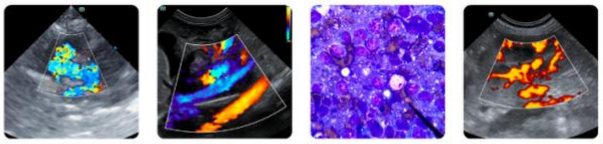


PATIENT

Cinder Angellakis

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

3 Years

WEIGHT

3.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr. Hamed

INVOICE

16111

DATE

05/12/26

PRESENTING CLINICAL SIGNS

Recheck AUS - patient has become hyporexic and lethargic. Recent intestinal biopsies so concern for potential dehiscence

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. 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 4.0 cm in length. The right kidney measured 4.0 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 0.46 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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. The spleen measured 0.50 cm width level of the mid spleen.

Liver & Gallbladder

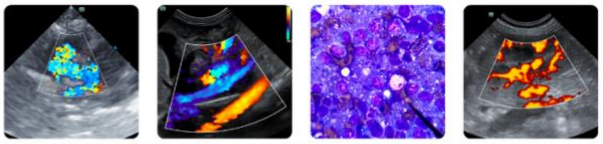
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with 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, nonshadowing ingesta and lumen gas without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered to borderline inverted 1:3 muscularis / mucosa ratio owing to primarily thickened to diffusely thickened muscularis layer. Mild segmental duodenal ileus without evidence of mechanical obstruction to the



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level of the colon. The duodenum wall measured 0.39 cm wall width. The jejunum wall measured 0.34 cm wall width. The ileocolic wall measured 0.38 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The pancreas presented prominent in size with capsule asymmetry and nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent 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 2.0 cm x 0.75 cm. No evidence of peritoneal effusion with areas of minor pneumoperitoneum along the ventral abdomen wall.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with variably echogenic nonshadowing ingesta and lumen gas.
- Previously noted diffusely thickened small intestine exhibiting altered/inverted wall layer ratio- significant IBD or other inflammatory enteropathy, neoplasia such as lymphoma, mast cell disease or other. Dry form FIP is technically a potential yet thought less likely.
- Associated mesenteric lymphadenopathy- hyperplasia, lymphadenitis, metastatic lymphadenopathy are possible.
- Pancreatitis.
- Minor pneumoperitoneum- suspect secondary to recent laparotomy, no overt peritonitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt sonographic evidence of intestinal biopsy dehiscence without evidence of omental inflammation or peritoneal effusion. No evidence of mechanical gastrointestinal obstruction. Possible exasperation of previously noted pancreatitis owing to surgery is a consideration in conjunction with diffuse primary intestinal disease.

Correlation with intestinal biopsies is recommended. Gastrointestinal support is indicated without indication for additional laparotomy. Correlation with the most recent meal ingestion is recommended as the gastric ingesta is most suggestive of food echogenicity with some degree of non-obstructive gastric hypomotility suspected.

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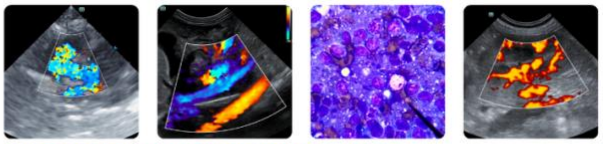

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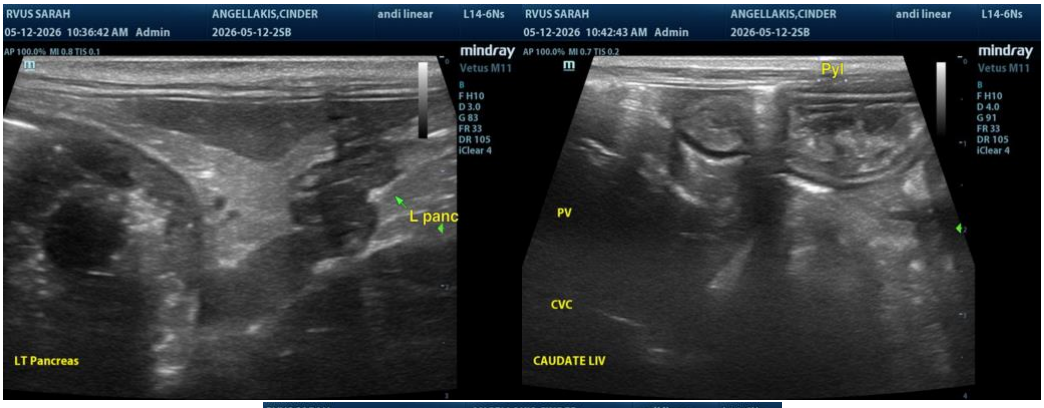

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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