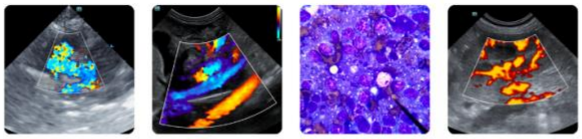

PATIENT

Brando Jevons

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2024

WEIGHT

19.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Dr. Jessica Nankman

INVOICE

15627

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea, not responsive to medical management (Tylan, probiotic, metronidazole)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. 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 4.8 cm in length. The right kidney measured 4.3 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 0.36 cm width.

The right adrenal gland was overtly normal in size, position and shape yet indistinctly visualized. The right adrenal gland subjectively measured 0.37 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. 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.

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 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. The jejunum wall measured 0.23 cm wall width. The duodenum wall measured 0.26 cm wall width.

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The colon presented intact subjective borderline prominent visible wall. The colon contained semi formed fecal matter. The descending colon wall measured 0.17 cm wall width.

Pancreas

The pancreas presented normal in size with symmetrical contour and mild nonhomogenous hyperechoic pancreatic parenchyma with subjective mildly prominent pancreatic duct. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

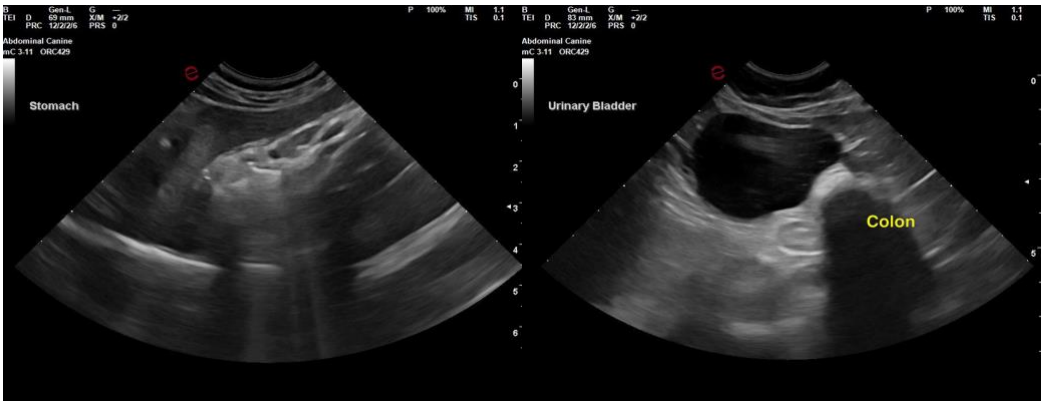
ULTRASONOGRAPHIC FINDINGS

- Intact borderline prominent colonic wall containing generalized semi formed fecal matter.
- Sonographically unremarkable gastrointestinal tract.
- Suspect possible chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon suggests mild chronic inflammation such as mild chronic colitis in conjunction with historical chronic diarrhea without evidence of gastrointestinal mural pathology. Although patient is young, the pancreas exhibited echogenic changes which may suggest concurrent chronic inflammation.

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Cobalamin supplementation pending assessment of cobalamin level, empirical deworming Panacur SID for 7 to 10 days despite fecal testing, dietary trial such as higher fiber diet WD or similar or fiber supplementation and hydrolyzed diet, high colony count probiotics such as Proviable or similar may prove beneficial. Enterocolic biopsies may be required for a definitive diagnosis.



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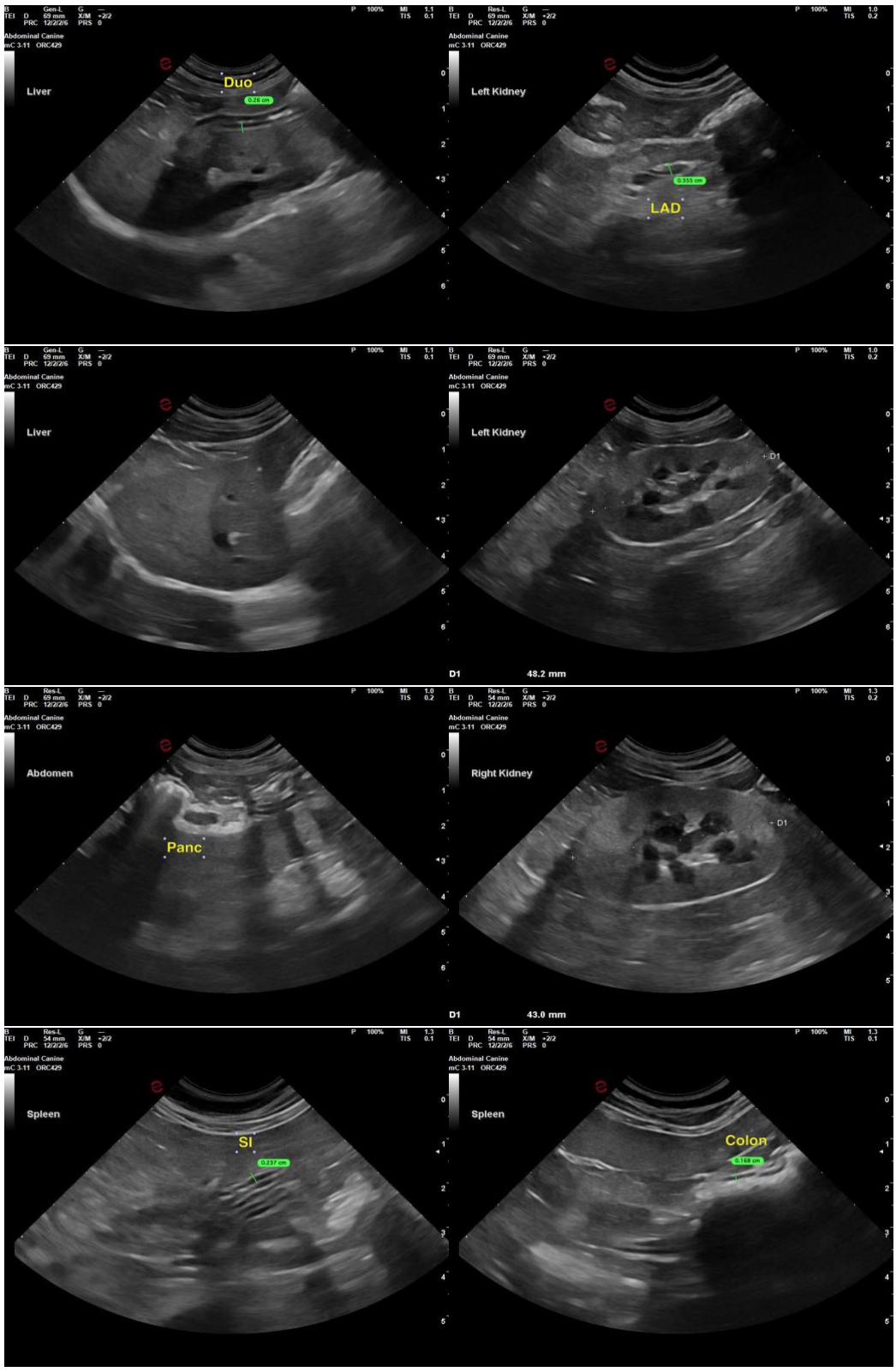

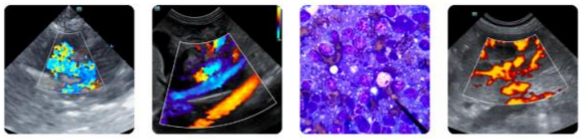

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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