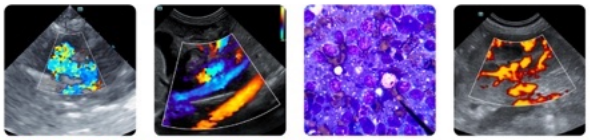


PATIENT

Mona Lisa Pennington

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

62

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Hartman DVM

HOSPITAL NAME

White Hall AC

REFERRING VET

Dr. Hartman

INVOICE

78112

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Chronic hx of IBD, treated with budesonide 0.8 mg/d (weight was 7, then 6.2, now 5.5 pounds) PO, d+ controlled but continues to have soft stool; patient has voracious appetite with weight loss and recent development of dry, flaky skin.
Abnormal PE/Chem/CBC/UA Results: Mild pain with cranial abdomen palpation, no obvious masses palpated; CBC has leukocytosis (20.17; 2.8-17) with neutrophilia (19.5; 2.3-10.2) and lymphopenia (0.52; .92-6.88) , eosinopenia and basopenia -- but on budesonide Normal BUN, CRE and electrolytes, normal proteins, ALT slightly elevated at 177 (12-130); normal amylase and lipase; cPL 14.8 (0-4) Glucose 232 (but on budesonide?) TT4 normal at 1.1 (0.8-4.7) UA - hematuria, with some white blood cells (cysto sample, so iatrogenic?) spec grav 1.036 with scant protein; no glucose; pH 6; no casts, crystals or bacteria seen Urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is turbid with suspended sediment. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.54x2.21 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane. The cortex is slightly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size: 4.12x2.08 cm, and the thickness of the cortex is 0.34 cm, in the sagittal plane.

Both renal cortices are slightly hyperechoic. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

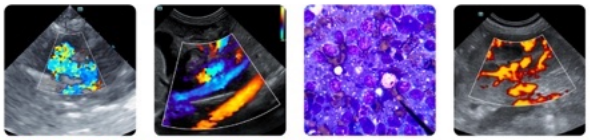
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland not confidently visualized

Spleen

Splenic thickness is 0.63 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively increased in size, with sharp edges and a regular contour. The liver parenchyma appears uniformly hyperechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



PATIENT

Mona Lisa Pennington

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

62

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Hartman DVM

HOSPITAL NAME

White Hall AC

REFERRING VET

Dr. Hartman

INVOICE

78112

DATE

5/29/26

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. The common bile duct measures 2.42-1.82 mm.

Gastrointestinal tract

The stomach is empty and folded, with mural thickness (1.41 mm) and preserved wall layering.

The pylorus (2.71 mm). Duodenum: 2.88 mm, corrugated. Jejunum: 1.26 mm. Ileum: 1.86 mm, with apparent muscularis hypertrophy. The ileocecal junction was not visualized.

Some segments of the small intestine are mildly fluid-distended.

Colon: 0.80 mm, with few formed feces in the descending segment.

Pancreas

The pancreas measures 7.31-8.06 mm in thickness and demonstrates a mildly irregular contour. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.25-1.50 mm in diameter. No free fluid or peripancreatic fat inflammation is identified.

Free Abdomen

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph nodes measure 4.18 mm in thickness and maintain normal shape and echogenicity. The ileocecal lymph nodes are not visualized. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Subjective hepatomegaly with diffuse hepatic hyperechogenicity.
- Mild diffuse pancreatic enlargement with mildly irregular margins and pancreatic duct dilation (1.25-1.50 mm).
- Apparent mild ileal muscularis hypertrophy.

SECONDARY FINDINGS

- Corrugation of the duodenum.
- Mild common bile duct prominence (2.42 mm maximum diameter).
- Mild fluid distension of several small intestinal segments.
- Mild bilateral renal cortical hyperechogenicity.
- Turbid urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the combination of findings is most consistent with a triaditis spectrum disorder, with active pancreatitis considered the primary disease processes.
The ultrasonographic hepatic changes likely reflect hepatic lipidosis and/or steroid-associated

PATIENT

Mona Lisa Pennington

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

62

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Hartman DVM

HOSPITAL NAME

White Hall AC

REFERRING VET

Dr. Hartman

INVOICE

78112

DATE

5/29/26

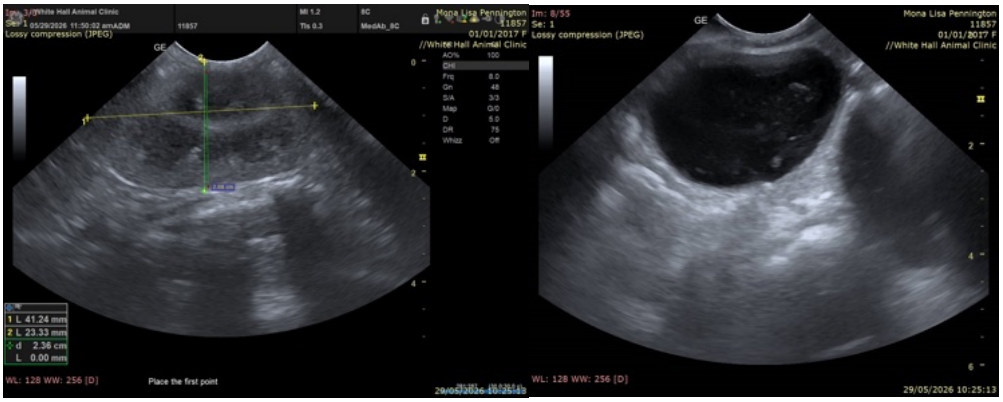
hepatocellular vacuolation. However, given the concurrent chronic enteropathy and pancreatitis, an underlying inflammatory hepatobiliary component cannot be excluded, as diffuse hepatic lipid accumulation may obscure the more subtle ultrasonographic features of cholangitis/cholangiohepatitis.

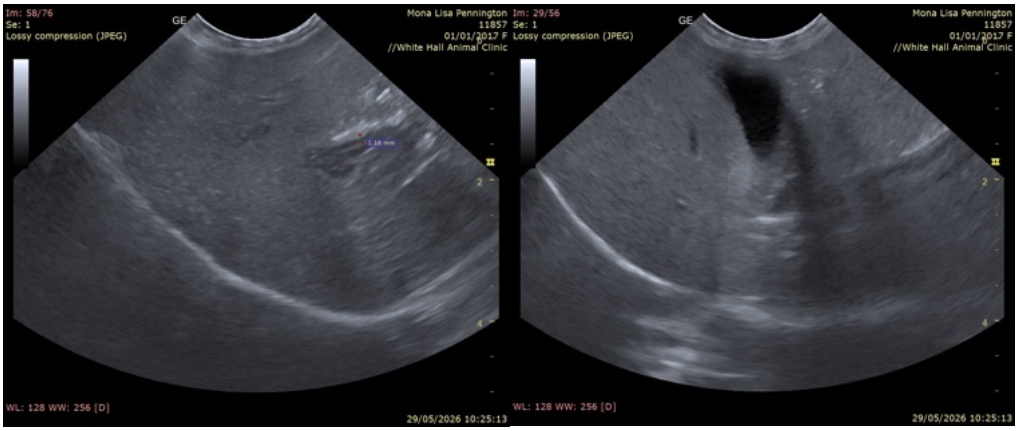
Mild bilateral renal cortical hyperechogenicity is present without evidence of obstructive nephropathy and is considered of uncertain clinical significance.

Recommendations

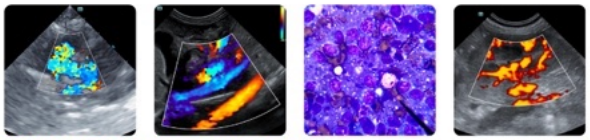
- Medical management directed toward pancreatitis should be considered as clinically indicated.
- Assessment of serum cobalamin and folate concentrations is recommended if not recently performed. Cobalamin supplementation should be considered if hypocobalaminemia is identified, particularly given the persistent weight loss and chronic enteropathy history.
- Given the continued weight loss despite chronic budesonide therapy, reassessment of the current management strategy for chronic enteropathy is recommended.
- If clinical response remains suboptimal or weight loss progresses, intestinal biopsy may be considered to further characterize the underlying enteropathy and better differentiate chronic inflammatory enteropathy from low-grade alimentary lymphoma.
- Correlation with the pending urine culture results is recommended.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mona Lisa Pennington

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

62

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Hartman DVM

HOSPITAL NAME

White Hall AC

REFERRING VET

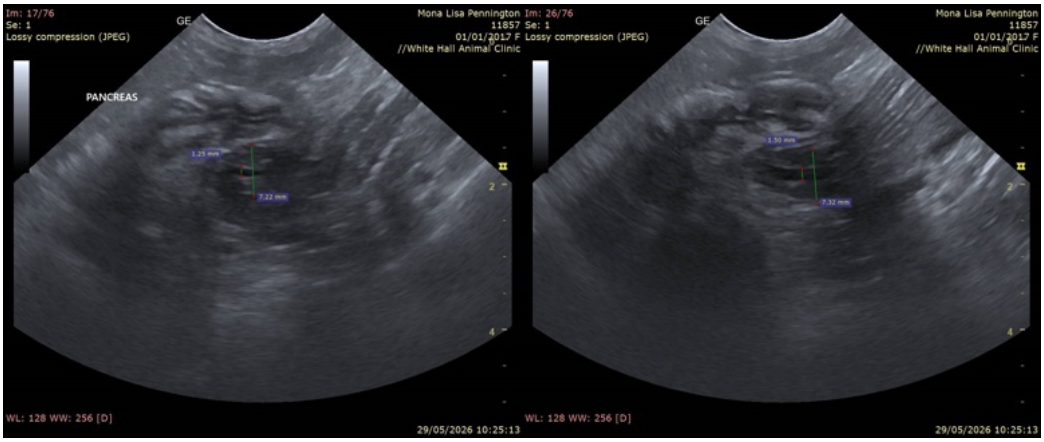
Dr. Hartman

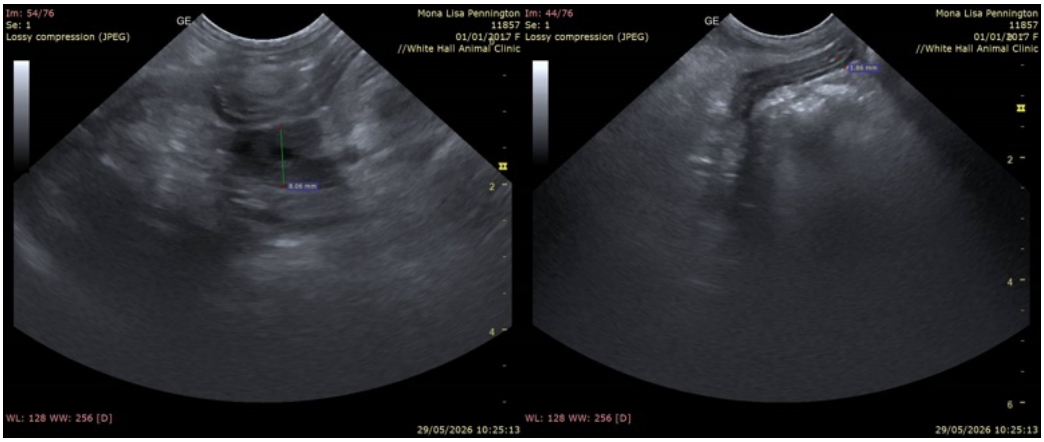
INVOICE

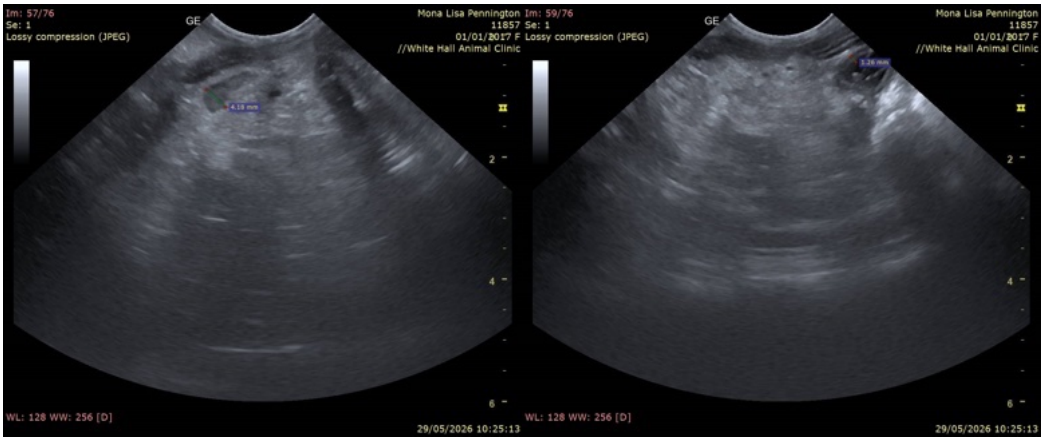
78112

DATE

5/29/26



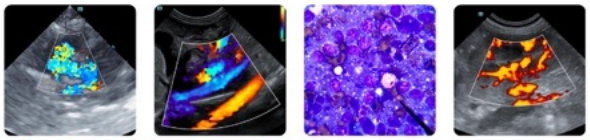




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com

PATIENT

Mona Lisa Pennington

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

62

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Hartman DVM

HOSPITAL NAME

White Hall AC

REFERRING VET

Dr. Hartman

INVOICE

78112

DATE

5/29/26