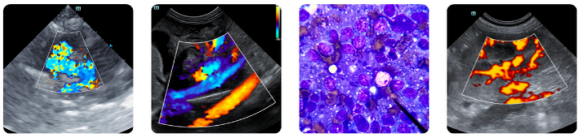


PATIENT

Tirzah Weber

SPECIES

Feline

BREED

Siamese

SEX

Female Spayed

AGE

7y

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Park Ridge AH

REFERRING VET

Dr. Doyle

INVOICE

13392

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Chronic V+, sometimes daily, slightly decreased appetite. Unremarkable PE and BW. Slight weight loss.

Current meds: Pepcid

Abnormal PE/Chem/CBC/UA Results: BW WNL

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.

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 3.5 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 0.42 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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.

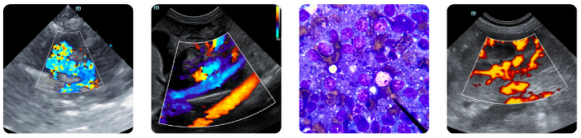
Liver

The liver 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 contained variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. Mildly thickened wall exhibiting indistinct mural details. Small intestine wall measured 0.27 –



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0.30 cm and ileocolic wall measured 0.38 cm. Concurrent segmental mild non-shadowing ingesta to the level of the colon without evidence of mechanical obstructive pattern.

Normal visible colon wall layers were present with apparent formed feces 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 visualized significant or swollen lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Mildly thickened small intestine exhibiting segmental indistinct mural detail, generalized gastrointetsinal ingesta – consistent with food echogenicity
- Normal area of pancreas

SECONDARY FINDINGS

- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and may indicate post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without overt evidence of foreign material or mechanical obstruction. Although nonspecific, generalized intestinal presentation may suggest disease such as IBD or other. Potential for emerging intestinal neoplasia such as lymphoma given segmental indistinct intestinal mural detail not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require gastrointestinal biopsies for histopathology. Documented 12-hour fast and sonographic reassessment of the gastrointetsinal tract to assess gastrointetsinal motility may be considered. Gastrointestinal support which may include dietary trial, gastro protectants, empirical deworming if clinically indicated with clinical and sonographic monitoring would be more conservative.

New Jersey Mobile
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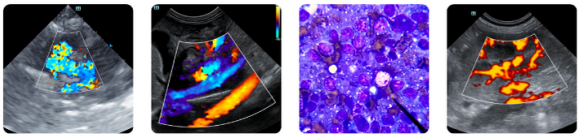

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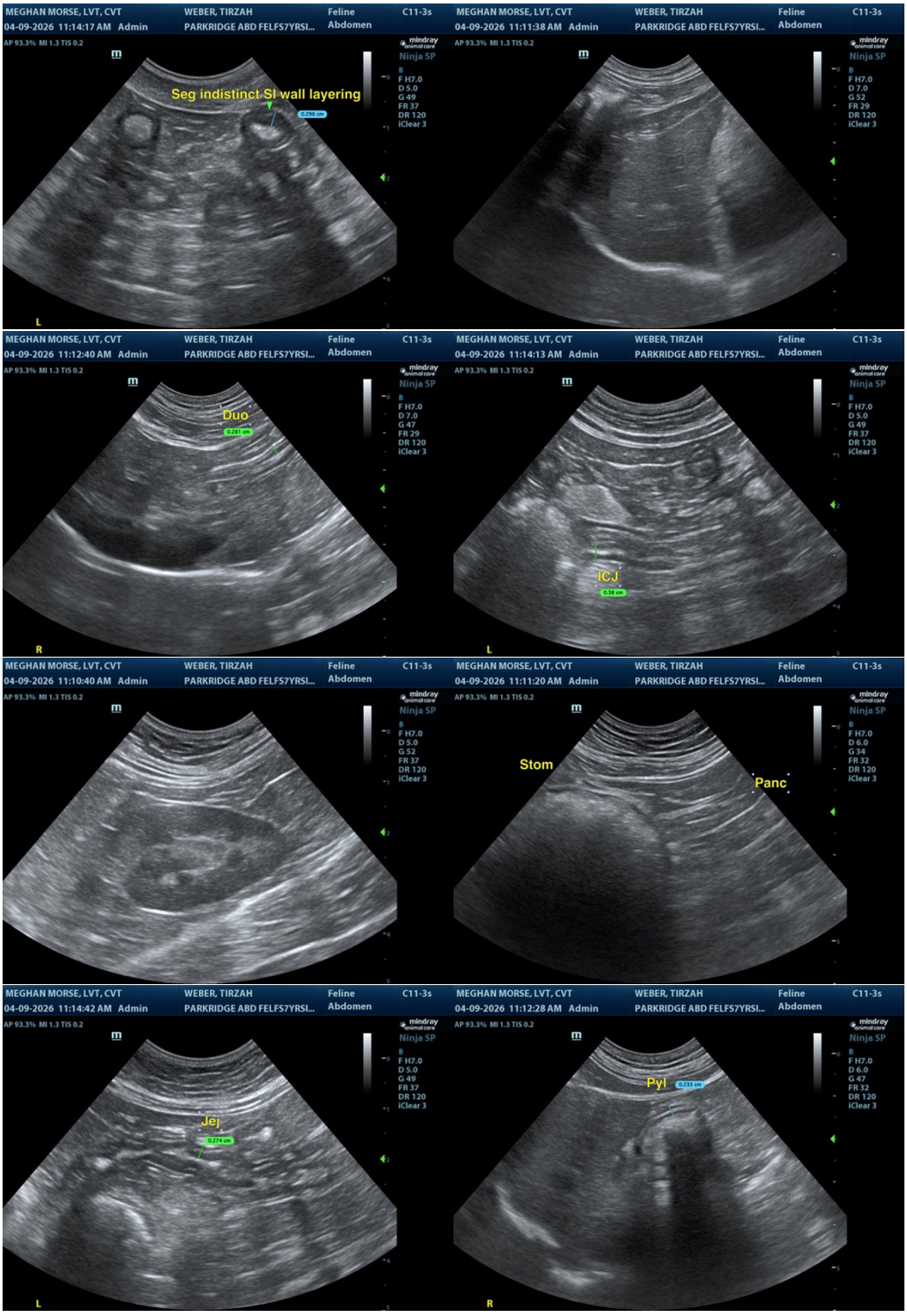

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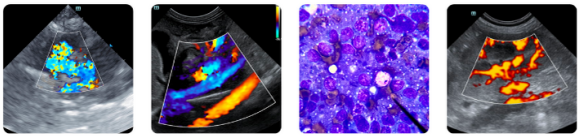

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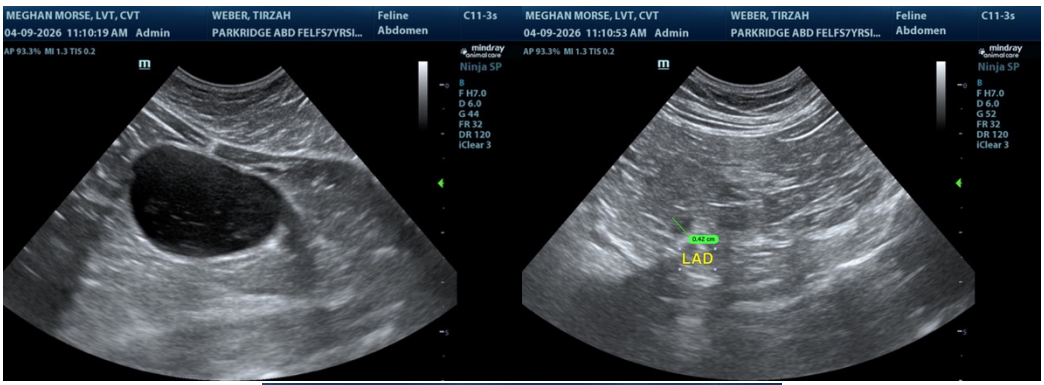

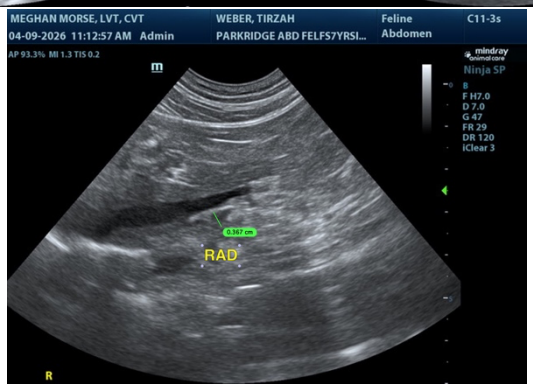

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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