

PATIENT

Miso Kittle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Donnertruckee
Veterinary Hospital

REFERRING VET

Dr. Vannini

INVOICE

16491

DATE

05/22/26

PRESENTING CLINICAL SIGNS

6w history progressive hyporexia and vomiting with ~1lb weight loss

Abnormal PE/Chem/CBC/UA Results: BW UA T4 wnl

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 right kidney with subnormal left kidney size compared to the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.4 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 0.27 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 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 0.72 cm width level of the mid spleen.

Liver & Gallbladder

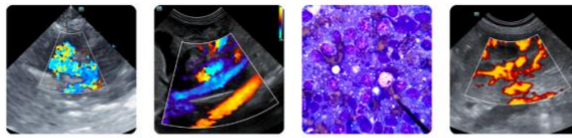
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine exhibited borderline thickened wall with altered wall layer ratio owing to propensity for mildly thickened muscularis layer. No evidence of significant wall thickening, loss of



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intestinal wall layering or masses to the level of the colon. Small intestine wall measured 0.25 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Normal to mildly prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.0 cm x 0.21 cm. Scant perihepatic periduodenal effusion was present.

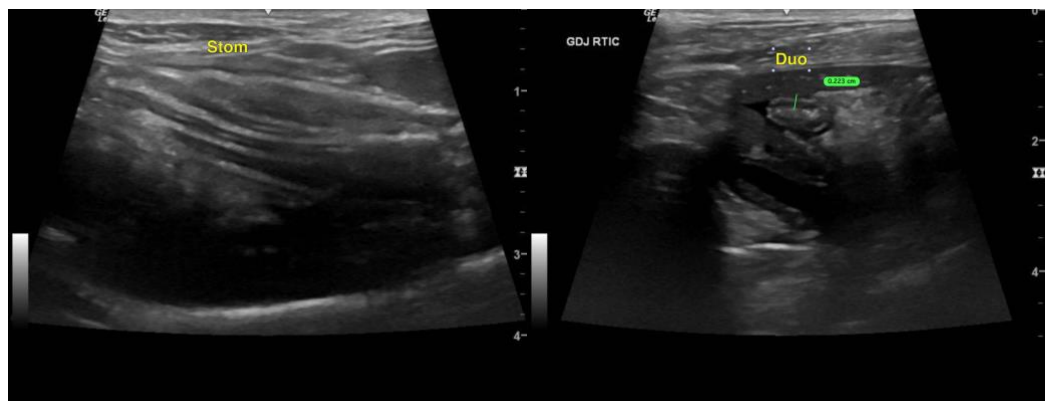
ULTRASONOGRAPHIC FINDINGS

- Borderline thickened small intestine with mild altered wall layering.
- Normal area of the pancreas.
- Normal empty stomach.
- Bilateral chronic renal changes with mild subnormal left kidney size.
- Intermittent mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which, although non-specific with possible patient variant, suggests mild enteropathy with inflammatory intestinal disease favored in conjunction with mild subjective benign mesenteric lymphadenopathy. Mild IBD or other inflammatory enteropathy is suspected. Minor potential for emerging to low-grade intestinal round cell neoplasia, not technically excluded yet thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent screening three view chest radiographs are suggested, if not done, to rule out thoracic pathology as a contributing factor. Gastrointestinal support and empirical therapy for suspect mild IBD may prove beneficial. Gold standard intestinal biopsies would be required for a definitive diagnosis.



Imaging performed by



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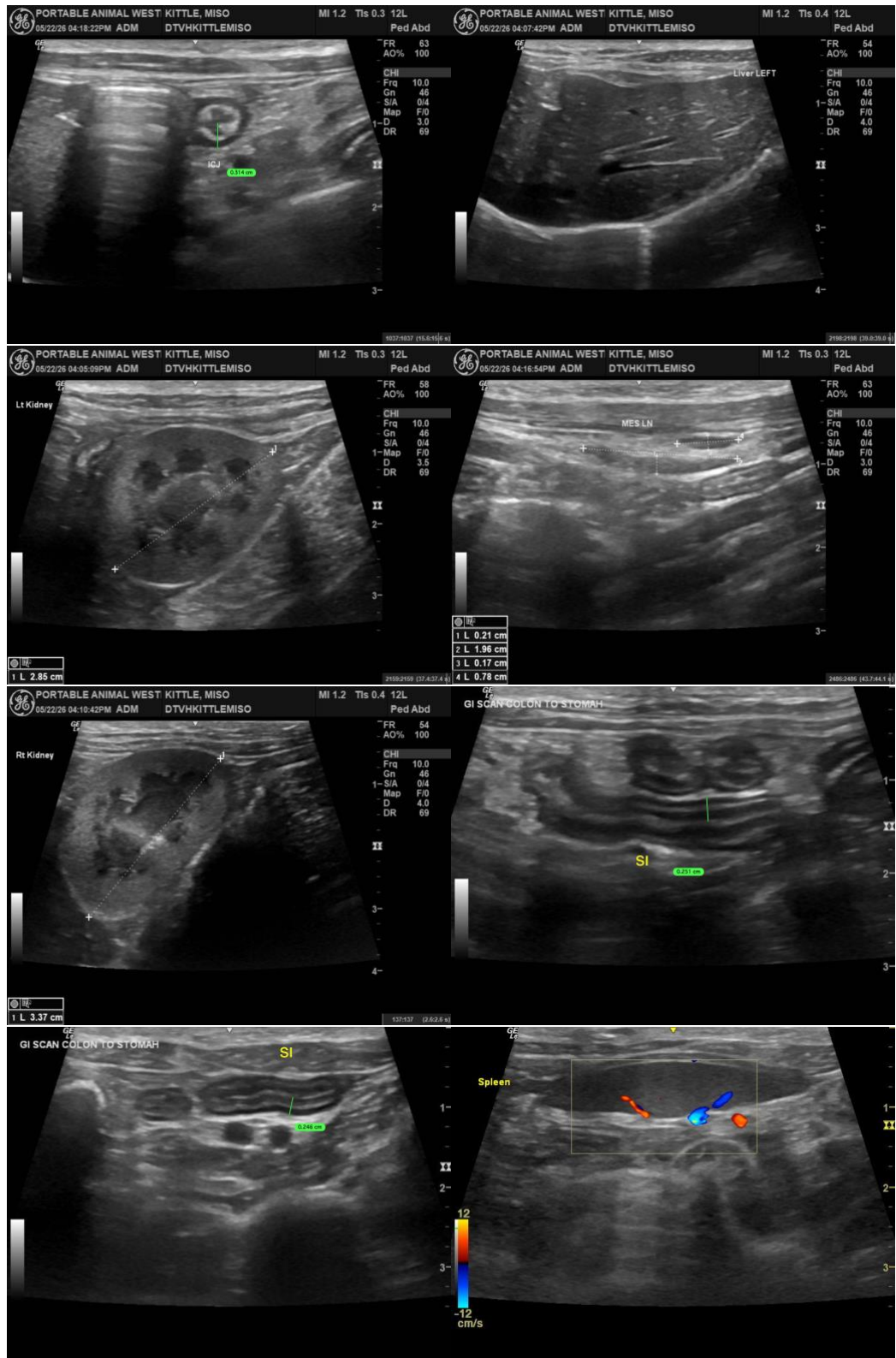
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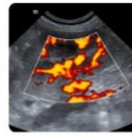
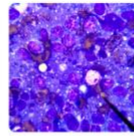
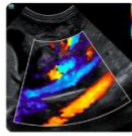
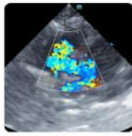
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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