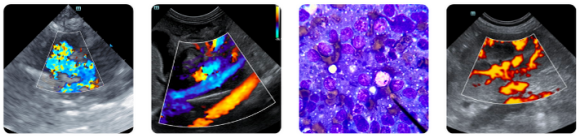

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PATIENT

Mo Warner

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

17y

WEIGHT

8.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Wolf

INVOICE

13425

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Metronidazole 100mg/mL #4mL: Give 0.35mL, by mouth, every 12 hours for 5 days. Cerenia 10mg/mL: 0.35mL SQ scruff. Next appointment: 4/22 w/Animal Sounds
-SC.

ABNORMAL Lab work Values: Emailed, but everything looks normal.

Current Medications: Methimazole- Methimazole 10mg/mL 0.75mL in AM and 0.5mL in PM

Radiographic Findings: O declined radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 size and margination was 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 3.8 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

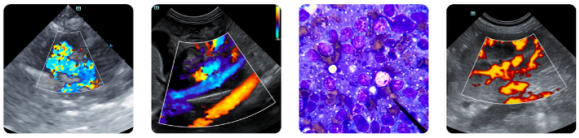
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm.

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 exhibited possible borderline hepatomegaly. The liver parenchyma was mild, nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. 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.



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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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.21 cm.

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

Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract
- Variably formed to soft fecal matter in colon
- Mild heterogeneous pancreas
- Hepatic remodeling with possible borderline hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming gastrointestinal signs are present in this patient, no overt evidence of significant gastroenterocolic mural pathology, Mild to chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. No overt evidence of neoplastic criteria. Mild to emerging hepatopathy not definitively excluded given short half-life of hepatic enzymes in cats and presence of mild gallbladder debris. A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis recommended if patient is indoor/outdoor. Empirically, canned novel protein or hydrolyzed diet trial with possible long-term dietary therapy, high colony count probiotic, i.e. Proviable, Cobalamin supplementation pending assessment of Cobalamin level and empirical deworming if clinically indicated may be considered. Recent research has shown that antibiotic use and GI cases may result in long-term alterations and normal gastrointestinal flora.

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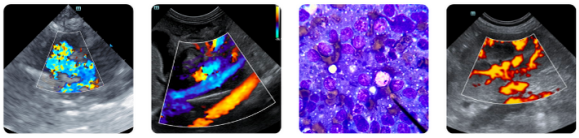

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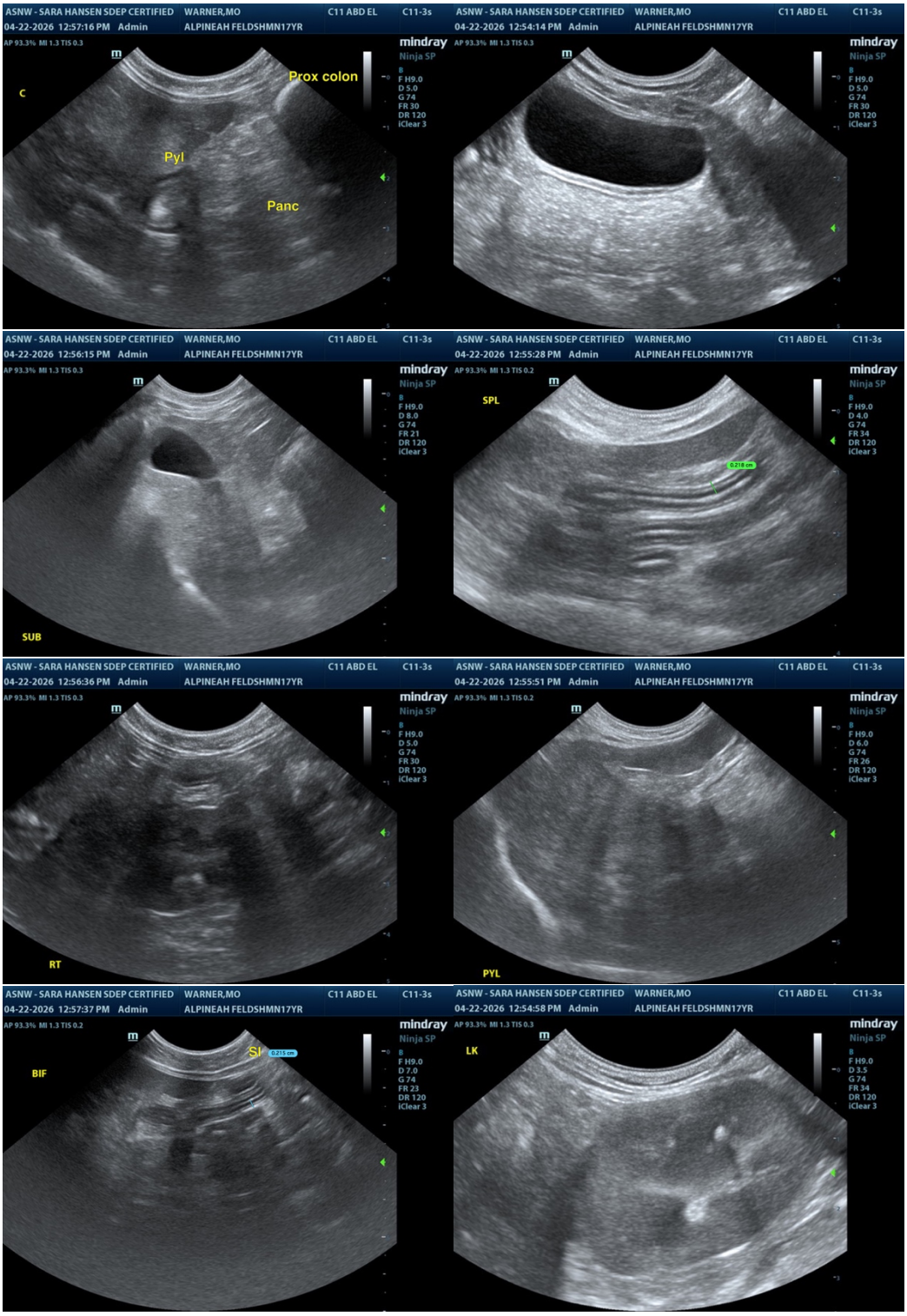

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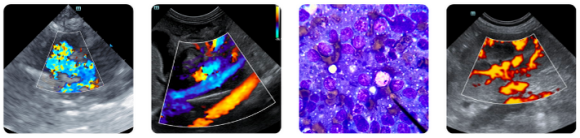

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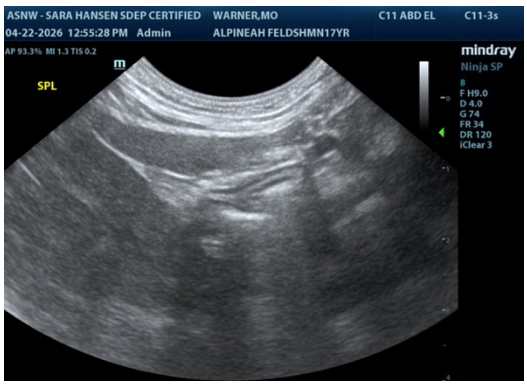

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com