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FOSTERING THE ART OF VETERINARY MEDICINE™
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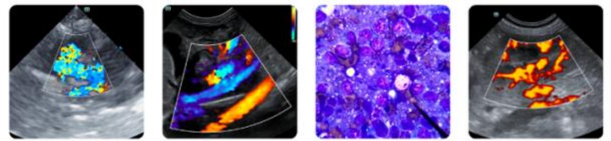


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mama Wilburn

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

13 Years

WEIGHT

81. kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rachel Gray

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Rachel Gray

INVOICE

15651

DATE

05/01/26

PRESENTING CLINICAL SIGNS

P presents for hiding, lethargic, urinating everywhere, not eating, blood in stool. P has been hiding from O for the last week. O reports P has been losing weight for the last month. O states P fur on her feet feels different and face feels sunken in. P has been urinating everywhere; o had to get a different litterbox because P was unable to get in and out of old box. P lays on the floor and defecates. Defecations have been off and on small/liquid bloody stool. Bloody stools have been going on for several years. O started P on MiraLAX 1 month ago. P has been lethargic; P will walk 10 steps then lays down getting worse for the last week/week and a half. P is still drinking normally. Ate decently last night but eating has been decreased for the last month. Diet is fish bone broth and Purina light. P was on a diet food for the last 5 years per O; Purina overweight; o reports P gained more weight on the diet food. O reports P typically gets fearful at RDVM but O doesn't want to give any medications that they can't take. No known history of conditions or illnesses; RDVM tested for diabetes but was not the cause.

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 nondependent mild 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Right kidney mild pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

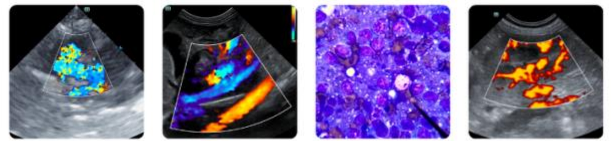
Spleen

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 mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was nondistended containing mild retained fluid and lumen gas.

The small intestine presented intact wall layering with borderline to mild thickened small intestinal wall exhibiting mild altered wall layer ratio owing to mildly prominent muscularis layer. Empty intestinal lumen to the level of the colon. The small intestine wall measured up to 0.28 cm wall width.

Primarily normal nonthickened visible colon wall with suspect distal mural lesion at the level of the distal colon or possible colorectum, dorsal to the urinary bladder measuring approximately 2.4 cm in diameter. Potential for pericolic lymph node or prominent ovarian remnant is not definitively excluded.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant omental lymphadenopathy, omental masses or peritoneal effusion was present. Increased omental fat was visualized.

ULTRASONOGRAPHIC FINDINGS

- Suspect possible distal colon/colorectal mural lesion.
- Normal urinary bladder with mild urine sediment.
- Chronic renal changes with mild right kidney pyelectasia.
- Subjective mild enteropathy.
- Mild nonobstructive gastric stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with possible patient variant, small intestine exhibited mild mural changes which may suggest mild inflammatory criteria such as IBD or other. Potential for occult to emerging intestinal and focal distal descending colon/colorectal mural neoplasia is not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended.

The mild right kidney pyelectasia may be owing to chronic renal changes, pelvic scarring or possible low-grade infection. The gallbladder debris may be associated with non-obstructive cholestasis or hepatobiliary inflammation given short half-life of hepatic enzymes in cats. Correlation with lab work and urinalysis with urine culture and sensitivity ideally on sterile urine sample is indicated.

Empirically gastrointestinal support and consideration for prophylactic IBD/colitis protocol with serial monitoring of the small intestine and colon for evidence of progressive mural changes is recommended. If possible, abdominal CT for further assessment of the distal colon is recommended.

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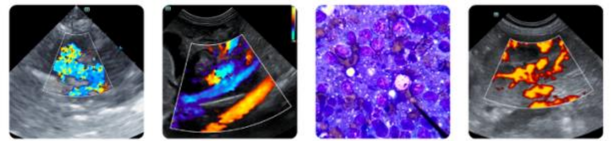

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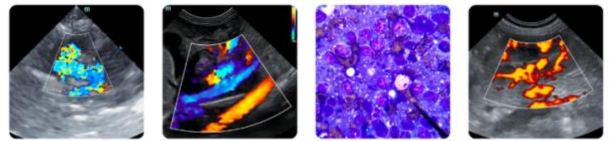

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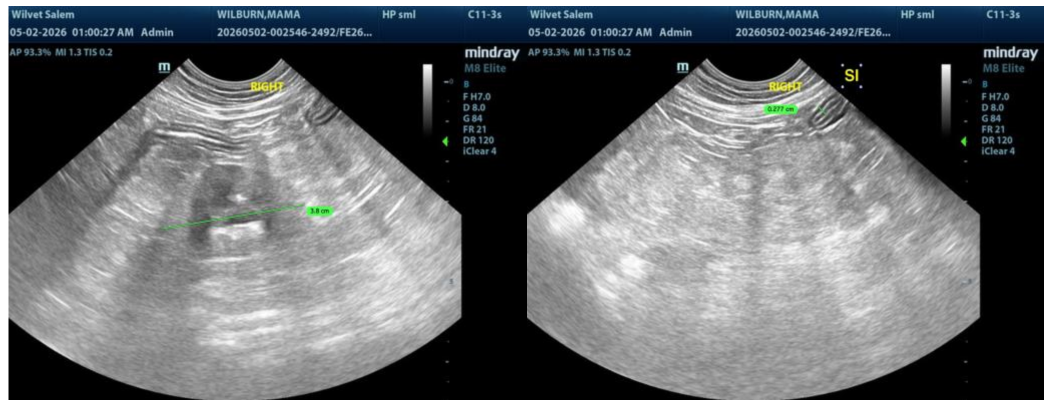

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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