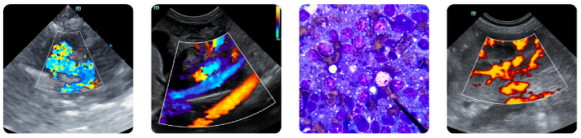

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info@sonopath.com 800.838.4268

PATIENT

Paris Haven

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13y

WEIGHT

5.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Orchard Grove AH

REFERRING VET

Dr. Ludmerer

INVOICE

13430

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Weight loss, hyporexia, lethargy, chronic diarrhea, HP diet

Medications: No current meds

Abnormal PE/Chem/CBC/UA Results: 11/3/25: TT4 2.9, TP 6.0, Alb 3.1, Glob 2.9 3/20/26: TP 5.4, Alb 2.9, Glob 2.5

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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.38 cm.

Spleen

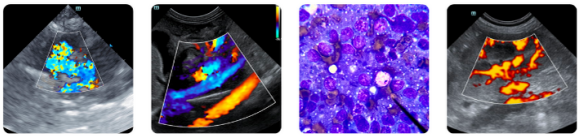
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited hepatomegaly with symmetrical, mildly rounded capsule contour. Generalized mild heterogeneous parenchyma exhibiting variable coarse echotexture and normal vascular volume. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

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.



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The small intestine presented variably thickened wall exhibiting decreased mural echogenicity and intact to segmental indistinct wall layer detail. Small intestine wall measured up to 0.39 cm width. Mild segmental non-obstructive ileus noted.

Normal visible colon wall layers were present with generalized distention and non-formed fecal matter.

Pancreas

The pancreas was mildly prominent in size with symmetrical contour and homogeneous, mildly hypoechoic parenchyma.

Free Abdomen

Intermittent, mild mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Perilymphatic/peri intestinal mild generalized omental hyperechogenicity. Minor peritoneal effusion present.

PRIMARY FINDINGS

- Enteropathy exhibiting variably thickened intestine wall and segmental indistinct wall layer detail
- Chronic active pancreatitis
- Enlarged non-homogeneous liver
- Mild gallbladder debris
- Intermittent mild mesenteric lymphadenopathy and minor peritoneal effusion
- Generalized colon distention with non-formed fecal matter

SECONDARY FINDINGS

- Mild chronic renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case may include IBD or other inflammatory enteropathy with potential for triaditis or intestinal to possible multicentric neoplasia. Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology and if possible, lymph node cytology and effusion analysis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require biopsies for histopathology. Emprically, Cobalamin supplementation pending assessment of Cobalamin level, deworming Panacur Sid for 7-10 days, higher fiber diet IBD or similar or fiber supplementation and hydrolyzed diet. High colony count probiotic such as Proviable and empirical IBD protocol may prove beneficial.

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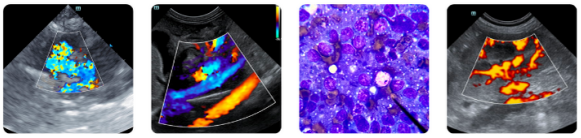

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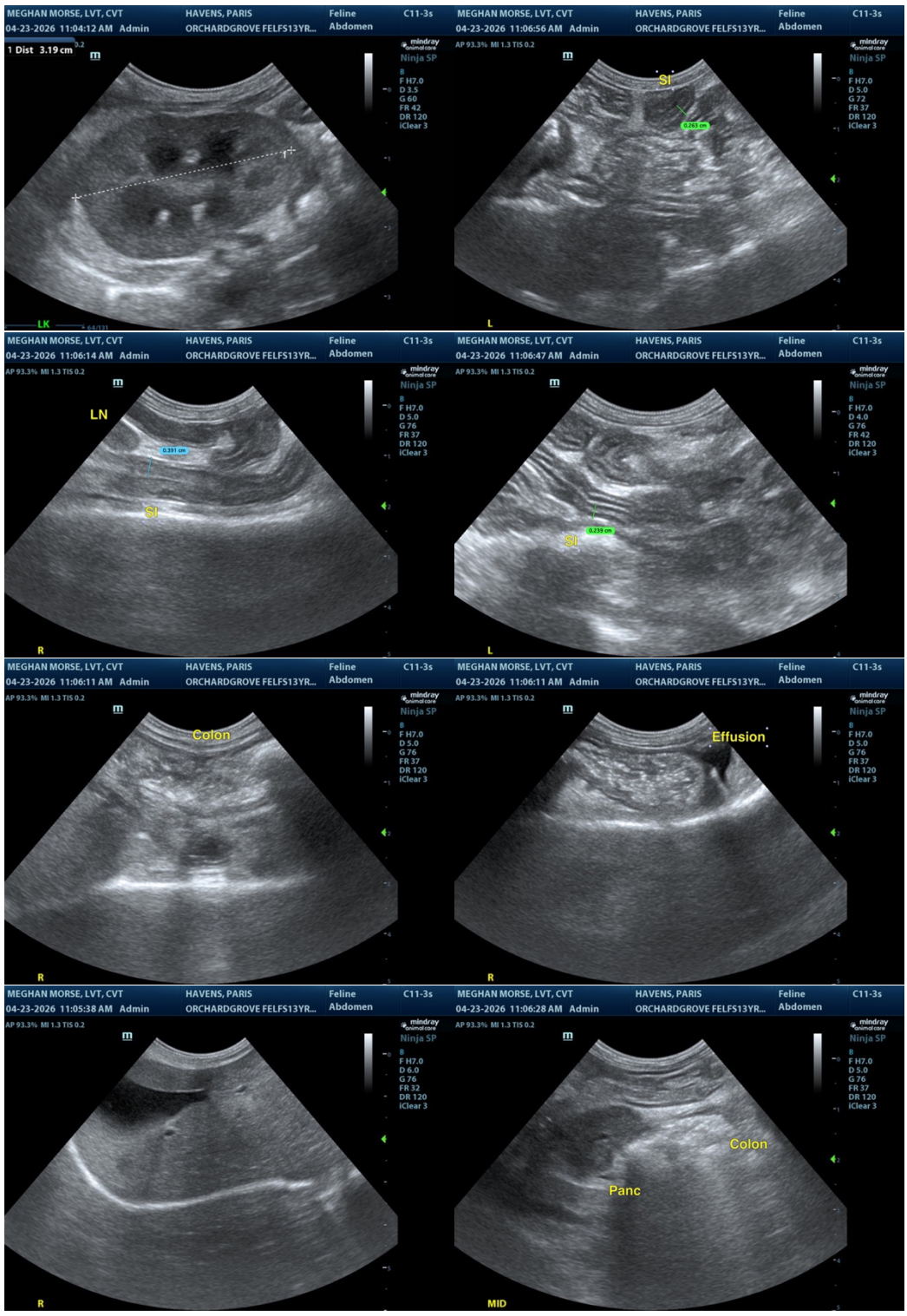

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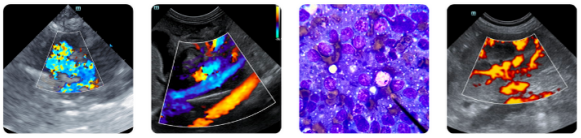

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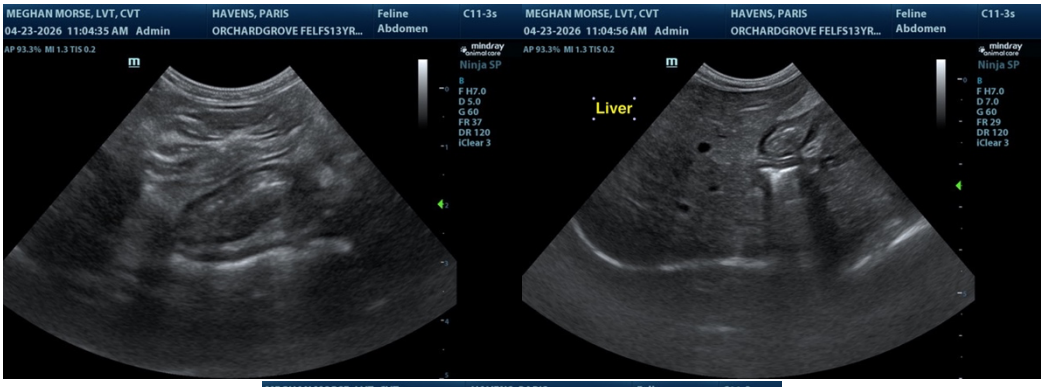

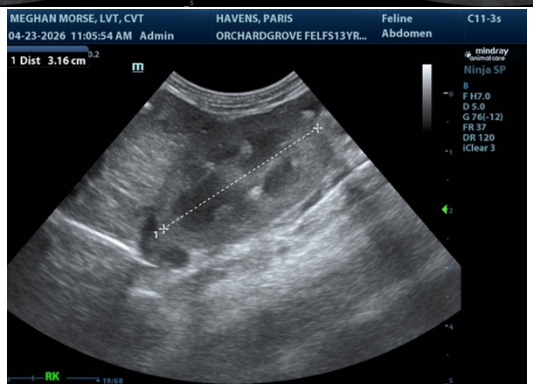

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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