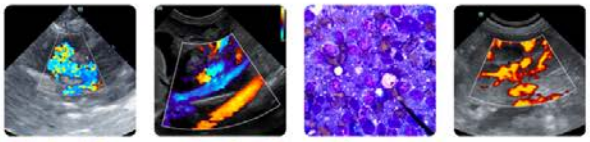


PATIENT

Marvin Freeby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

72585

DATE

1/29/26

PRESENTING CLINICAL SIGNS

P presented for evaluation of 2 week duration of profuse watery, dark brown diarrhea. P continue to e/d/u normally. P has history of allergic bowel disease (diagnosed on presumption in 2018 from v/d, ultrasound, and diet trial resolving the issues). P has no chronic medication other than strict purina HA diet. P was fasted and sedated for u/s. O confirms no food was left down after 6pm last night and food is locked away. Water was available. Apparent weight loss noted. (P was previously 13 pounds)

Abnormal PE/Chem/CBC/UA Results: EENT: NSF other than 2/4 periodontal disease CV: NSF and PSS Resp: Eupneic with normal lung sounds Abdomen: No obvious masses or organomegaly, no pain on palpation of spleen/bladder/kidneys: UG: NS MSK: Mild generalized muscle atrophy LN: PLN NSF Labwork (cbc, chem22, ua, t4) Pending (idexx) Fecal antigen/float: NPS in diarrhea sample Chest Rads: Pending radiology review

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 (3.64 cm) with mild pyelectasia a t 0.28 cm. Overall echogenicity is normal 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.2 cm) with mild pyelectasia at 0.19 cm. Overall echogenicity is normal 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 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.

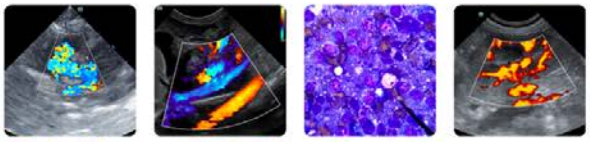
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.59 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 large in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



PATIENT

Marvin Freeby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

72585

DATE

1/29/26

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 a large amount of fluid and ingesta. 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. Severe fluid and ingesta distention interfere with full evaluation of the stomach. The outflow tract is not clearly visualized.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.31 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened with a prominent muscularis layer. There are occasional areas that exhibit more significant thickening, with reduced detail of wall layering, measuring up to 0.51 cm.

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 pancreas is visible/mildly mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid. There is no evidence of a significant lymphadenopathy. An occasional prominent mesenteric lymph node is visualized, an example measures 0.42 cm. The omentum is mildly diffusely hyperechoic.

PRIMARY FINDINGS

- Mild bilateral pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Large, severely fluid and ingesta distended stomach – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized, but visualization of the outflow tract was limited).
- Diffusely thickened small intestine with a prominent muscularis layer and some sections that appear more significantly thickened – Findings are most consistent with a severe inflammatory or early neoplastic process.
- Scant free abdominal fluid and occasional mildly prominent mesenteric lymph nodes.

PATIENT

Marvin Freeby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

72585

DATE

1/29/26

SECONDARY FINDINGS

- Visible/mildly mottled left limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling. Correlate with current PLI level, looking for any evidence of chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with a very prominent muscularis layer. Some sections of small intestine appear more significantly thickened. These changes are concerning for severe inflammation or possibly very early neoplastic change. No focal mass lesions were observed.

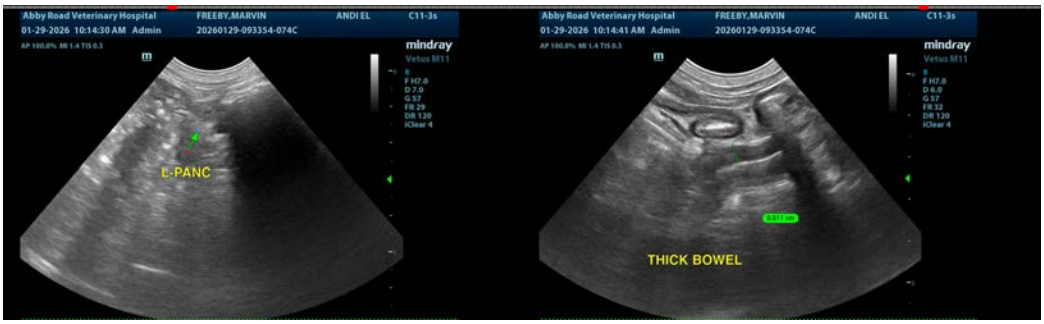
The stomach is severely fluid distended with a small amount of ingesta. I suspect this is most consistent with severe ileus, although an unseen partial outflow tract obstruction cannot be ruled out (vomiting is not reported, which makes this less likely).

The liver is large and hyperechoic. Correlate with current lab work. This could be consistent with mild lipidosis, fatty infiltrates in a large cat, etc.

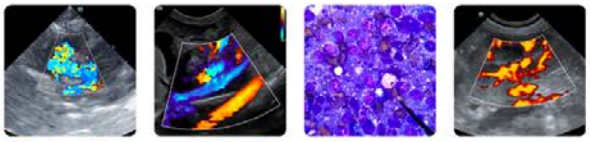
Consider the following:

- If a different diet is desired, you could consider a combination ultra low-fat/hydrolyzed protein prescription diet (I believe Royal Canin has one).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend a panel screening for infectious causes of diarrhea.
- Recommend chronic probiotic therapy.

If symptoms are persistent, biopsies of the GI tract may be warranted. Surgical biopsies would provide the most global evaluation, particularly if looking for focal areas of thickening. If this is not an option, endoscopic biopsies could be considered.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Marvin Freeby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

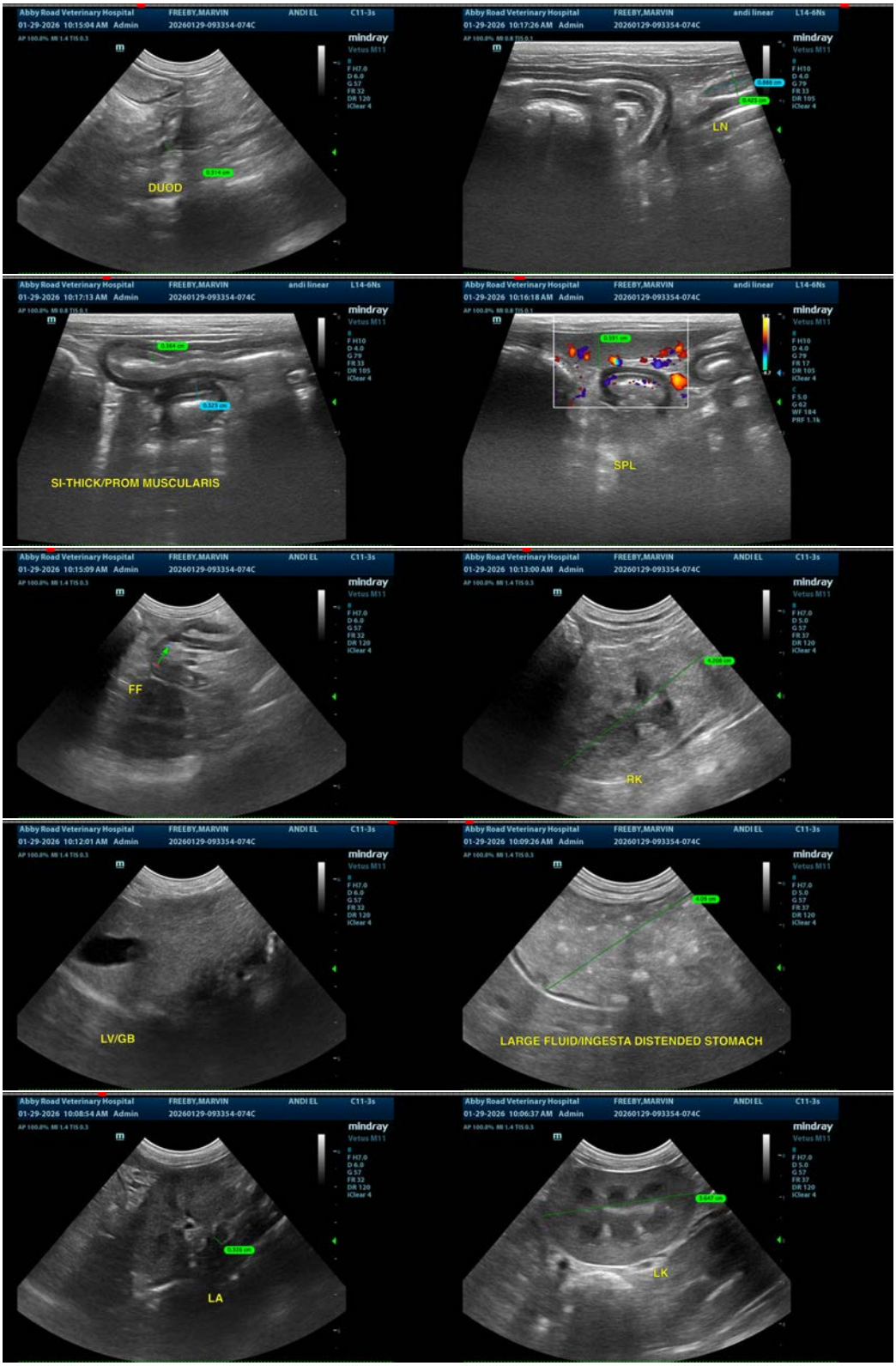
Dr. Abby Gerenser

INVOICE

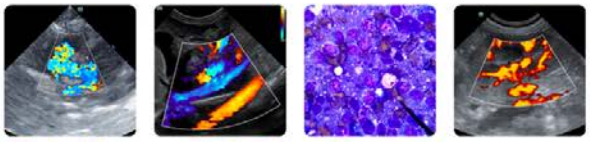
72585

DATE

1/29/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Marvin Freeby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

72585

DATE

1/29/26

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.

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

info@sonopath.com