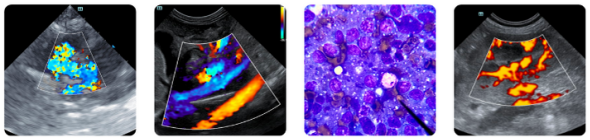


PATIENT

Aslan Parks-Larrsen

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

10 years 9 months

WEIGHT

13.18 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

11132

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

Clinical signs: Chronic vomiting/diarrhea, maintaining weight History: Presented 12/31/25 for decreased appetite, vomiting, and diarrhea. He has a history of chronic/intermittent diarrhea that typically resolves with administration of Fortiflora. Hill's z/d diet has also helped with symptoms. The recurrence on 12/31/25 persisted despite the treatment with the Fortiflora. Treatment with Cerenia and SC fluids improved clinical signs, but they have continued to be intermittent. Ultrasound to assess for underlying cause of chronic/recurrent symptoms.

Current medications: Hill's c/d multicare Cerenia Ondansetron as needed gabapentin to facilitate imaging.

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 8/9, mild dental tartar, no thyroid slip, abdomen comfortable on palpation, new 3/6 parasternal systolic HM, peripheral LNs palpate normally Lab work: cbc/chem 1/3/26 psl high 27 remainder of cbc/chem normal GI panel pending Colic LN FNA pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended mildly echogenic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.95 cm) The cortex is increased in echogenicity with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.0 cm). The cortex is of increased echogenicity with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

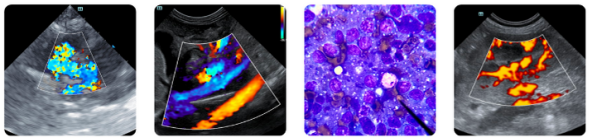
The left adrenal gland is normal in size measuring 0.33 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.61 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.32 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.25 cm in diameter and the jejunum measured 0.29 cm in diameter. Visualized peristalsis appears appropriate. Some segments of small intestine have a more prominent muscularis layer. An example measures 0.33 cm in width.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon wall appears normal with intact wall layering measuring at 0.11 cm.

Pancreas

The pancreas is prominent and mottled. There are occasional poorly defined hypoechoic nodules in the right limb of the pancreas. An example measures 0.24 cm most consistent with lymphoid hyperplasia. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are large hypoechoic lymph nodes visualized at the ileocecal junction. Examples measure 0.39 cm, and 0.42 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Prominent mottled pancreas with ill-defined hypoechoic nodules. Findings are most consistent with chronic pancreatic remodeling and lymphoid hyperplasia. Mild chronic pancreatitis is possible.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Segmental areas of small intestine with a prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

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- Prominent hypoechoic colic lymph nodes. Findings could be consistent with reactive or early metastatic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

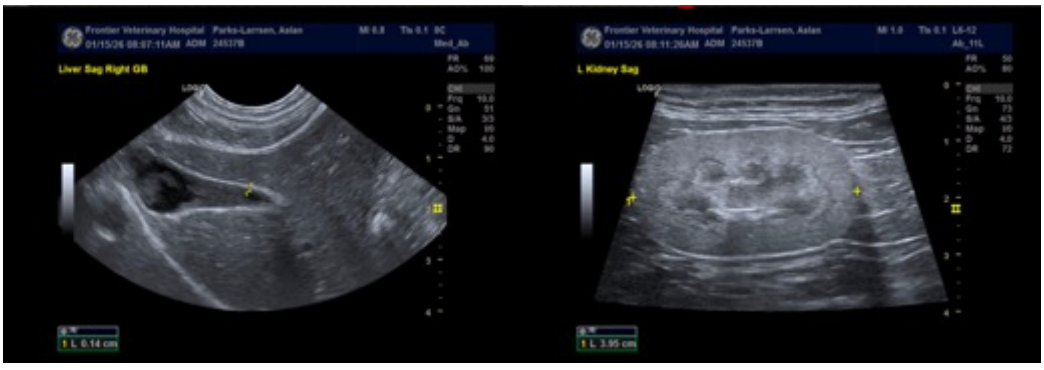
The changes observed on today's scan are relatively mild. There are some sections of small intestine which appear somewhat "ropey" with a prominent muscularis layer. These changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out. Additionally, there are some prominent lymph nodes near the ileocecal junction which similarly could represent significant inflammation or early neoplastic change.

The right limb of the pancreas is prominent and mottled, most consistent with pancreatic remodeling and mild lymphoid hyperplasia. Given the elevated PSL level reported, chronic active pancreatitis would need to be considered. Recommend empirical treatment.

The colonic lymph nodes were sampled at today's exam for cytologic evaluation. Additionally, consider the following:

- Recommend consultation with a veterinary nutritionist (most of the major prescription pet food brands have them) to try and find a hydrolyzed protein prescription diet which could have similar benefits as the current c/d which is being fed.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function (I believe this is currently pending.)
- Consider chronic probiotic therapy.

If symptoms are persistent, despite taking these measures, biopsies of the GI tract may eventually be warranted. Additionally, you could consider repeat imaging in the future looking for the progression of today's lesions.



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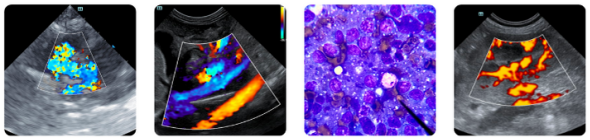

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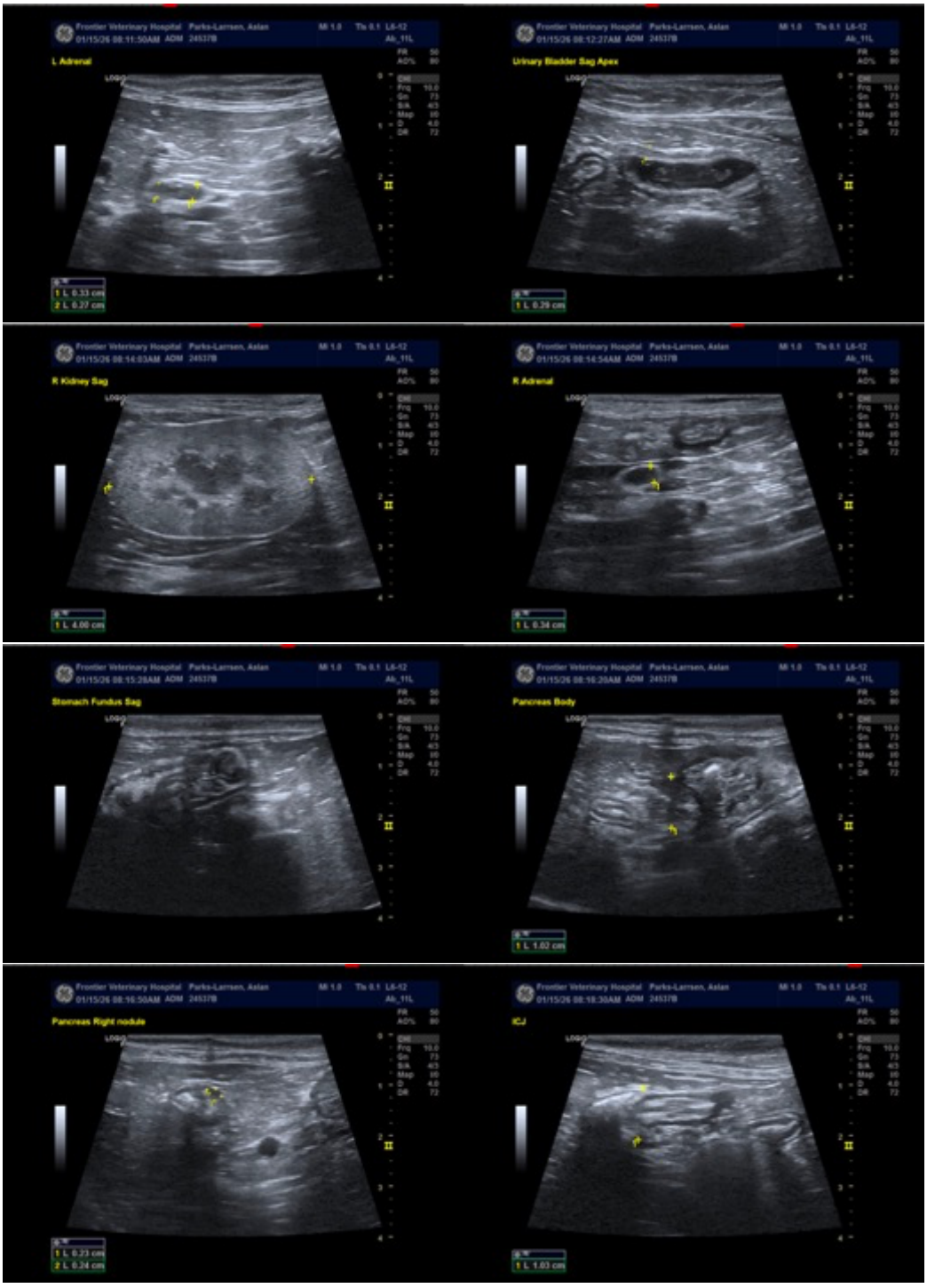

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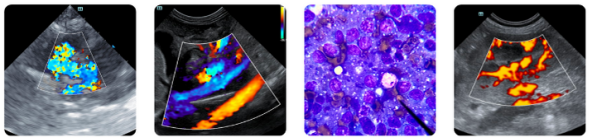

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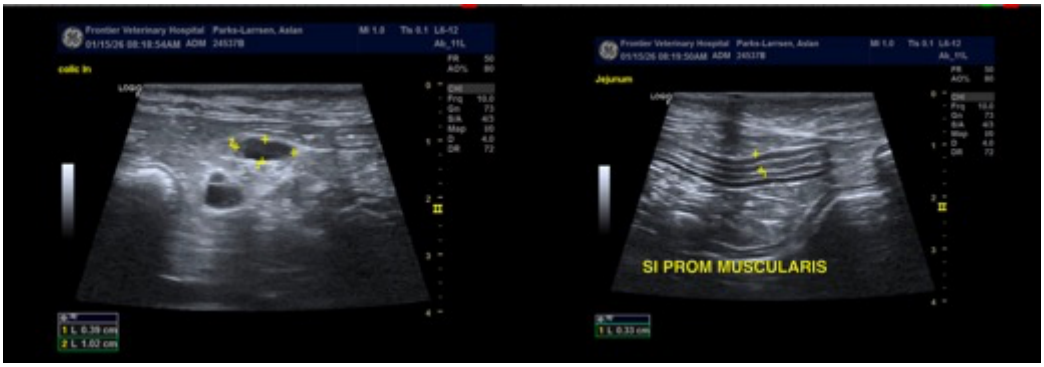

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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