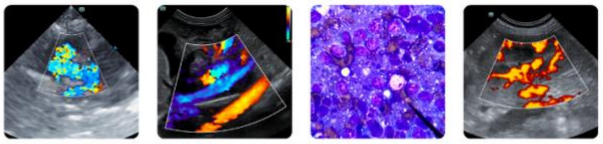

PATIENT

Kiki Jones

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex McFeely DVM

HOSPITAL NAME

Centre Animal Hospital

REFERRING VET

Alex McFeely DVM

INVOICE

15815

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Kiki presented for abdominal ultrasound exam over concern for chronic GI abnormal clinical signs- vomiting, diarrhea, weight loss since 2020, worsening recently. Partial response to GI diet and cobalamin supplementation historically.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary renoliths were present bilaterally. The left kidney measured 4.2 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.40 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent subtle hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.32 cm wall width.

Normal visible colon wall layers were present with current formed fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

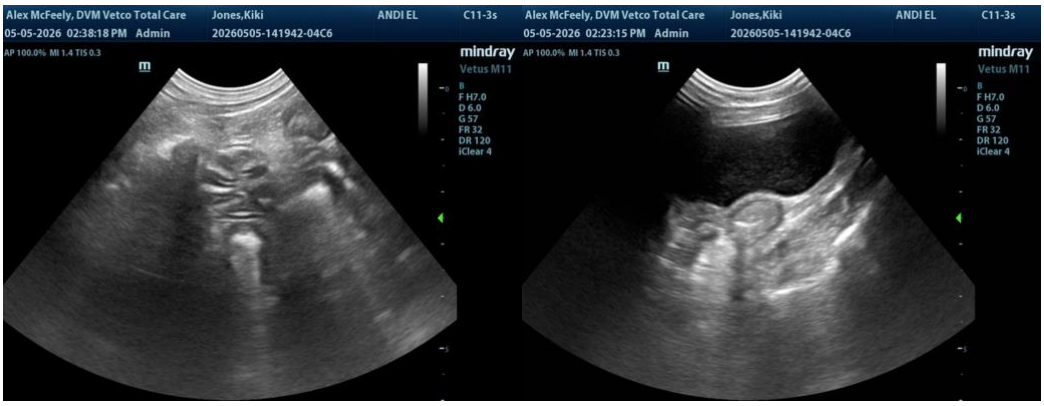
- Chronic enteropathy- IBD or other inflammatory enteropathy is probable with minor potential for occult to low-grade intestinal round cell neoplasia i.e. lymphoma.
- Possible concurrent chronic pancreatitis.
- Minor gallbladder debris.
- Chronic renal changes with nonobstructive renolithiasis.
- Minor urine sediment.
- Normal visible colon with current formed fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD with potential for triaditis is suspected. Technically, low-grade intestinal round cell neoplasia, i.e. lymphoma, which may present in a similar manner, is not definitively excluded.

A definitive diagnosis would require intestinal biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring of hepatic enzymes for evidence of concurrent hepatopathy, which may suggest triaditis, is recommended.

Empirical IBD/triaditis protocol with gastrointestinal support, clinical and as needed sonographic monitoring if persistent gastrointestinal signs or weight loss would be more conservative.



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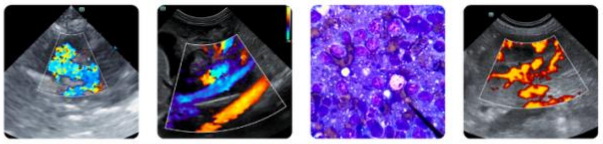

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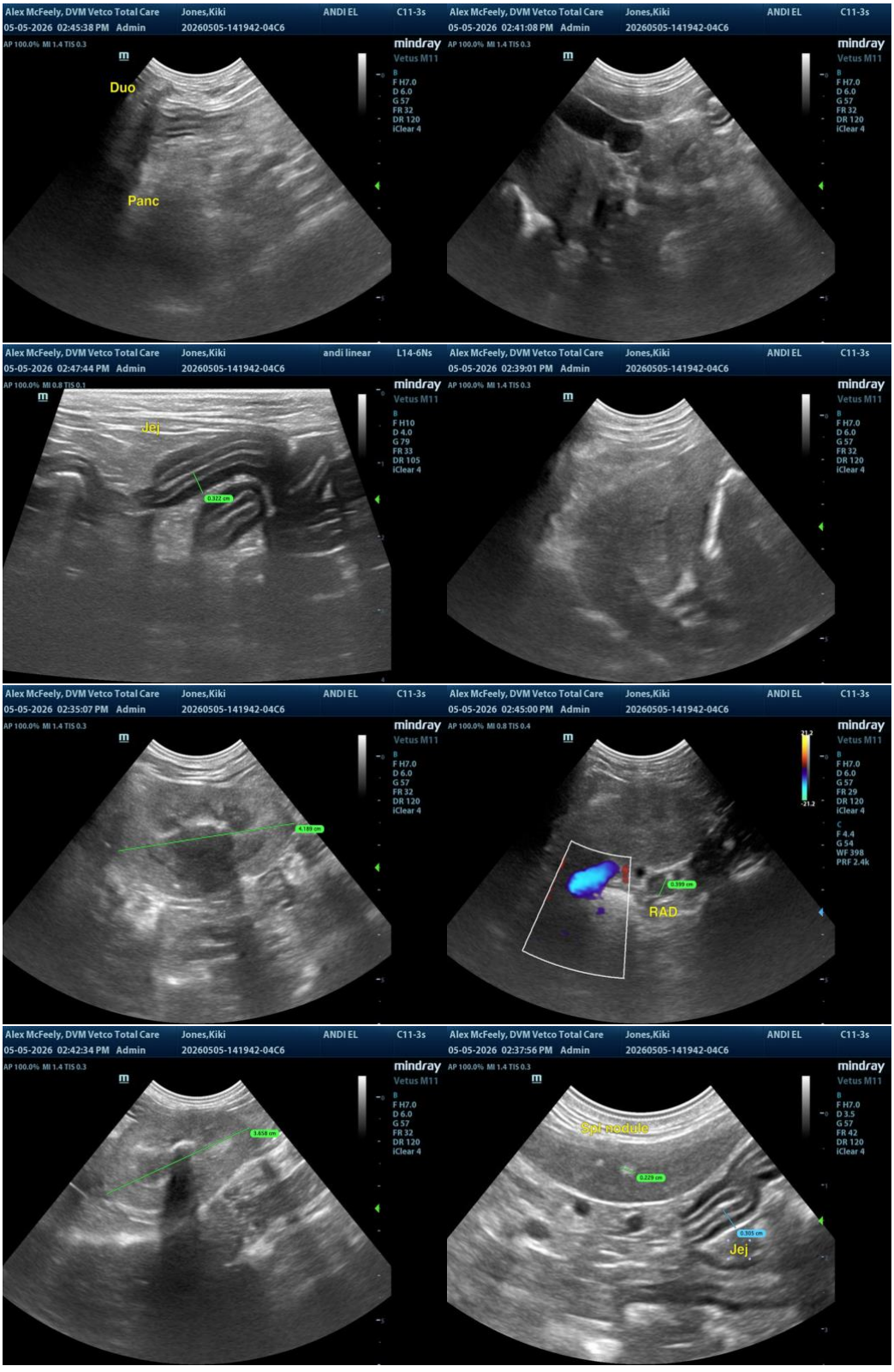

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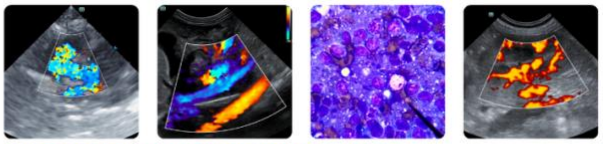

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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