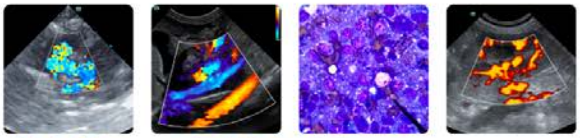


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bandit McLean

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

17 Years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Cumming

INVOICE

72332

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- chronic weight loss and poor appetite

- chronic unexplored Grade 3/6 murmur with elevated pro-bnp

- newly documented elevated BP - systolic averaging 220-240, returning for recheck of this next week to be sure is repeatable given stress in clinic

Abnormal PE/Chem/CBC/UA Results: - elevated fpli - 11.6 (0.-4.4), Mild elevation in SDMA - 18 (0-14), Pro-bnp 251 (0-100) labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic 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 (3.5 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 (3.53 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 0.35 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.

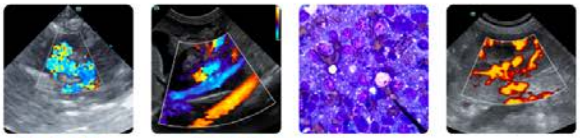
The right adrenal gland is normal in size measuring 0.27 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.90 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, 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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

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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. Some sections of small intestine appear slightly more prominent and thickened than others. Some measure up to 0.23 cm in 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 mottled 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes consistent with chronic age related renal disease.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Mildly thickened/ “ropey” small intestine with segmental areas exhibiting 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the weight loss and decrease in appetite reported. Generally, there is mild thickening to some sections of the small intestine most consistent with inflammatory type change, although early neoplastic change cannot be ruled out.

There are age related changes visualized associated with both kidneys, likely consistent with early chronic renal disease.

The left limb of the pancreas is somewhat prominent, possibly consistent with pancreatic remodeling. Given the elevation of PLI level, chronic pancreatitis may be an issue.

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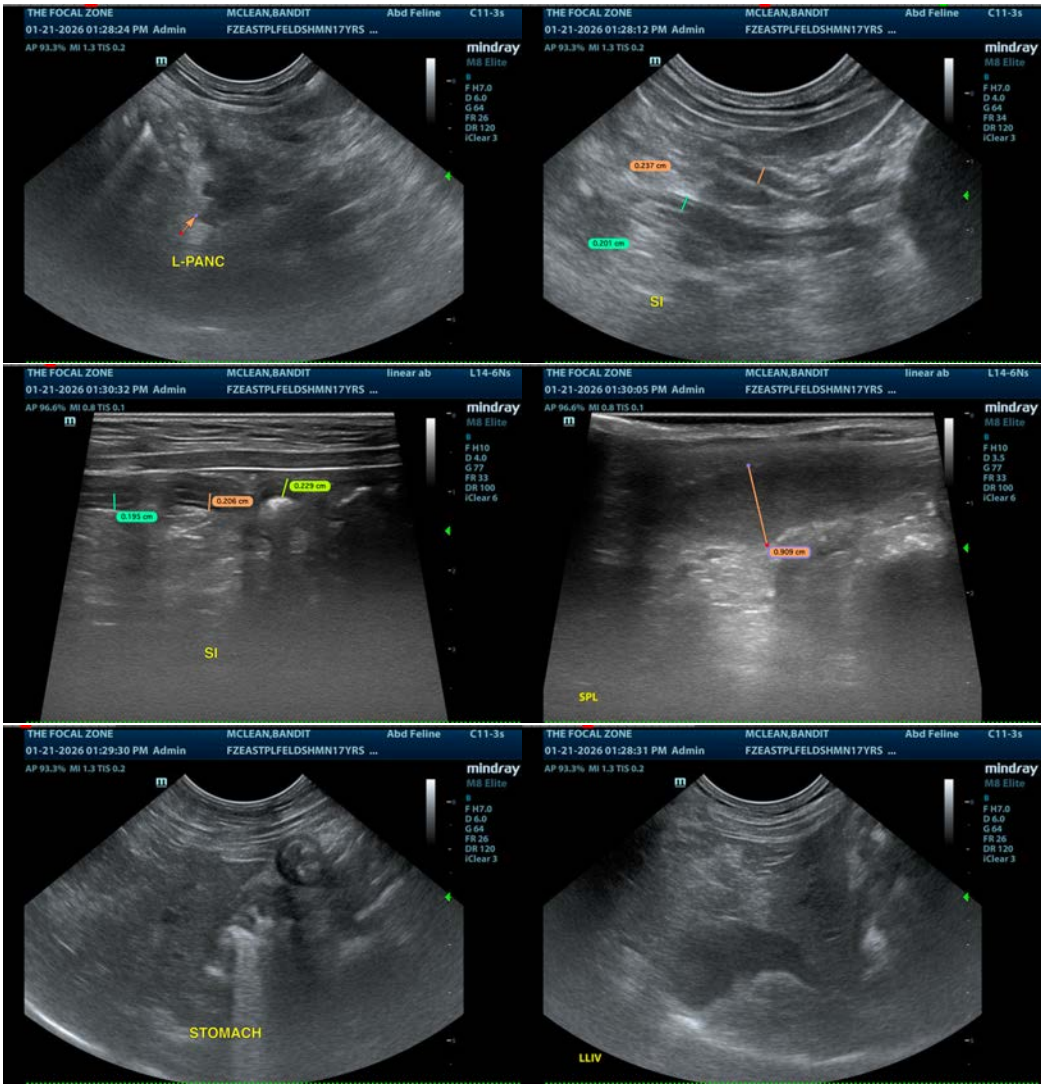
Recommend treatment for chronic pancreatitis. If uremia is suspected, you could consider treatment with nausea medications, appetite stimulants, etc. as needed. You could consider a combination hydrolyzed protein/renal diet (Royal Canin has one) to try to address the chronic renal disease and potential inflammatory gastrointestinal changes. Additionally, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for additional evidence of underlying gastrointestinal disease.

If symptoms are progressive despite making these changes, consider repeat imaging in the future, looking for the development of new lesions or the progression of today's lesions.



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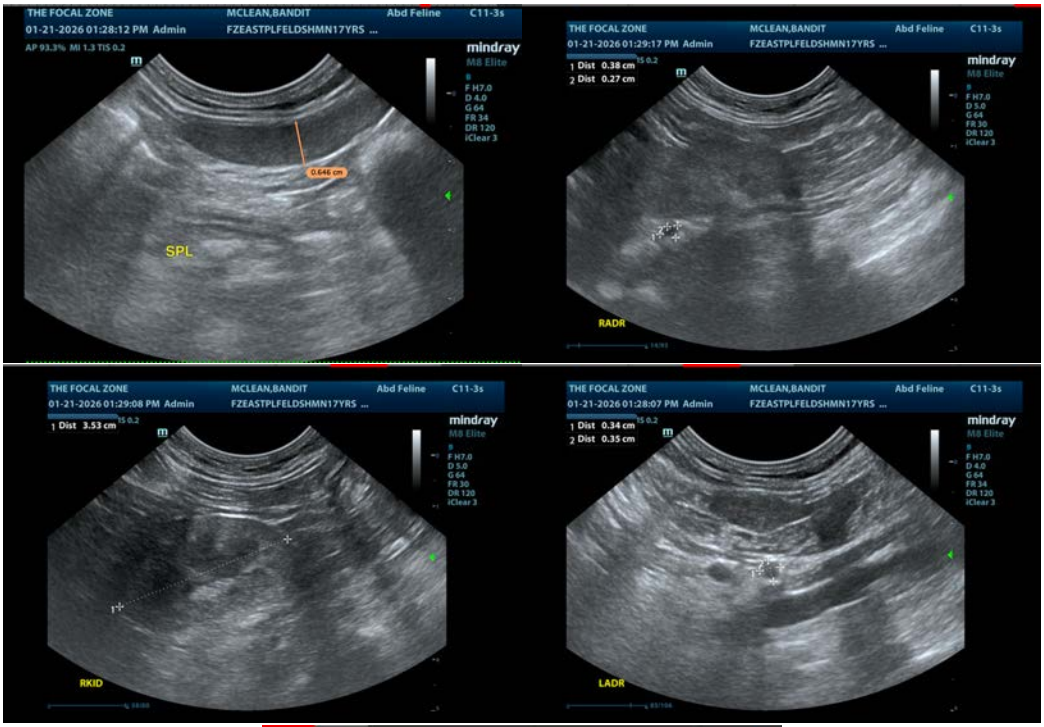

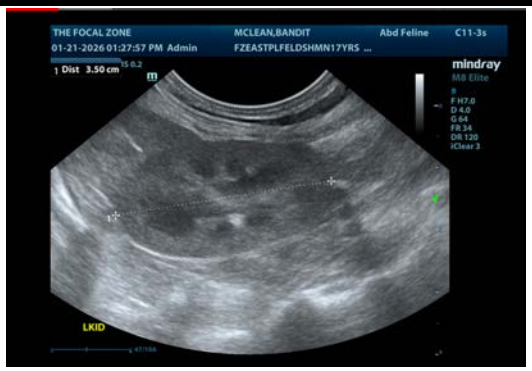

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com