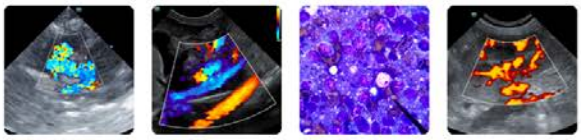


DATE

1/6/26

PATIENT

Belle Post

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/13/12

WEIGHT

9lbs 4oz

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

72980

PRESENTING CLINICAL SIGNS

Patient History: Belle presented in October 2025 for decreased appetite and for vomiting. The owner said she also had noticed PU/PD. The vomiting was determined to be due to a string that she vomited but bloodwork showed her creatinine at that time was 1.5 and her BUN was 23. Her T4 was at the very high end of normal at 4.7 in October and a thyroid profile run in early December showed she was definitely hyperthyroid. She was started on 1.25mg methimazole twice daily and she just had her initial 2-week recheck and bloodwork. She had been placed on MIrataz in October to help stimulate her appetite and she still requires daily Mirataz or alternating Mirataz and cerenia + cyproheptadine to maintain her appetite. She had not gained any weight and her heart murmur had gone from a 1/6 to a 2-3/6 murmur. Her HR was 200 which was slightly higher than she often has been (usually around 188-192ish). Her BUN had increased to 74 and creat to 5.2. This past weekend her appetite and attitude decreased more.

Current Medications: Methimazole 1.25mg bid, Alernating: Mirataz sid and then 24 hours later gets cerenia 4mg sid and cyproheptadine 1mg bid for 24 hours then Mirataz again... (because the Mirataz is causing irritation in the ears)
Labwork Results: Labwork attached, reported as: 10/21/25: BUN=23, creat=1.9, SDMA=15. 1/3/26: BUN=74, creat=5.2, SDMA=39
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 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 (3.58 cm) with mild pyelectasia at 0.26 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.15 cm) with mild pyelectasia at 0.25 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.28 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. There are small, focal, hyperechoic mineralizations associated with the right adrenal gland.

Spleen
The spleen is subjectively normal in size (0.80 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.

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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 0.23 cm.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes visualized. An example measures 0.30 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.

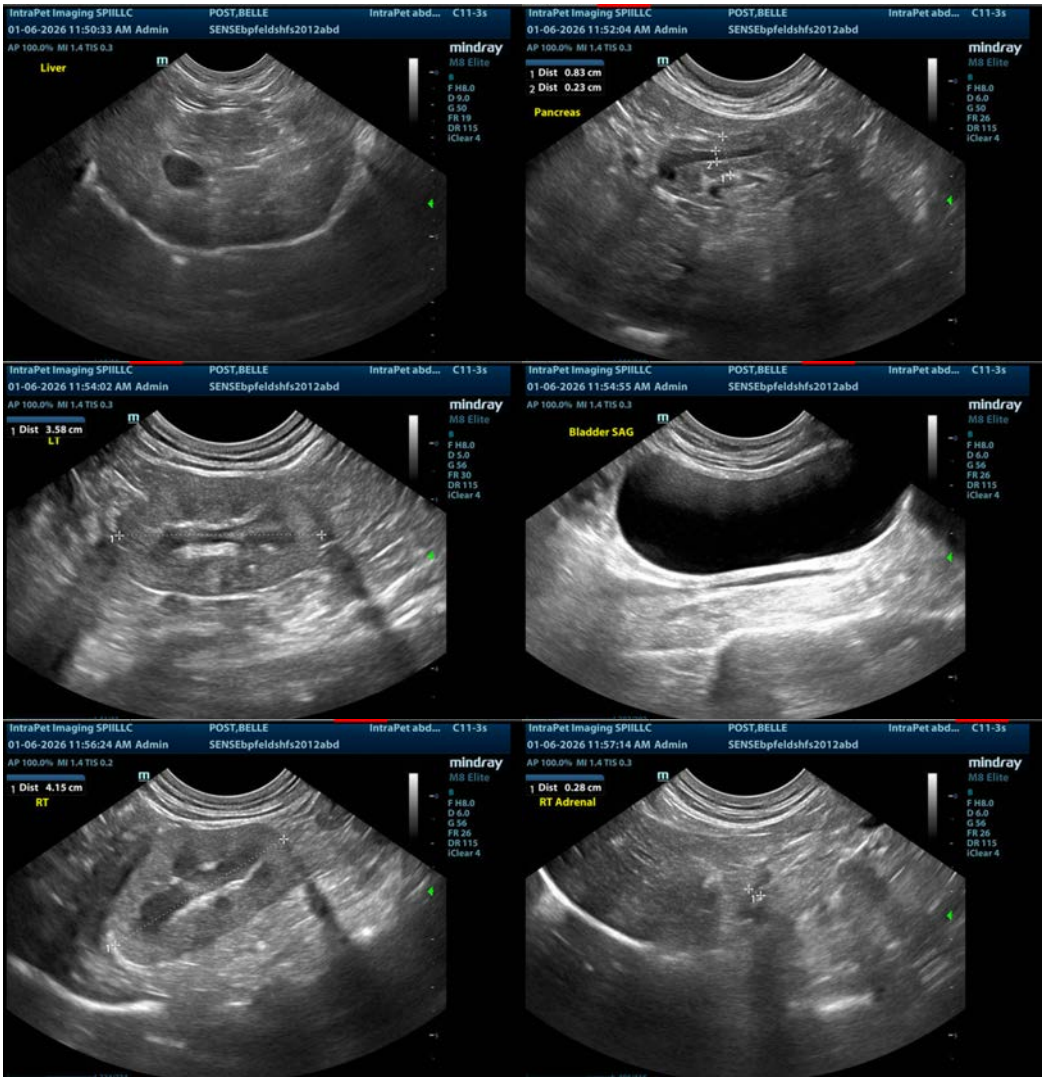
- Occasional reactive mesenteric lymph nodes.

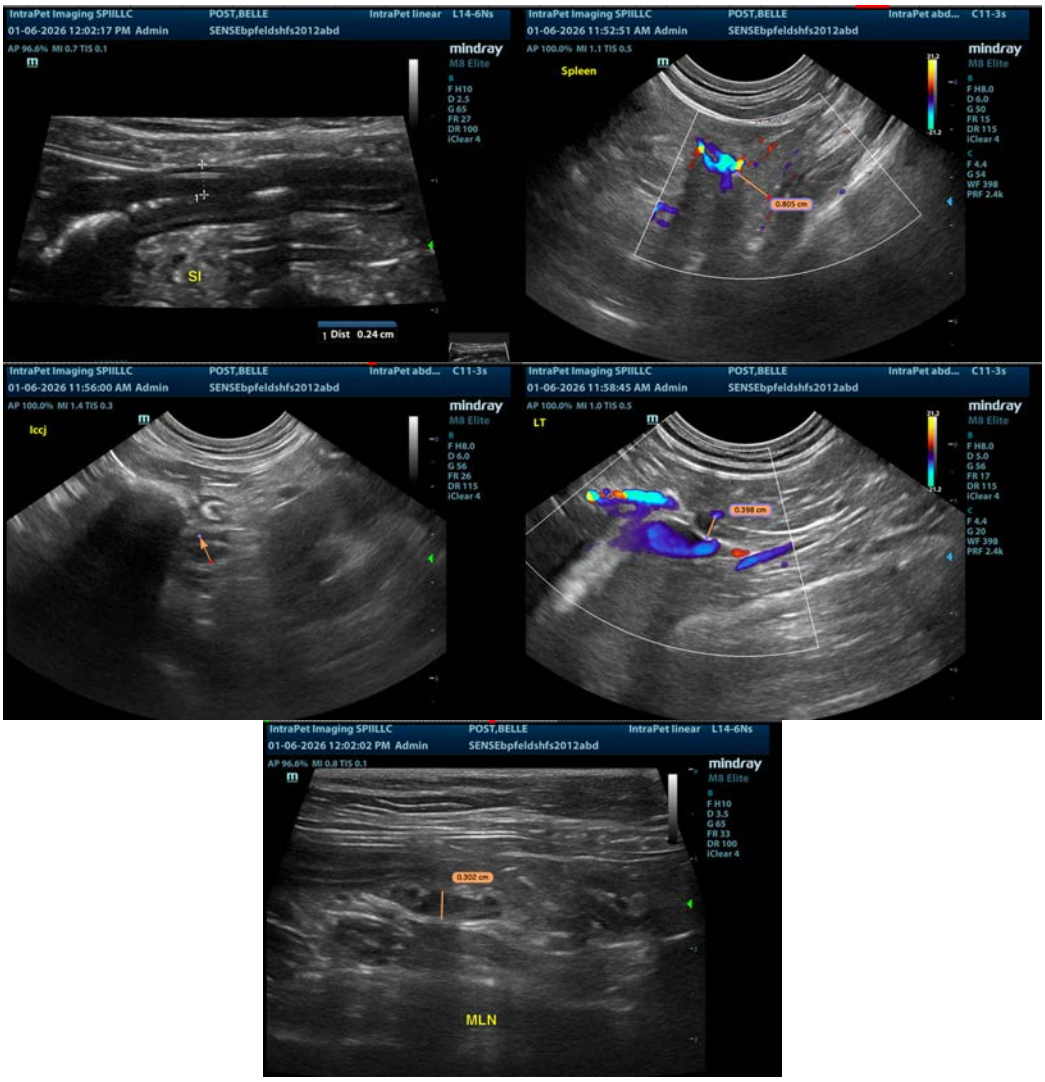
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are bilateral renal changes consistent with chronic renal disease with mild pyelectasia. No evidence of an obstruction, mass lesion, etc. is observed. Recommend a blood pressure, urinalysis and culture for further evaluation.

The pancreas is somewhat prominent but not overtly inflamed. If there is concern for concurrent pancreatitis, consider evaluation of a PLI level.

Consider diuresis for treatment of acute on chronic renal disease. Additionally consider the possibility of titrating Methimazole dose down somewhat if this stabilizes the renal disease. Additionally consider a renal diet, increased fluid intake (moist diet, etc.), and other steps to help stabilize/slow the progression of renal disease.





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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