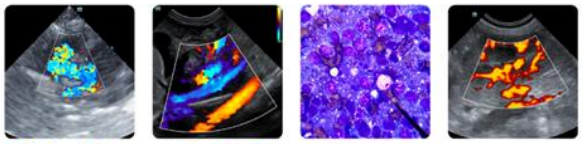


PATIENT

Keynie Brown

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

8yr

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Veterinarians of Idaho

REFERRING VET

Juli Sorensen

INVOICE
24941

DATE
05/26/2026

PRESENTING CLINICAL SIGNS

- Acute onset tachypnea
- Weight loss
- Lethargy
- Previous urinary issues; currently fed Royal Canin Urinary SO dry and Hill's Prescription Diet c/d
- Glandex supplement for anal gland support
- No current medications
- No known ingestion of foreign material, toxins, or rodenticides
- Normal urination and defecation per client

Abnormal PE/Chem/CBC/UA Results: CBC - mild neutrophilia, mild monocytosis Chemistry - appropriate BNP SNAP - abnormal Multiple collapsed disc spaces/spondylosis on x-rays

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate, non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild right kidney pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

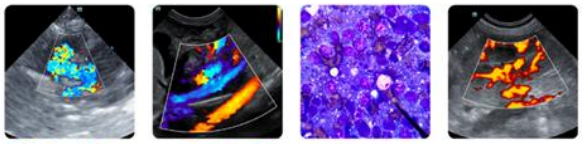
No obvious pathology in the area of the left adrenal gland although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

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.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and minor gravity dependent debris. 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 mild to moderate, non-shadowing to regional progressively shadowing ingesta without obstruction or foreign material.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio yet generalized mild thickened small intestinal wall. Generalized non-shadowing intestinal ingesta / chyme without obstructive pattern to the level of the colon. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.29-0.30 cm width.

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

Pancreas

The pancreas was normal in size with capsule asymmetry and mild to moderate hypoechoic parenchyma compared to adjacent omentum. Minor prominent pancreatic duct.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged jejunocolic lymph 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 measured 1.78 cm x 0.51 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal urinary bladder with moderate urinary sediment
- Chronic renal changes with mild right kidney pyelectasia
- Intact, mildly thickened small intestinal wall with gastrointestinal ingesta- probable post prandial presentation / food
- Possible mild pancreatitis
- Intermittent mild jejunocolic lymphadenopathy - suggestive of benign criteria, i.e. mild reactive hyperplasia or possible lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with UA +/- C/S if inflammatory sediment or UPC level if non-inflammatory proteinuria is recommended. The mild right kidney pyelectasia is likely secondary to chronic renal changes or pelvic scarring with right kidney pyelonephritis less likely.

Intestinal patient variant, inflammatory disease such as IBD or other with associated benign jejunocolic lymphadenopathy, emerging to occult intestinal round cell neoplasia and metastatic lymphadenopathy (thought less likely) in conjunction with possible mild pancreatitis as contributing factors to the weight loss possible.

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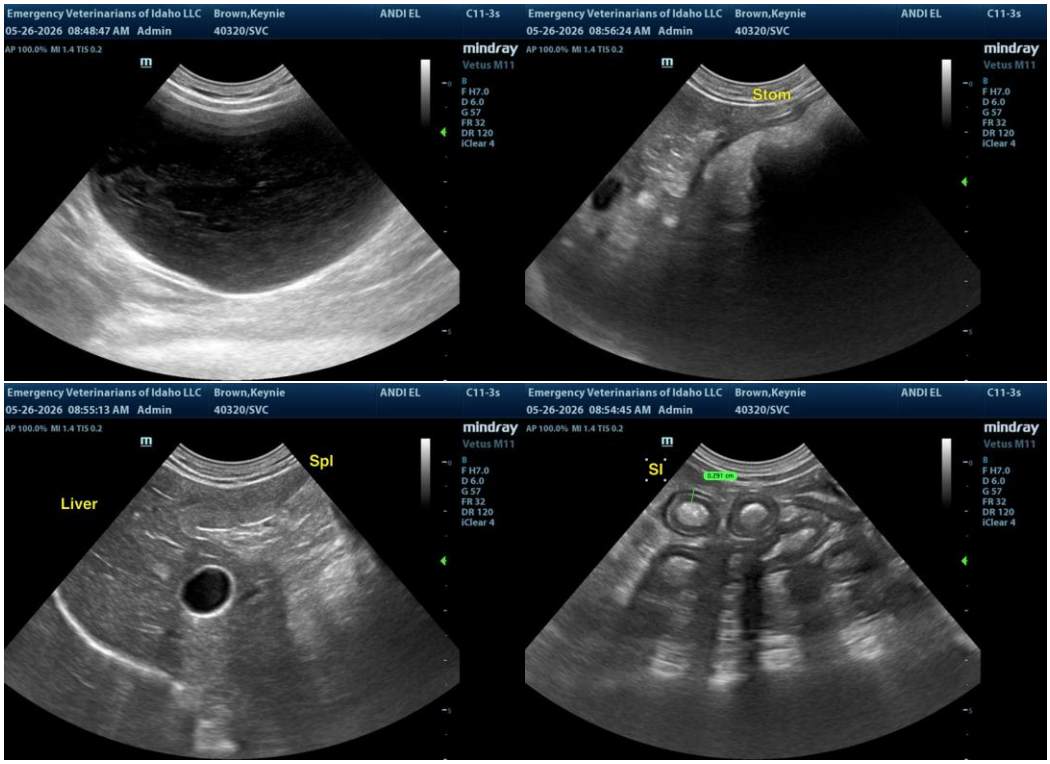
Correlation with three view chest radiographs and a GI panel to include PLI/TLI/cobalamin and folate is recommended.

No obvious abdominal pathology as a contributing factor to the acute onset tachypnea. Pending further assessment respiratory and gastrointestinal support indicated with clinical and sonographic monitoring. Correlation with most recent meal ingestion recommended, if documented NPO some degree of metabolic gastrointestinal ileus or decreased peristalsis owing to underlying intestinal disease or mild pancreatitis is possible.



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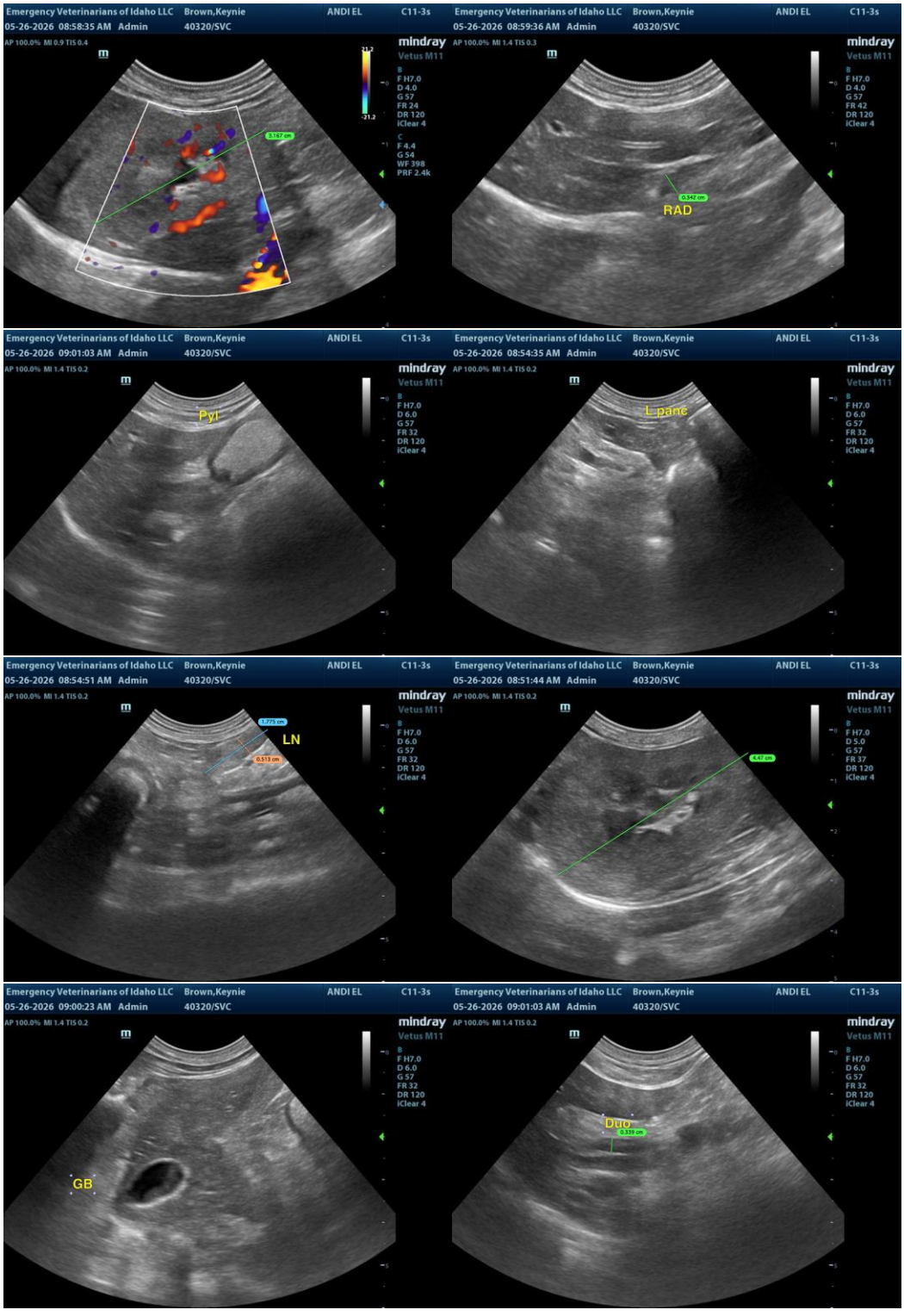

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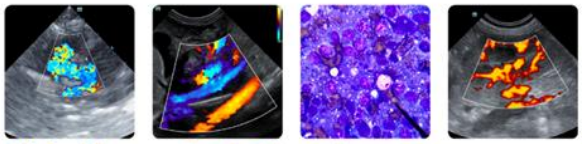

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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