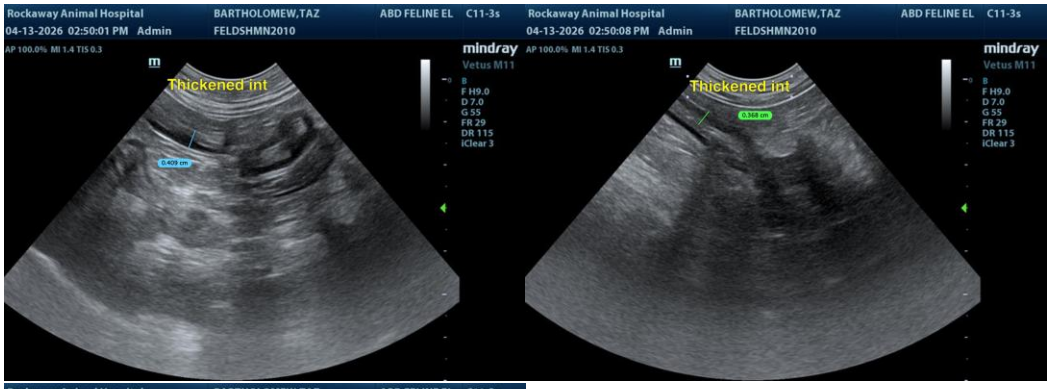

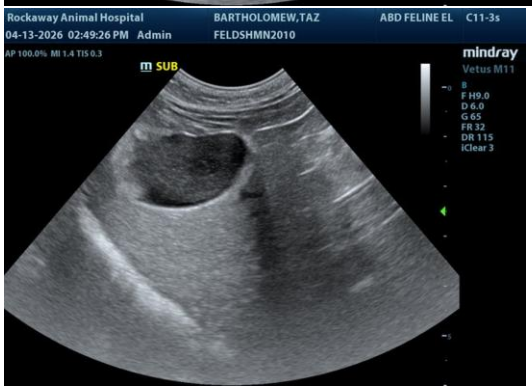

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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