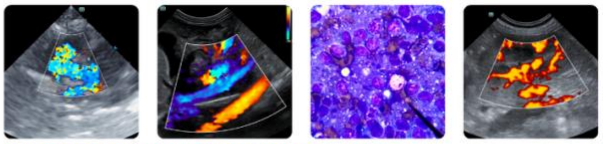


PATIENT

Ace Vizzacario

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

15619

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Patient presents for persistent weight loss despite eating well and otherwise acting normally. Hyperthyroidism managed on methimazole. History of IBD managed with budesonide and weekly administration of subcutaneous fluids, Cerenia, and B12. Liver enzymes mildly elevated, Chronic renal disease well controlled on diet. Heart murmur

PE: Weight loss 8.9 lbs / 4.037 kg 04/27 9.5 lbs / 4.3091 kg 04/20 9.5 lbs / 4.3091 kg 03/30 9.71 lbs / 4.4044 kg 03/16 10.1 lbs / 4.5813 kg 03/16 Chem: ALT (SGPT) 311 (10-100 IU/L), Alk Phosphatase 140 (6-102 IU/L), Urea Nitrogen 18 (14-36 mg/dL) Creatinine 0.8 (0.6-2.4 mg/dL) SDMA 15.2 (Mild Inc. <15.0 UG/dL) T4: 2.0 UA - USG 1.049

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate to hyperechoic moderate 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. 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 0.37 cm width.

No obvious pathology in the area of the right adrenal gland.

Spleen

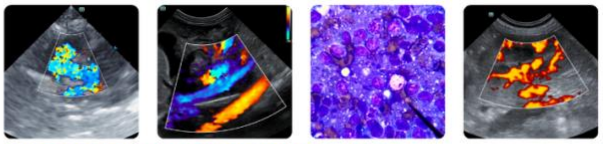
The spleen presented borderline enlarged and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured approximately 1.0 cm width level of the mid spleen.

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 mild biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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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 gastric body wall measured 0.26 cm wall width.

The small intestine presented primarily intact variably thickened wall layering with segmental variable altered wall layer ratio and segmental prominent muscularis layer. Segmental indistinct intestinal wall layering was noted in the jejunum with overall empty intestinal lumen to the level of the colon. An example of the small intestinal wall measured 0.26 to 0.29 cm wall width.

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

Pancreas

The pancreas presented prominent in size with asymmetrical contour and mild nonhomogenous hypoechoic parenchyma with prominent pancreatic duct.

Free Abdomen

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.5 cm x 0.50 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern with associated primarily mild mesenteric lymphadenopathy.
- Hepatopathy with mild gallbladder debris.
- Borderline splenomegaly.
- Chronic pancreatitis.
- Chronic renal changes.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given historical IBD, chronic triaditis may be a primary differential. Progression of IBD into emerging intestinal round cell neoplasia, i.e. lymphoma with potential multicentric emerging to occult round cell neoplasia, including early metastatic lymphadenopathy and hepatosplenic involvement is not excluded.

Further assessment may include assuming normal clotting status and using a 25-gauge needle) hepatosplenic and accessible lymph node FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested if not done. A definitive diagnosis would likely require biopsy for histopathology. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Conservatively, continued gastrointestinal support and empirical therapy for triaditis with clinical and as needed sonographic monitoring may be considered.

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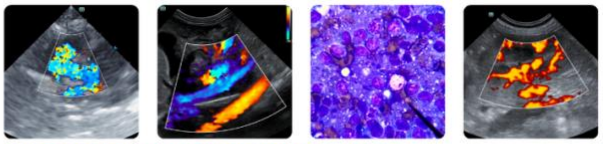

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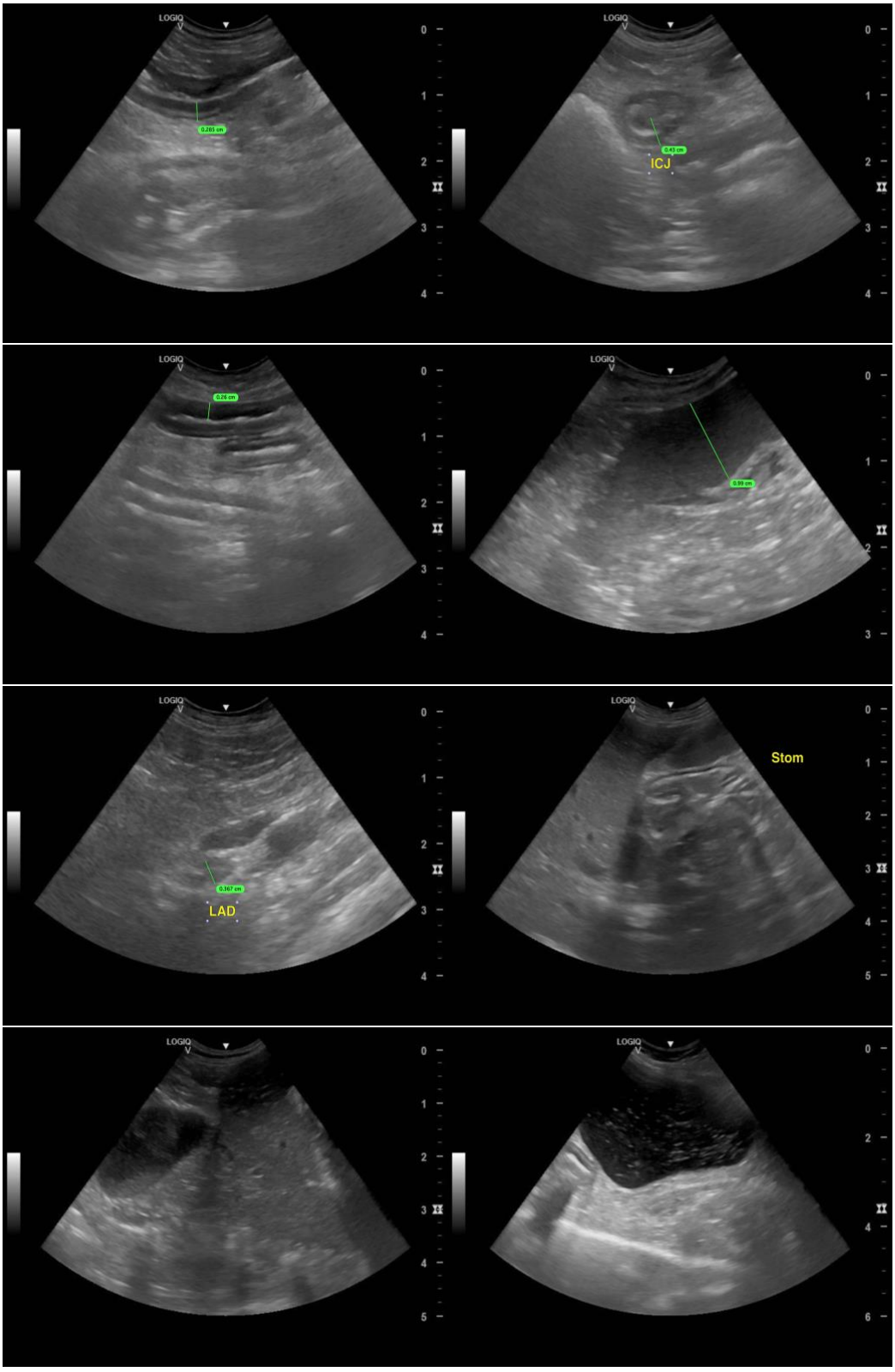

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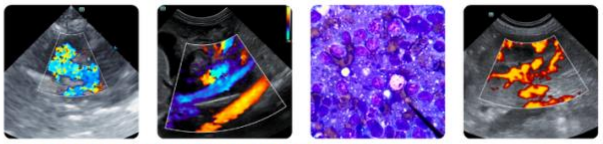

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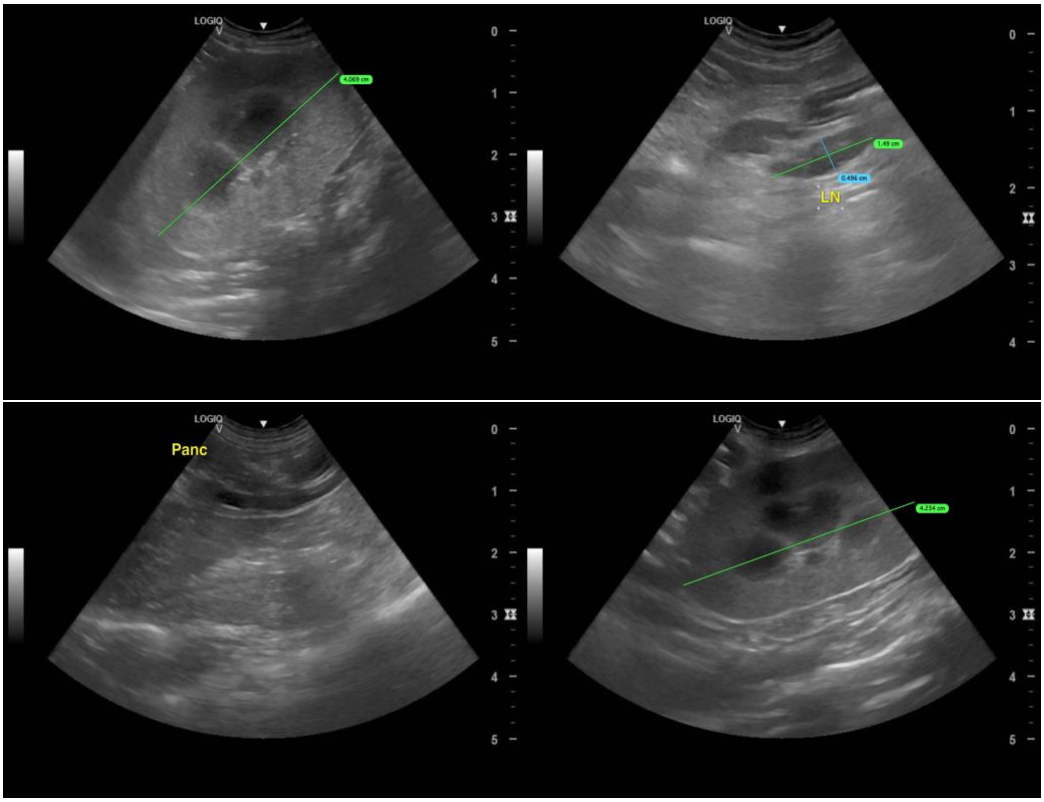

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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