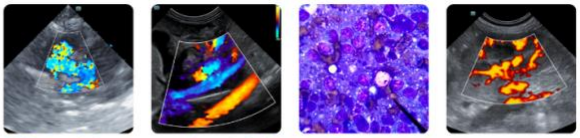


PATIENT

Lola Clark

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.5 kg

INTERPRETED BY

Tam Mengine DVM, DABVP (Canine/Feline Practice)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Webster

INVOICE

13053

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

P presented on Tuesday for vomiting 3x's and having 2 softer bowel movements outside of litter box. Rads showed stool in colon, no obstruction, sent home on lactulose. Returned today owner has not been able to give lactulose, no more vomiting but now cat is not eating. Bloodwork showed significant leukopenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (urethra visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The bilateral kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is mild pyelectasia present in the left kidney, with anechoic contents, measuring 2.5 mm in the transverse plane. The renal pelvic fat is normal. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.2 cm in length. The right kidney is 4.1 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 3.7 mm. The right adrenal gland measured 4.6 mm.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal. The spleen measured 9.0 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

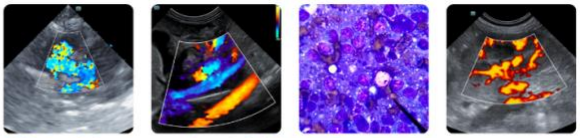
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is normal. The colon measured 1.2 mm.



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Pancreas

The pancreas is isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilateral chronic renal changes with left renal pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent explanation for the patient's recent vomiting and inappetence. The changes in the kidneys are most typical of chronic degenerative change, however, a urinalysis would be recommended if not recently performed to rule out the possibility of concurrent urinary tract infection or pyelonephritis. The leukopenia can be incidental in some senior cats, however, testing for retroviral diseases would also be recommended, as is already in progress. If symptoms persistent, then additional recommendations include:

- ❖ Three view-chest radiographs
- ❖ A thorough oral cavity exam to rule out dental pain
- ❖ A musculoskeletal and neurologic exam to rule out sources of pain that might reduce mobility
- ❖ A trial with an antacid and anti-emetic
- ❖ An appetite stimulant such as mirtazapine, cyproheptadine or capromorelin, until a definitive cause can be found.
- ❖ if the vomiting continues, then a full GI panel to further screen for pancreatitis and occult GI disease would be recommended, along with a trial with a novel protein diet. It is possible that gastrointestinal biopsies will be needed for definitive diagnosis if the patient continues to have GI upset.

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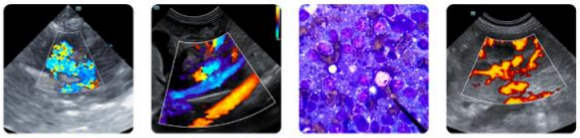

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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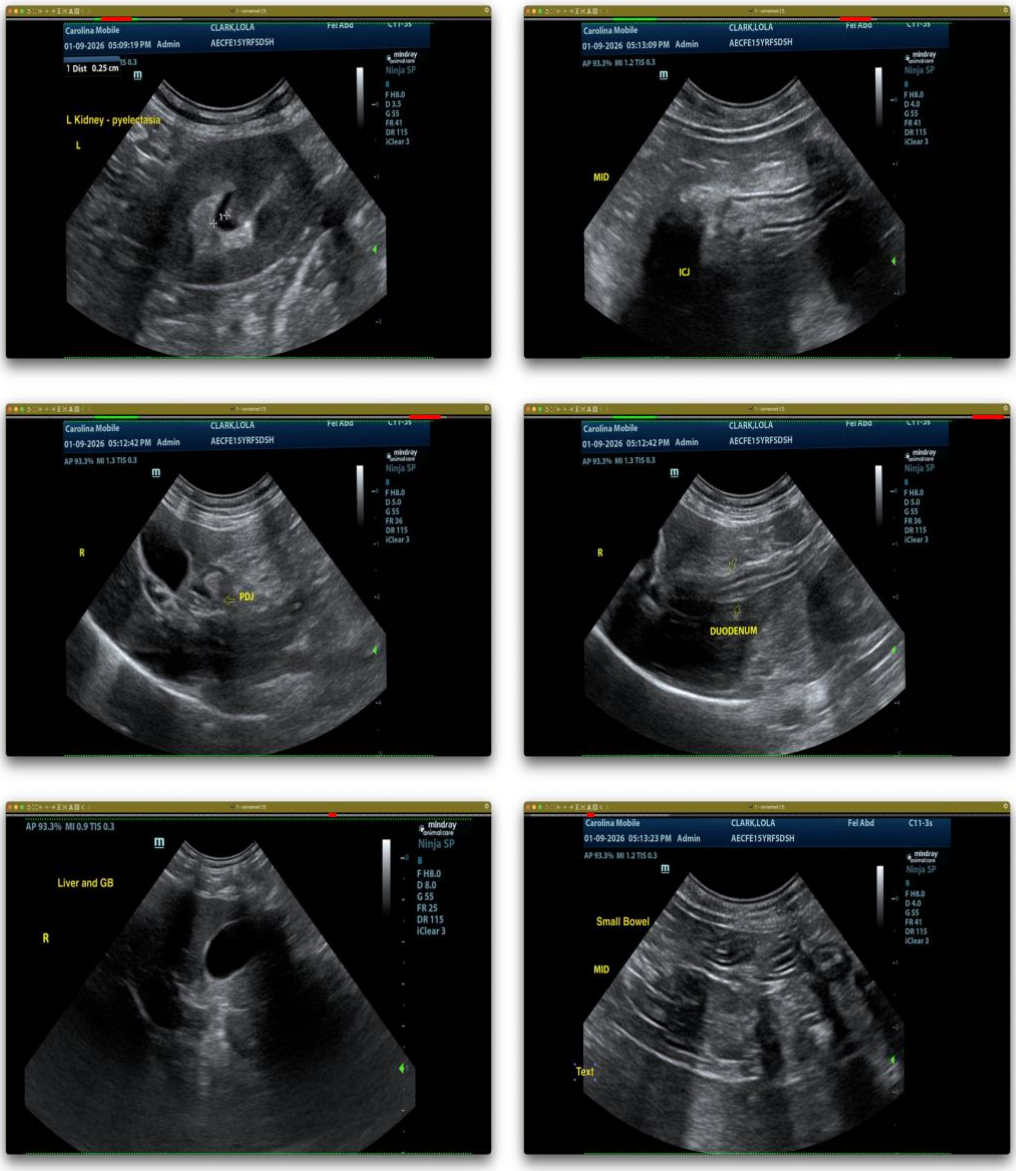

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com