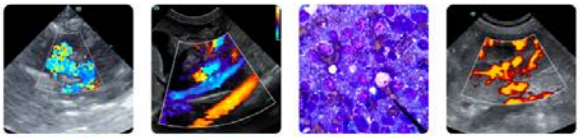

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Gizmo Hawes

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

5 Years

WEIGHT

7.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Q Street Animal Hospital

REFERRING VET

Dr. Rensema

INVOICE

72391

DATE

12/5/25

PRESENTING CLINICAL SIGNS

PUPD, Vomiting.

Abnormal PE/Chem/CBC/UA Results: Mild anemia (regenerative) Panleukocytosis with left shift, remarkable eosinophilia (18K) Mildly low Creat, BUN, ALT, AST, Well- concentrated urine with 3+ proteinuria, TT4 normal, FIV/FELV neg, Anemia PCR pending.

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 (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 4.1 cm. Right measures 4.3 cm.

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. Left measures 4.3 mm. Right measures 4.1 mm.

Spleen

The spleen is of appropriate size (7.5 mm) 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.

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 moderately distended with ingesta. The gastric wall is 2.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.3 mm for duodenum and 3.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is normal.

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Pancreas

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. 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

- Diffuse small bowel changes typical of infiltrative bowel disease.

SECONDARY FINDINGS

- Evidence of pancreatic remodeling, which may be incidental but may indicate chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies ((food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low grade gastrointestinal lymphoma. Given the marked eosinophilia, eosinophilic IBD, food allergy, or possibly parasitism are deemed the most likely differentials. Recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful. If eosinophilic IBD is the cause of the underlying symptoms, then steroid doses at the higher end may be necessary to control symptoms.
- Definitive diagnosis would require biopsy of the affected tissue.

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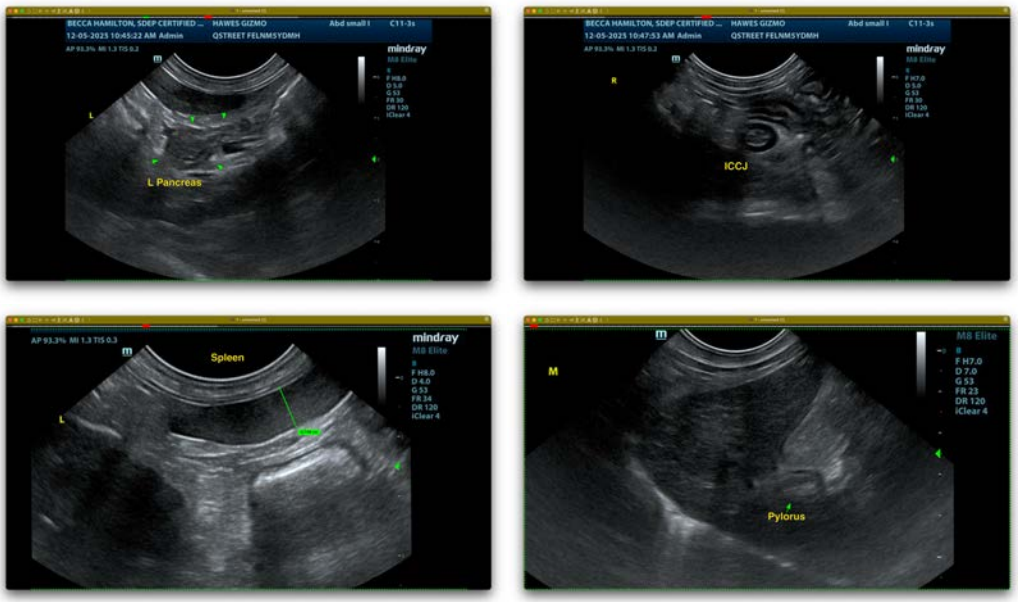

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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