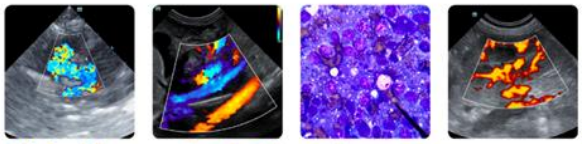


PATIENT

Ronald Reagan Layton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

10.45

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills Veterinary Hospital

REFERRING VET

Kara Garvin

INVOICE
24953

DATE
05/26/2026

PRESENTING CLINICAL SIGNS

History of IBD, O wanted to check and confirm how things were going. Had been on metro for Gi issues. O concerned pts stools are too firm now. Pt is on long term budesonide

Abnormal PE/Chem/CBC/UA Results: attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. No obvious pathology in the area of the right adrenal gland.

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.

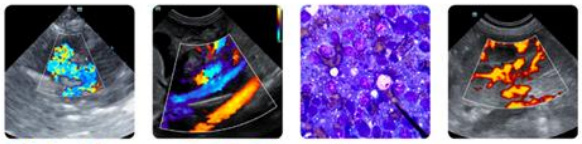
Liver/Gallbladder

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 non-distended in size with thin walls and minor non-organized debris. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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 intestinal walls demonstrated intact wall layers with mild thickened walls and mild altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured 0.27 cm in width. The ileocolic wall measured 0.36 cm in width.



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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Static intact thickened small intestine
- Normal empty stomach
- Mild gallbladder debris with non-obstructive proximal common bile duct dilation
- Normal pancreas
- Age-related renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited overall static presentation compared to the previous study without evidence of progressive mural changes or intestinal wall thickening. This likely suggests static IBD criteria with minor potential for suppressed to low-grade intestinal round cell neoplasia.

The gallbladder debris and common bile duct dilation are non-specific with potential for incidental finding or patient variant, although low-grade cholangitis, given short half-life of hepatic enzymes in cats is not excluded. Monitoring of liver enzymes is suggested.

Continued gastrointestinal support, empirical therapy for suspect probable IBD with as needed clinical and sonographic monitoring would be appropriate. Correlation with recheck UA is recommended.

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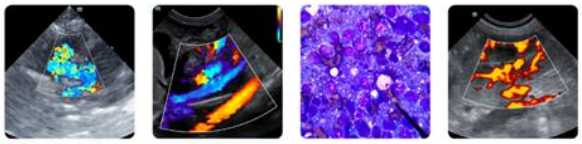

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Educational Teleconsultation Services™

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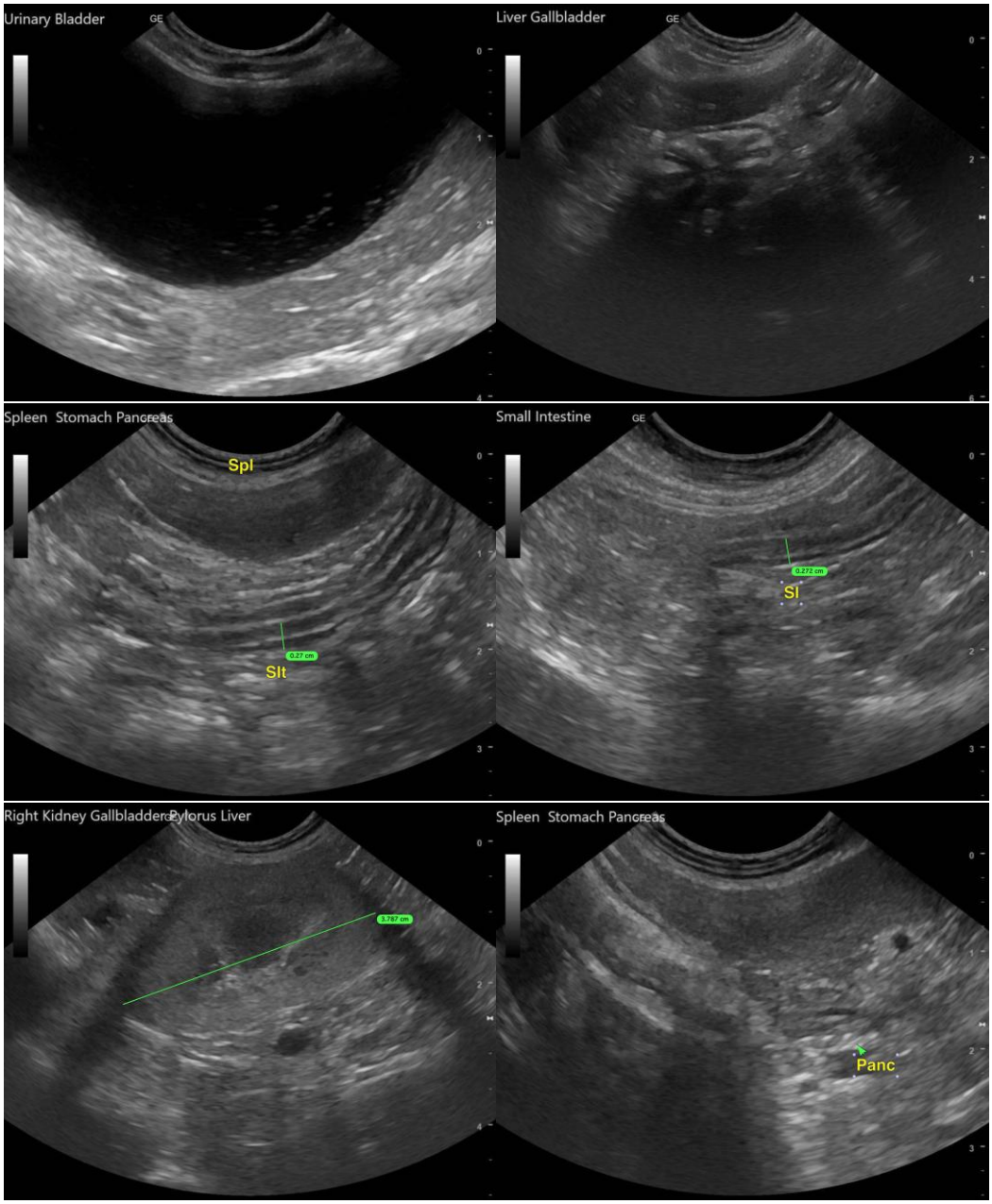

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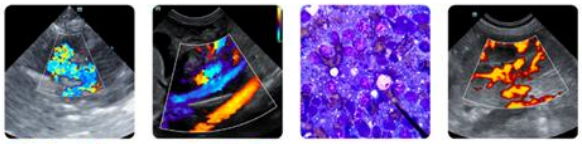

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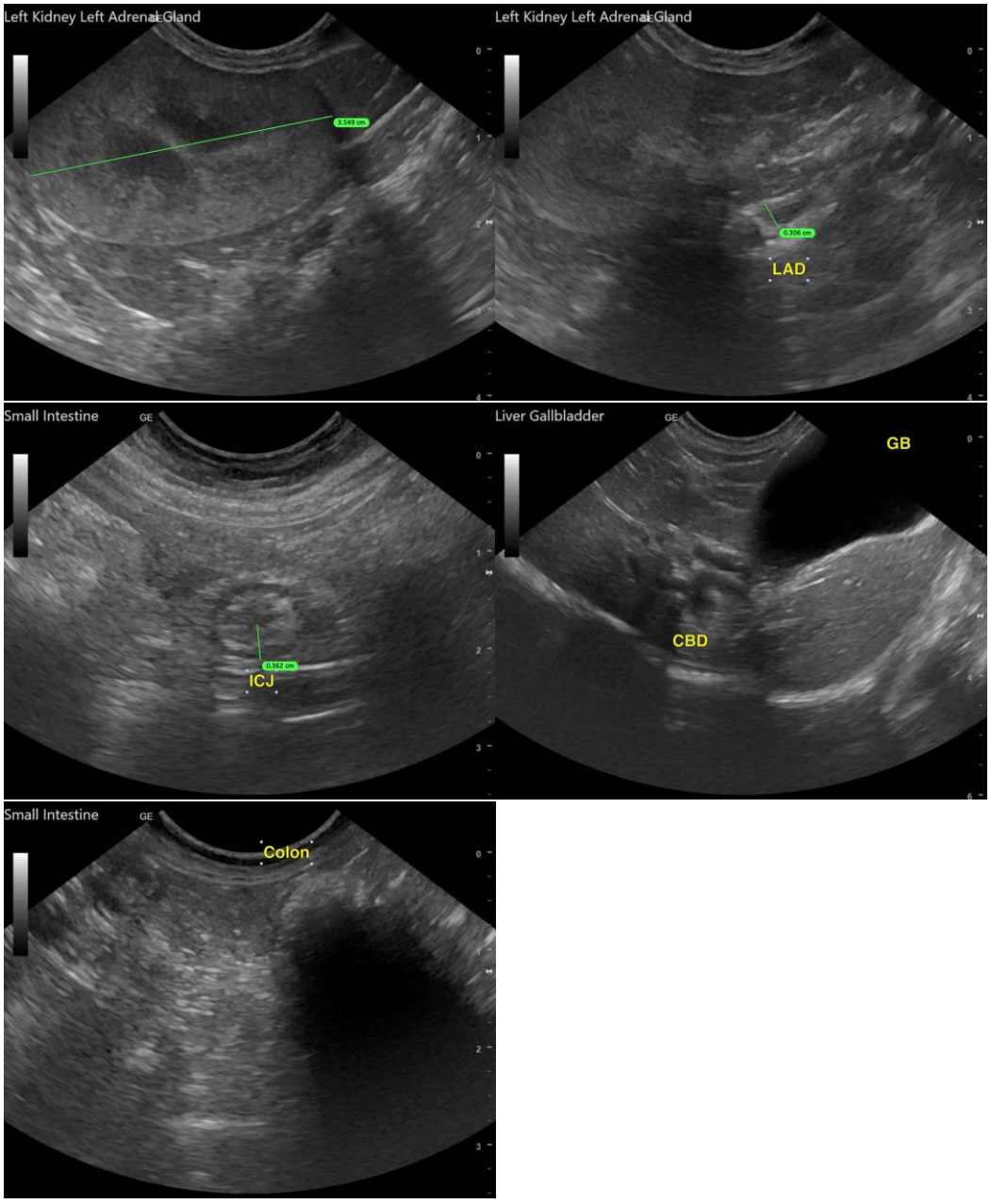

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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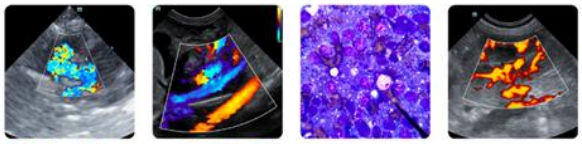

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