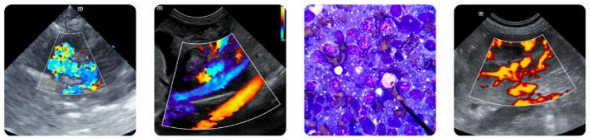


PATIENT

Vincent Womack

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

11Y, 7M

WEIGHT

4.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary Clinic

REFERRING VET

Emily Kent DVM

INVOICE

74740

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Patient presented for 6 weeks history of hyporexia. P will eat a diet and then become disinterested after a few days and O's will have to offer something else. Occasional vomiting reported x 1 week. The patient has also lost 3
lbs since August of 2025. He is indoor only. No d/s/c.
P did eat food the morning before the AUS
Sedation used to facilitate imaging (dexmedetomidine/torb)
Abnormal PE/Chem/CBC/UA Results: PE findings: Mild generalized epaxial muscle wasting. Mild dental disease. Remainder WNL. - Abdominal radiograph report: Diffuse gastro- enteropathy with moderate gaseous contents. Mild granular mineral opaque gastric material. Lab work 3/26/26: - CBC: WNL (RBC 8.19, HCT 41.0, HGB 13.3, RETIC 0, WBC 7.9, NEU 4.25, LYM 2.65, PLT 245,000) - Chem: WNL (GLU 96, SDMA 9, CRE 1.2, BUN 34, Phos 4.3, Ca 9.4, K 4.7, ALB 3.1, GLOB 3.7, ALT 30, AST 18, ALP 23, GGT <1, TBIL 0.1, Chol 92) - UA: USG 1.060, GLU neg, Ket neg, neg bacteria, WBC 0-2 HPF , RBC 6-10 HPF , Neg crystals T4: 1.9 - FeLV/FIV/HWT: neg - Fecal: Neg

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 residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and contour were present in the kidneys. Mildly thickened hyperechoic cortex with mildly enhanced corticomedullary border demarcation was noted. 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. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

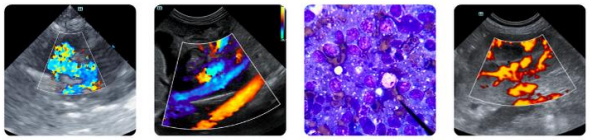
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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. Normal hepatic vascular volume was present. 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.



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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 was nondistended with intact normal non-thickened wall. A small amount of hyperechoic to progressively shadowing content was present in the stomach lumen without obstruction to the pyloric outflow.

Intact thickened small intestinal wall with altered to borderline inverted wall layer ratio owing to thickened muscularis layer. Segmental nonobstructive intestinal ileus containing nonshadowing chyme/ fluid to the level of the colon was present.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter 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 effusion was present.

Intermittent, mildly prominent to enlarged mesenteric 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 of a lymph node measured 0.9 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with possible small nonobstructive hairball type density.
- Infiltrative enteropathy pattern with mild associated mesenteric lymphadenopathy.
- Sonographically normal area of the pancreas.
- Mild chronic renal changes.

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 yet considered unlikely given patient's age. Mild reactive mesenteric lymphadenopathy, lymphadenitis, or early metastatic lymphadenopathy 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.

Concurrent hairball therapy recommended if clinically indicated.

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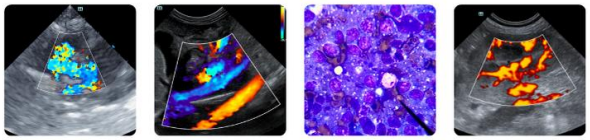

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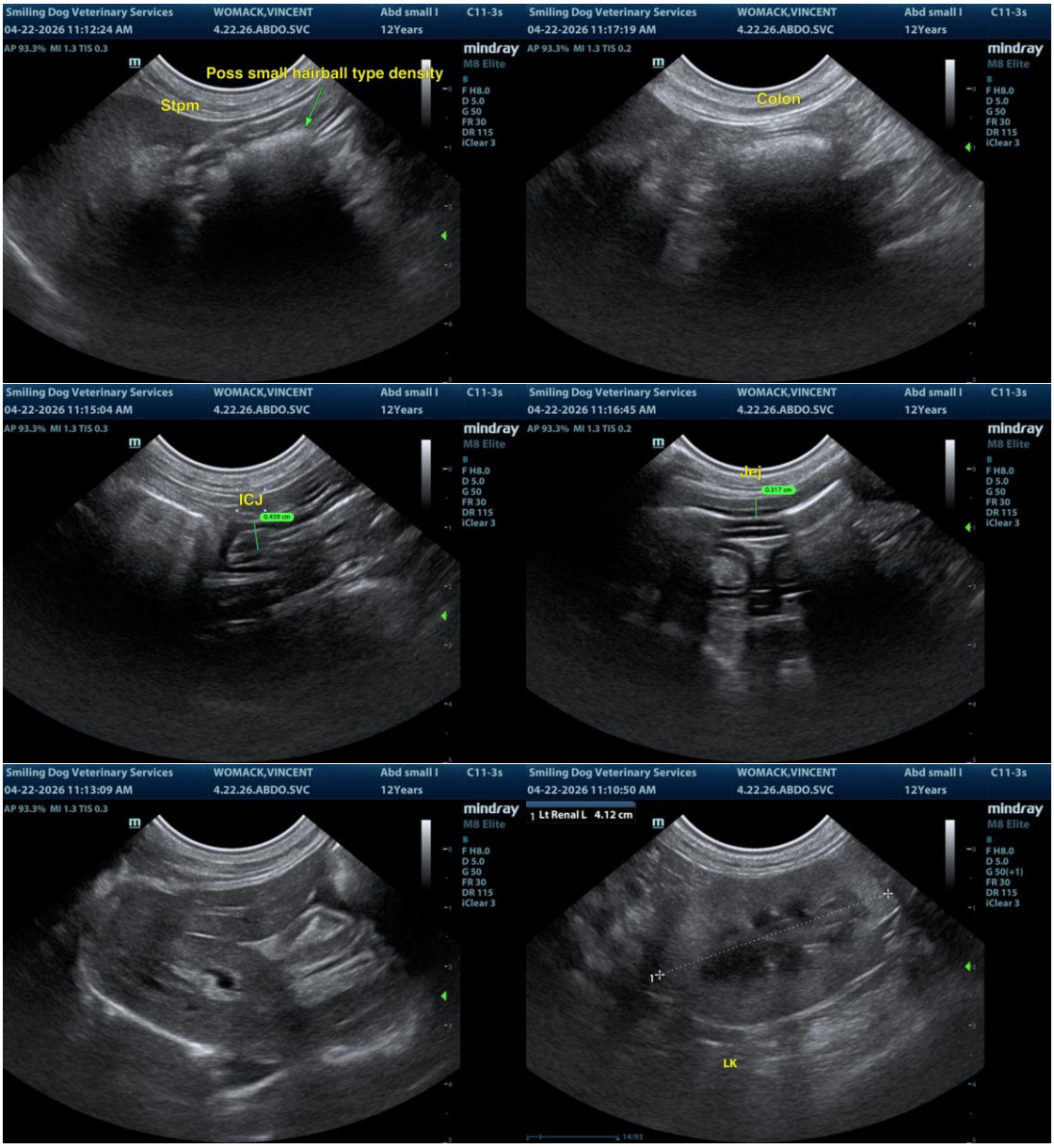

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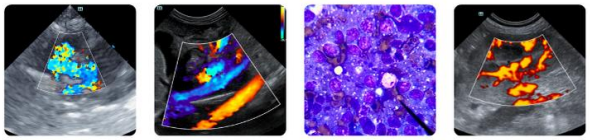

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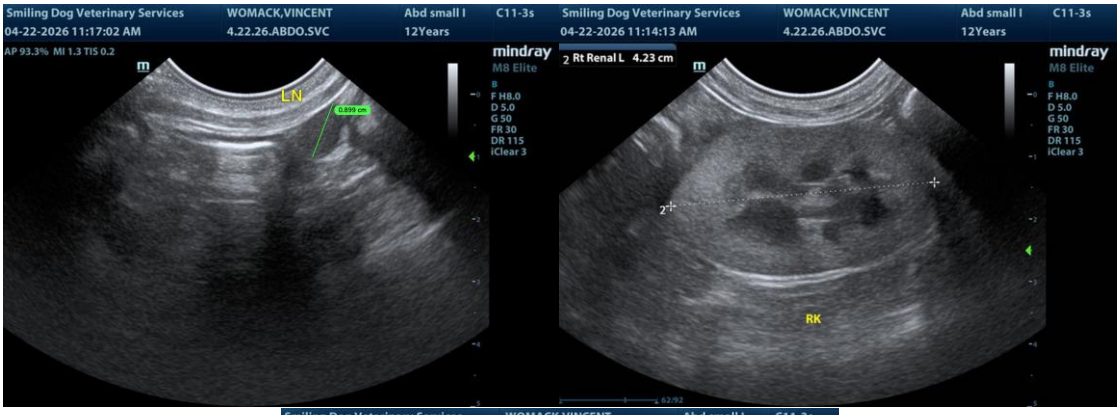

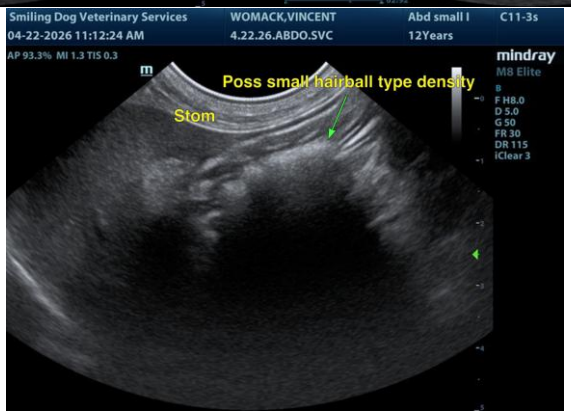

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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