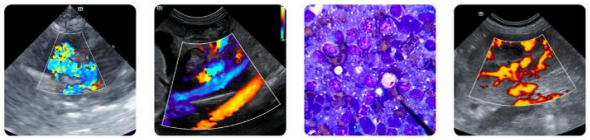


PATIENT

Meg Galtman

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female Spayed

AGE

18Y, 6M

WEIGHT

7.24lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

74889

DATE

5-6-26

PRESENTING CLINICAL SIGNS

*Seen two days ago for recent severe constipation issue causing vomiting and significant dehydration
*Weight loss of 0.4 pounds in 3 weeks despite increased methimazole and T4 of 1.0 at the visit
*Marked neutrophilia of 36,666
*Chronic GI signs - vomiting/weight loss with focal asymmetric ileal thickening and lymphadenopathy seen in 2024
*Stage 2 chronic renal disease
*Chronic prednisolone therapy for GI disease - symptoms generally controlled
*Subcutaneous fluid therapy x 2 days
Abnormal PE/Chem/CBC/UA Results: BW at visit for constipation/dehydration/vomiting: Neutrophilia 36,666 Lymphopenia 756 PLT 667,000 BUN 62 CR 2.2 SDMA 20.1 Phos 9.3 PSL 79

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor dependent lumen mineral and nondependent particulate sediment was present. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary border demarcation. Mild pyelectasia was present in both kidneys. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

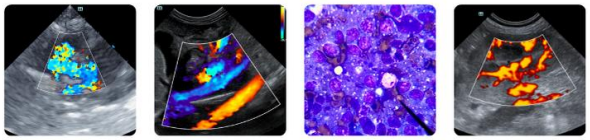
The left and right adrenal glands presented mildly decreased in size likely owing to prednisolone therapy. The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.23 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland subjectively measured 0.33 cm.

Spleen

The spleen presented mildly subnormal in size suggestive of volume contraction without evidence of neoplastic criteria measuring 0.49 cm width level of the mid 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall measured 0.20 cm. The ileocolic wall measured 0.29 cm.

The colon presented subjectively mildly distended in size with formed fecal matter, although sonographic assessment of colon size may be limited.

Pancreas

The pancreas was normal in size with capsule asymmetry and minor prominent left limb pancreatic duct. The parenchyma was isoechoic to heterogeneous compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant mesenteric lymphadenopathy.

No effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting bilateral pyelectasia.
- Suspect probable chronic pancreatitis.
- Overall, structurally unremarkable gastrointestinal tract.
- Mildly distended colon with formed fecal matter.
- Mild urinary bladder lumen mineral and nondependent particulate sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis +/- renal staging to include screening culture and sensitivity or UPC level is recommended. Potential suppression of gastrointestinal mural changes or lymphadenopathy given the patient's history and secondary to prednisolone therapy possible. A GI panel to include PLI/TLI/Cobalamin/Folate given weight loss as well as CBC pathology review given significant neutrophilia is recommended.

Screening three-view chest radiographs suggested if not done.

Renal and gastrointestinal support with empirical therapy for chronic pancreatitis is recommended.

The pyelectasia in both kidneys is suspected to be secondary to chronic renal changes or pelvic scarring possibly owing to mild mineral passage. Potential for bilateral mild to chronic pyelonephritis not excluded yet thought less likely.

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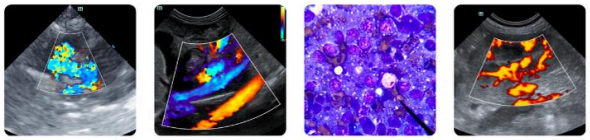

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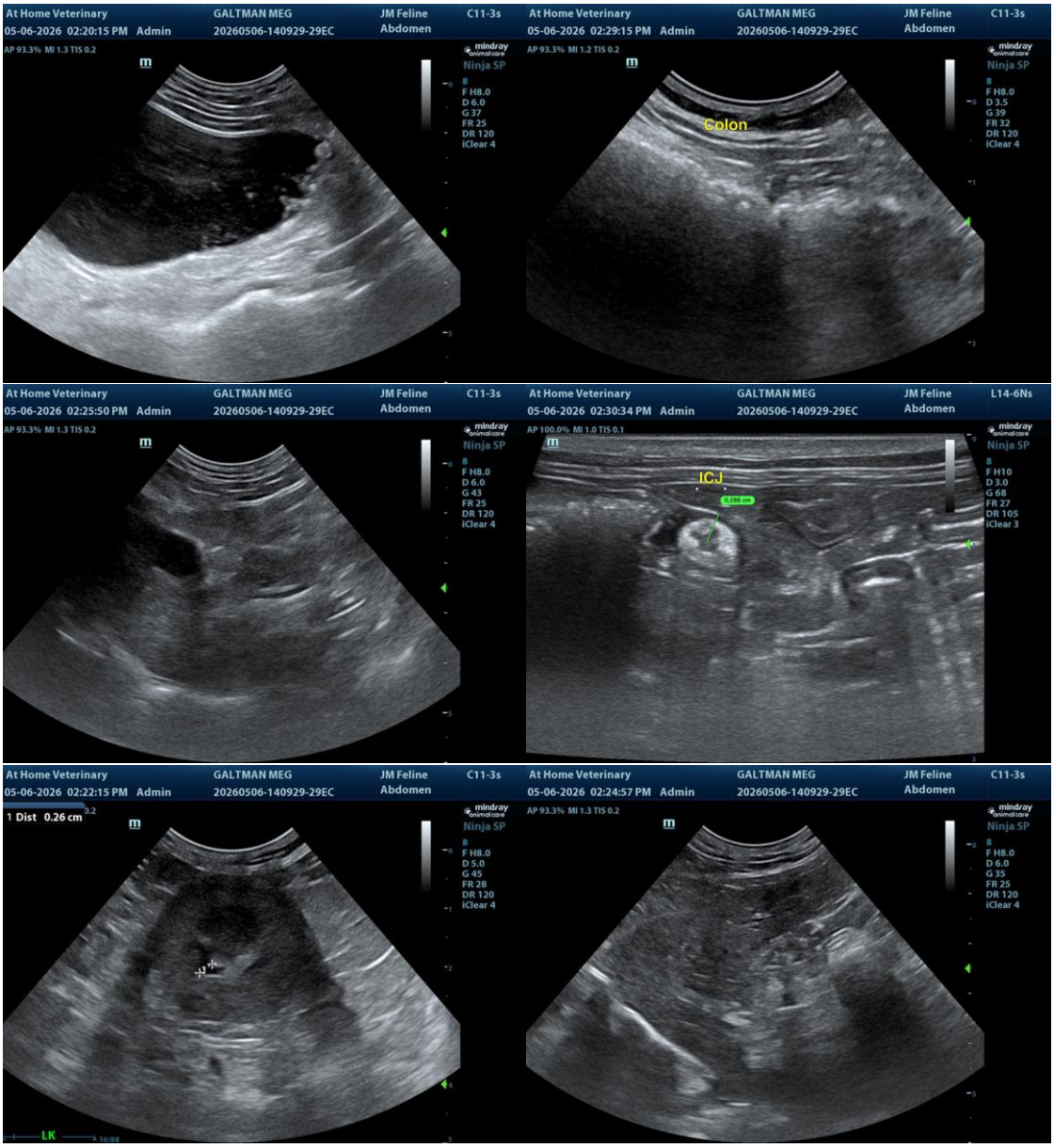

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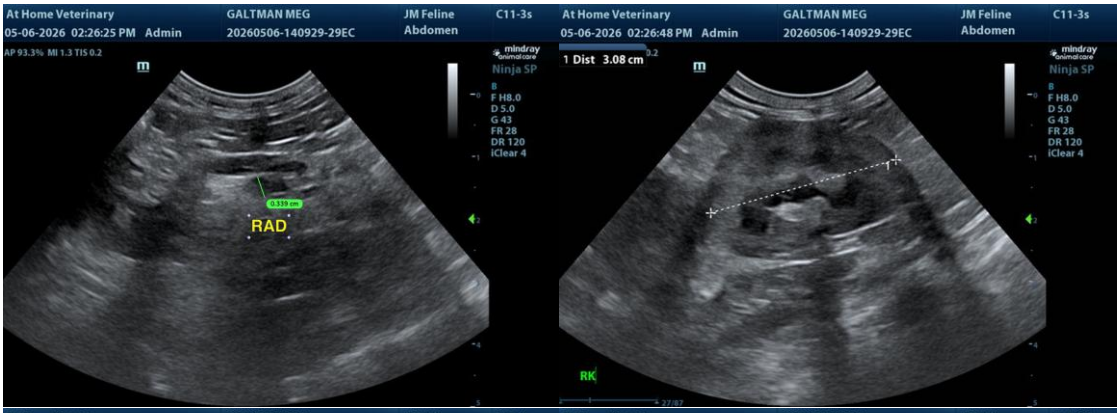

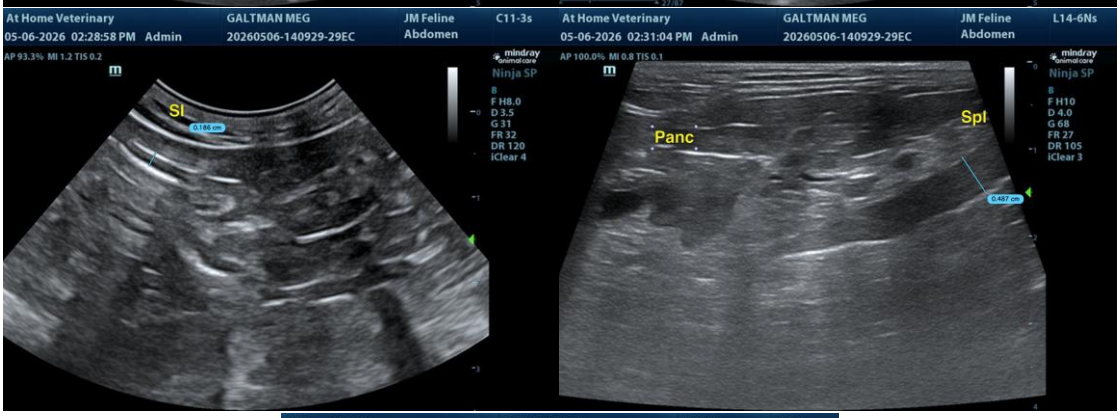

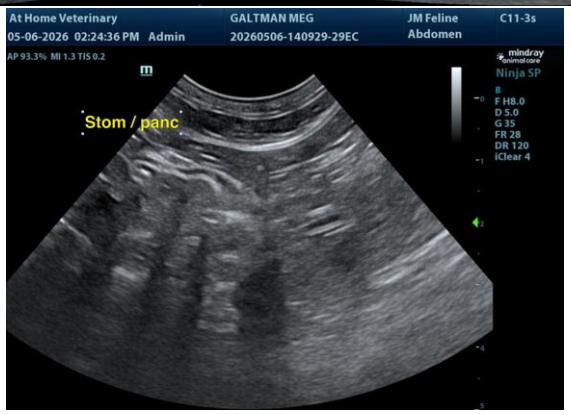

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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