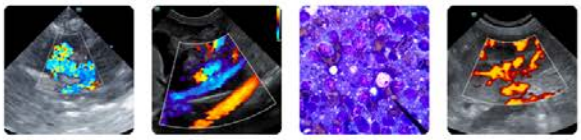


DATE

1/20/26

PATIENT

Amadeus Anderson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11/6/12

WEIGHT

6.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Copes

INVOICE

72297

PRESENTING CLINICAL SIGNS

Patient History: Patient presented to clinic for first time for reported weight loss and on/off diarrhea. No vomiting. BW performed to reveal mild nonregenerative anemia, monocytes 0.82 otherwise Chem 25 T4/fT4 WNL FEcal negative. Been on hydrolyzed diet for over 6 weeks and still having diarrhea

Current Medications: Hydrolyzed diet, otherwise not aware of any.
Labwork Results: Labwork attached, reported as: RBC 6.29, HCT 28.5, Hb 9.4, Monocytes 0.82, Platelets 449
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.41 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.37 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.30 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 0.42 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 (0.74 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

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature appear normal. There are occasional cystic structures visualized within the parenchyma suggestive of anechoic cystic structureS. Examples measure 0.96 cm and 1.21 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is mildly thickened/hyperechoic. There is a moderate amount of non-organized echogenic debris. The cystic and common bile duct appear dilated and tortuous, measuring up to 1.2 cm. Some areas of the wall of the common bile duct appear thickened with some dependent echogenic debris. The bile duct proximal to the duodenal papilla visualized measures 1.17 cm. The duodenal papilla is hyperechoic and measures 0.55 cm.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid and gas. Wall thickness is normal to slightly increased. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. The small bowel appears diffusely thickened with generally mildly decreased detail of wall layering.

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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted at 0.44 cm.

Free Abdomen

There is a scant amount of free fluid noted. There is a significant mesenteric lymphadenopathy with large, hypoechoic lymph nodes surrounded by reactive mesentery. Examples measure 0.62 cm x 1.03 cm and 0.60 cm x 0.83 cm and 0.65 cm x 2.46 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

- Prominent, hypoechoic left limb of the pancreas with prominent pancreatic duct – Changes are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

- Hyperechoic liver with occasional cystic lesion – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

- Prominent gallbladder and bile duct with areas exhibiting a thickened wall, intraluminal debris, and a severely dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

- Diffusely thickened small intestine – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

- Scant free abdominal fluid, reactive mesentery, and enlarged mesenteric lymph nodes – Findings are

most consistent with highly reactive or early neoplastic change.

SECONDARY FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Age related changes visualized associated with both kidneys.

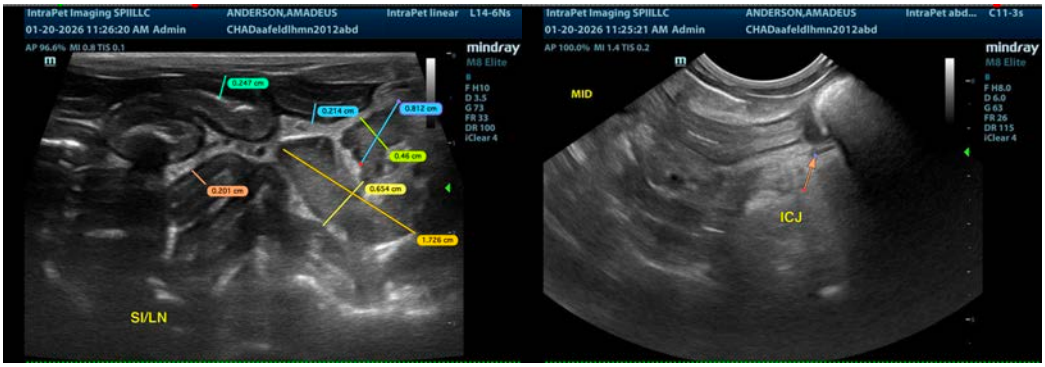
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

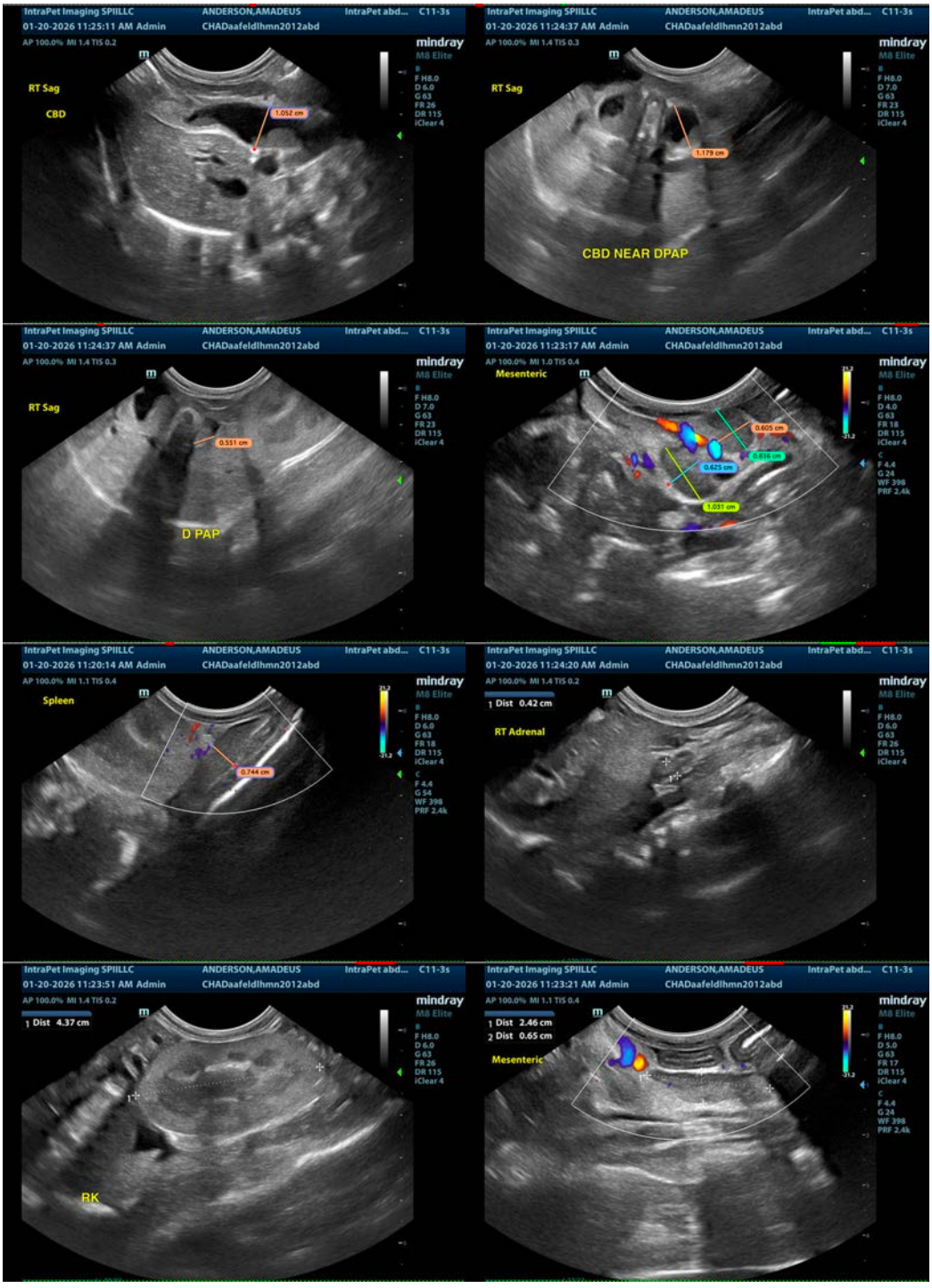
The combination of pancreatic, intestinal, and hepatobiliary changes is concerning for possible Triaditis, round cell neoplasia, etc. If possible, consider cholecystocentesis for cytology and culture of the bile (provided coagulation parameters are normal). Thickening of the gallbladder and bile duct wall (as well as severe dilation and wall thickening) is concerning for possible cholangiohepatitis. Additionally, you could consider a fine needle aspirate of the liver.

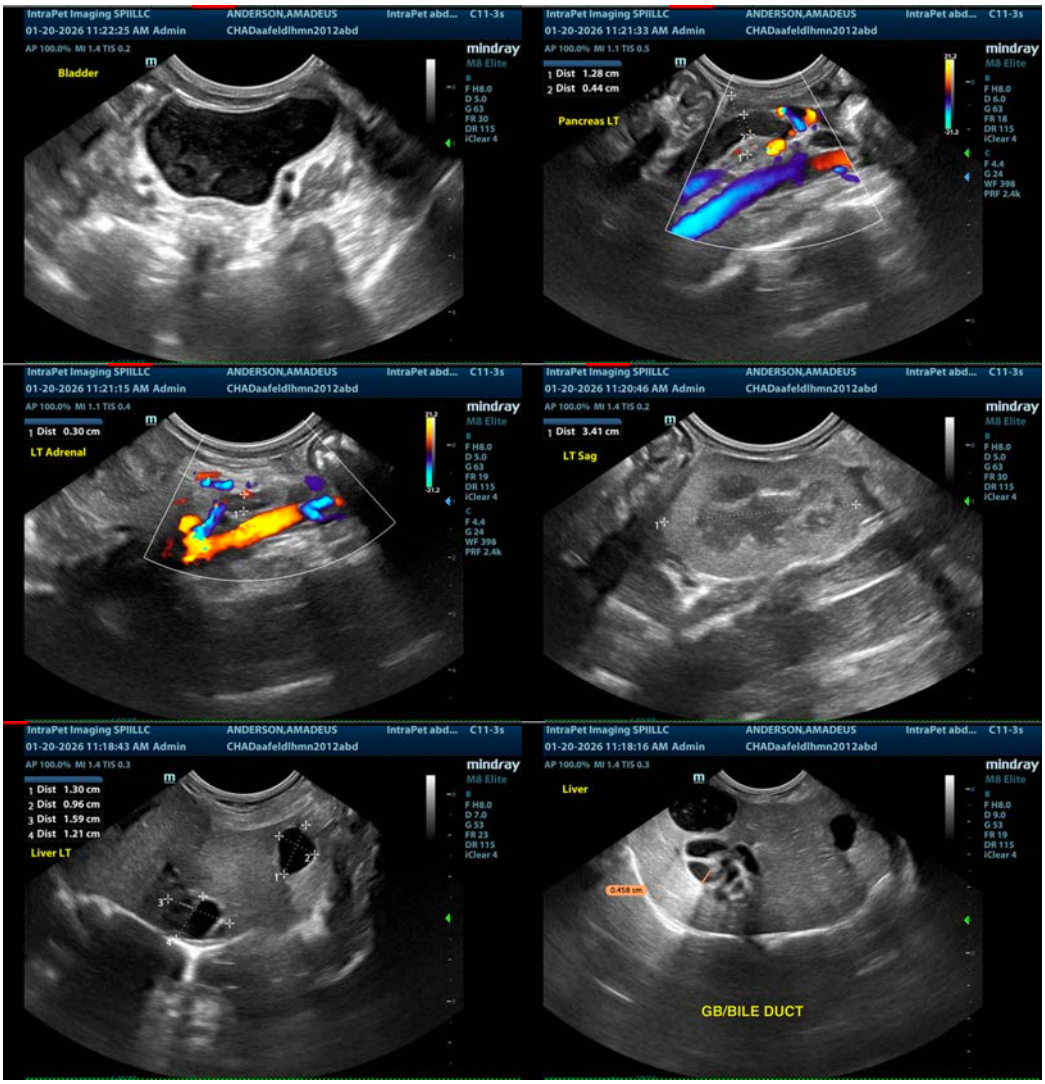
The pancreatic changes are consistent with chronic pancreatitis and pancreatic remodeling. Correlate with a PLI level and recommend empirical treatment for pancreatitis.

The small intestine appears diffusely thickened with some areas exhibiting fluid distention and gas. Wall layering subjectively appears reduced, possibly secondary to edema, infiltrative disease, etc. Recommend a fine needle aspirate of a prominent mesenteric lymph node and empirical treatment for cholangiohepatitis and IBD (novel protein diet, probiotic therapy, etc.). A GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate may be helpful.

If symptoms are persistent despite taking these measures, surgical biopsies of the liver, GI tract, etc. may be warranted, as well as further evaluation of the bile duct and biliary tract (referral to a surgeon would be recommended). No evidence of a focal obstruction is visualized but this cannot be definitively ruled out. A contrast CT scan could be considered to further evaluate for a small focal biliary obstruction/unseen mass etc…Re-evaluation with ultrasound could be considered..




IntraPet Imaging SPIILLC
ANDERSON,AMADEUS
01-20-2026 11:25:11 AM Admin
CHADaafeldlhmn2012abd
mindray
RT Sag
CBD
1.052 cm
01-20-2026 11:24:37 AM Admin
1.179 cm
CBD NEAR DPAP
01-20-2026 11:24:37 AM Admin
RT Sag
0.551 cm
D PAP
01-20-2026 11:23:17 AM Admin
Mesenteric
0.605 cm
0.836 cm
0.625 cm
1.031 cm
01-20-2026 11:20:14 AM Admin
Spleen
0.744 cm
01-20-2026 11:24:20 AM Admin
1 Dist 0.42 cm
RT Adrenal
01-20-2026 11:23:51 AM Admin
1 Dist 4.37 cm
RK
01-20-2026 11:23:21 AM Admin
1 Dist 2.46 cm
2 Dist 0.65 cm
Mesenteric



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com