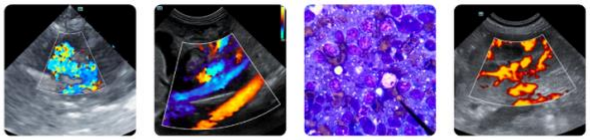


PATIENT

City Wiedner

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.06 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Sarah Moser

INVOICE

36398

DATE

3/28/26

PRESENTING CLINICAL SIGNS

P presented 3/27 after noting the P has been lethargic, with decreased activity over the last 3 days and worsening. P has not eaten in 2 days; started vomiting on and off last week. P is historically hyperthyroid and being treated with transdermal methimazole.

Abnormal PE/Chem/CBC/UA Results: Dehydration: 6-8% (6%) EENT/oral: pink dry mm, crt 2-3s Abd: Mild discomfort on palpation; intestines palpated slightly thickened, ropey. Integ: mildly prolonged skin tent Chem 15: ALT 132 (H) EPOC: Lact 5.31 (H), BE -5.6 (L), pCO2 47.3 (H), cSO2 78.8 (L), pO2 49.6 (L) Panc lipase: 1.0 Rads: Mild increased fluid opacity in caudal intestinal segments, mild thickening. No obvious obstructive pattern noted at this time. Stomach empty, mild gas filled. Cranial intestinal segments mildly gas filled. Bladder small and round, kidneys prominent. NIBP: 182 U/A: USG 1.024, pH 5.0, UP trace, WBC 1/hpf, RBC 8/hpf, Cocci suspect Rads repeat: Small intestines now contain only gas throughout; no obvious obstruction. Thickened, bright intestinal walls; persistent gas within gastric lumen

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.0 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 height is 3.5 mm at the caudal pole. The right adrenal gland height 3.6 mm at the caudal pole.

Spleen

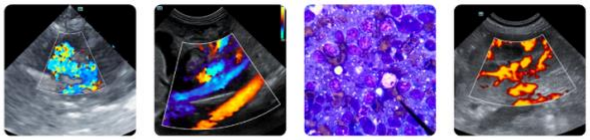
The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 9.5 cm.

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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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 2.6 mm for duodenum and 4.6 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse small bowel changes typical of infiltrative bowel disease

Secondary Findings

- Bilateral chronic renal changes

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. 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.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance.

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated

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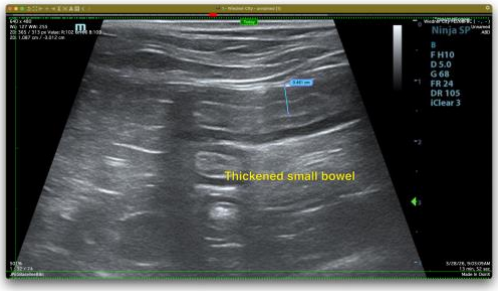
with laboratory values, IRIS staging and clinical signs.

- 



The information and recommendations provided are based on the images presented by the referring veterinarian. 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