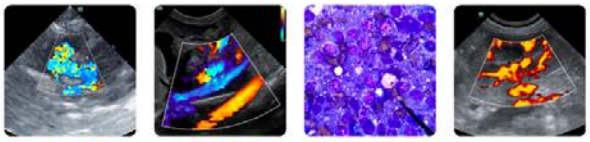


PATIENT

Chevy Jones

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Dr. Hamed

INVOICE

74197

DATE

4/4/26

PRESENTING CLINICAL SIGNS

Vomiting, bloody stool, anorexia. Previous pancreatitis with now normalized specfPL. Azotemia has now developed. Feeding tube in place.

Abnormal PE/Chem/CBC/UA Results: Leukocytosis with neutrophilia Azotemia - SDMA 36, creatinine around 250 USG was 1.030 but now 1.013.

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

The kidneys exhibit mildly decreased corticomedullary differentiation. There is focal mineralization present within the renal cortices bilaterally. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.4 cm. Right kidney measures 3.9 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 4.0 mm. Right measures 3.7 mm.

Spleen

The spleen is of appropriate size (9.1 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.

Liver

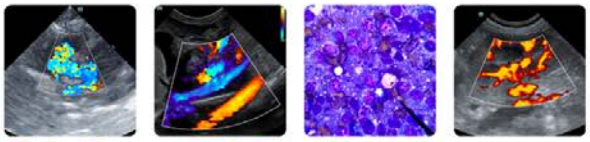
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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 common bile duct is mildly dilated and tortuous, measuring up to 5.0 mm in diameter with no evidence of obstruction at the level of the duodenal papilla.

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. Duodenum wall measures 2.5 mm. Jejunum wall measures 2.1 mm.



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The colon is mildly diffusely thickened, measuring up to 1.9 mm, and the distal ileum is significantly thickened with prominent rugae at the level of the ileocecocolic junction measuring 4.4 mm in thickness while layering is preserved. The surrounding omental fat is hyperechoic.

Pancreas

Both limbs of the pancreas are swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear normal.

Free Abdomen

There is focal free fluid present with the abdomen. The omentum and intra-abdominal fat are hyperechoic in the region of the pancreas and common bile duct as well as the Ileocecocolic junction. The mesenteric and ileocecocolic lymph nodes were mildly enlarged, up to 8.0 mm in length, and have appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Gallbladder sludge and mildly dilated common bile duct, without evidence of obstruction - this can be incidental but can also be seen with cholecystitis
- Bilateral mild chronic, degenerative renal changes
- Diffusely hypoechoic pancreas with steatitis, consistent with pancreatitis
- Thickened ileal and colon walls, most typical of inflammation, with underlying neoplasia deemed unlikely, but not excluded
- Reactive mesenteric and ileocolic lymph nodes, and scant mesenteric free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are mild, and likely the cause of the patient's azotemia, but are deemed unlikely to be the cause of the current clinical signs. Biopsies of the colon, ileum and pancreas, along with cholecentesis for culture, would be needed for definitive diagnosis, and to exclude any underlying neoplastic process. Feline "triaditis" syndrome, however, would be a likely explanation for the sonographic findings and the patient's symptoms. In the absence of definitive diagnosis via biopsy, additional recommendations might include:

- A complete GI panel and/or empiric supplementation with cobalamin
- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- Trials with a novel protein or hydrolyzed diet
- Treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis, keeping in mind that without definitive confirmation of infection, antibiotics could actually worsen the current GI signs.
- Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.

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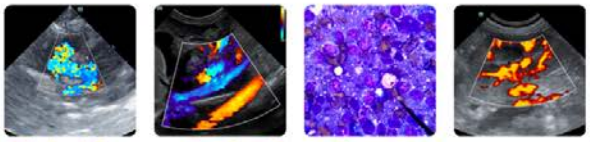

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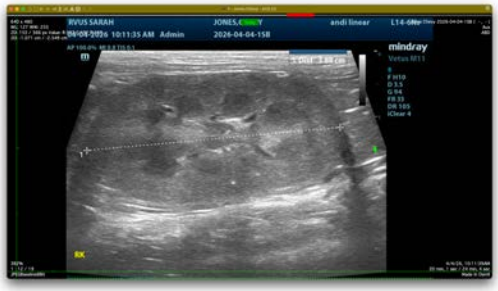

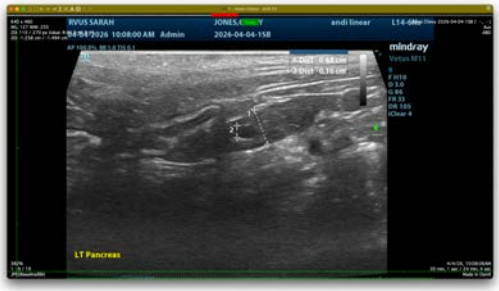

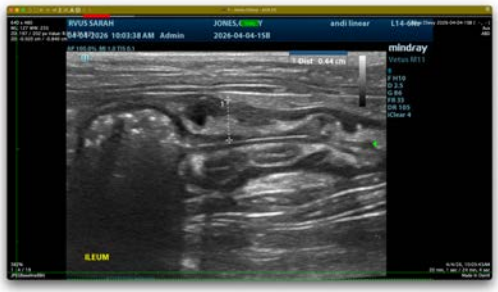

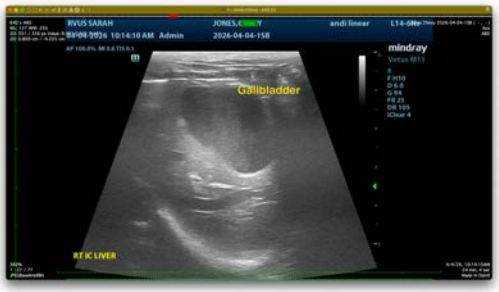

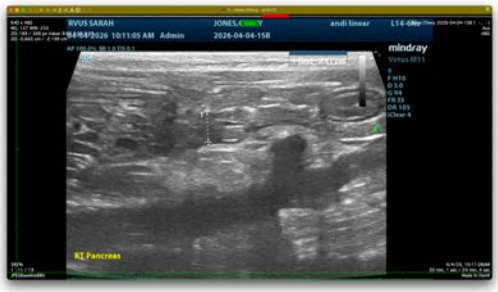

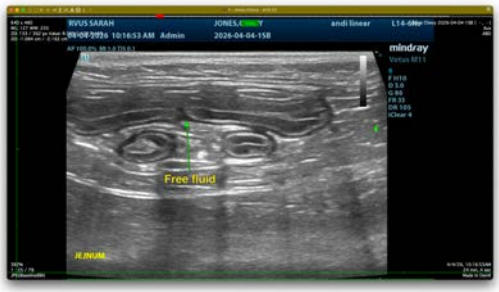

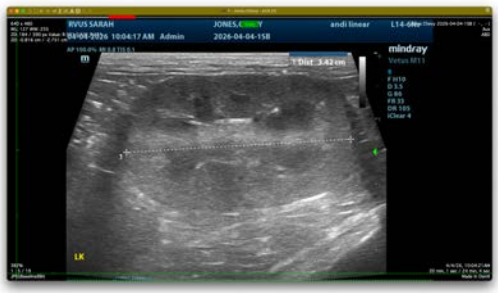

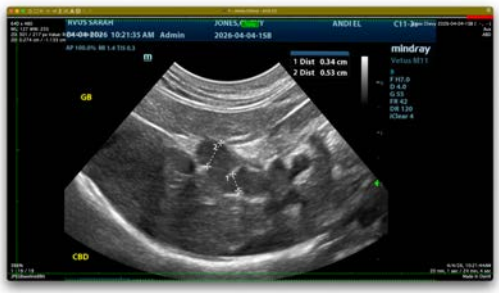

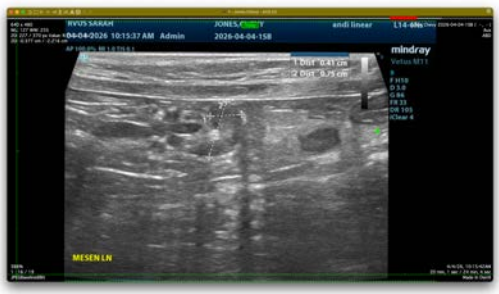

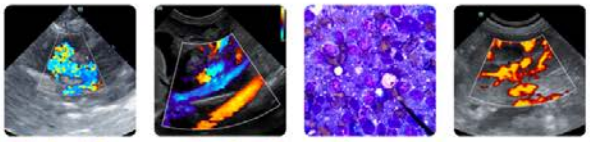

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com