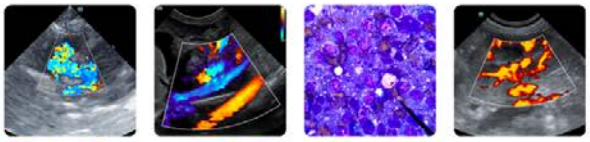


PATIENT

Palmer Courtney

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

5 Years 8 Months

WEIGHT

13.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Brittney Beigel, DVM

INVOICE

72977

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Hx of pancreatitis and dx w/ diabetes October 2025; O reports chronic intermittent V+ and variable BM consistencies; P initially started on Lantus 2u, O gradually decreased insulin d/t hypoglycemic episodes overnight multiple times a week; P currently not receiving insulin x7d but is currently on Hill's MD cans BID, free choice kibble overnight; O opts for US to screen for comorbidities that would contribute to unregulated diabetes; P was fasted for US scan, no sedation needed

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 (4.48 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.52 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 pyelectasia, 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 0.40 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.

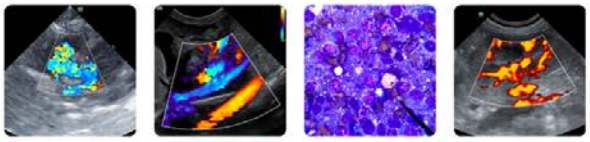
Spleen

The spleen is subjectively normal in size (1.05 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.



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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. The pancreaticoduodenal junction appears mildly thickened, measuring at 0.45 cm with intact wall layering.

Most of 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. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. Caudal to the stomach in the region of the ileocecal junction and the pancreas there is focal inflammation and some thickened bowel (colon versus small intestine?) measuring up to 0.30 cm with reduced but intact wall layering.

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, hypoechoic and 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent, irregular mesenteric lymph node caudal to the stomach measuring 1.07 cm x 0.84 cm. The omentum is focally hyperechoic caudal to the stomach in the region of the prominent lymph node, prominent pancreas, and thickened bowel.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatitis.
- Prominent/mildly thickened pancreaticoduodenal junction – Possible differentials include imaging artifact, anatomic variation, or inflammation, less likely early neoplastic infiltration.
- Focal area of inflammation caudal to the stomach with a prominent LN and the appearance of thickened bowel – This could represent the area of the ileocecal junction or a loop of small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is focal inflammation visualized caudal to the stomach. In this region there is prominent, mottled, hypoechoic pancreas as well as a prominent mesenteric lymph node, and focal abnormal hypoechoic tissue suggestive of thickened bowel. This is the region of the ileocecal junction, and stool filled colon is visualized in this region, but this could also represent abnormal small intestine in the region.

Correlate with a PLI level and consider empirical treatment for pancreatitis and gastroenteritis. Consider repeat evaluation in this region in 4-6 weeks (sooner if not doing well) to reassess, looking for improvement or potential progression. A fine needle aspirate of the hypoechoic tissue could be considered.

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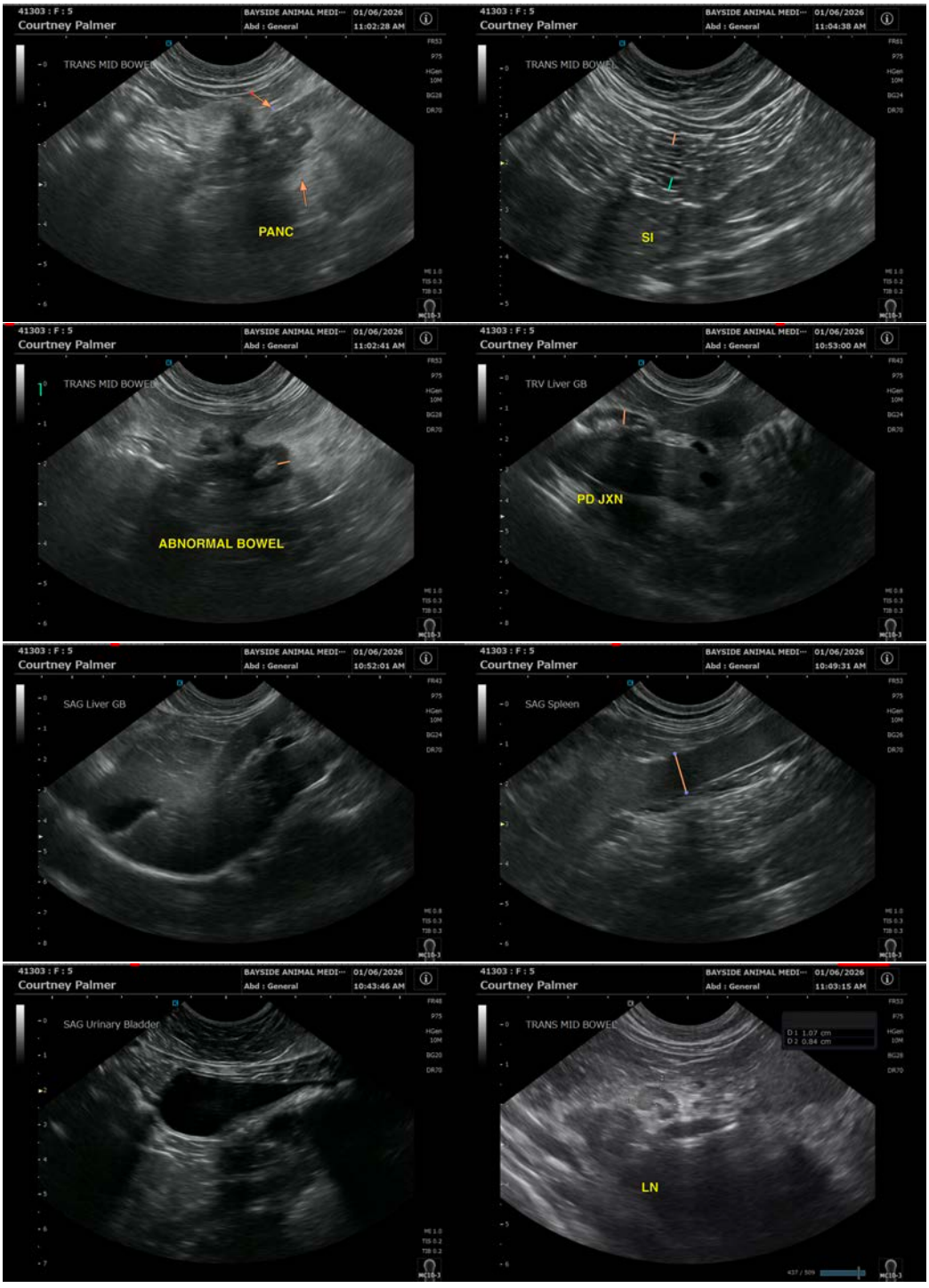

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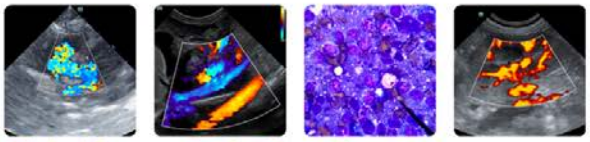

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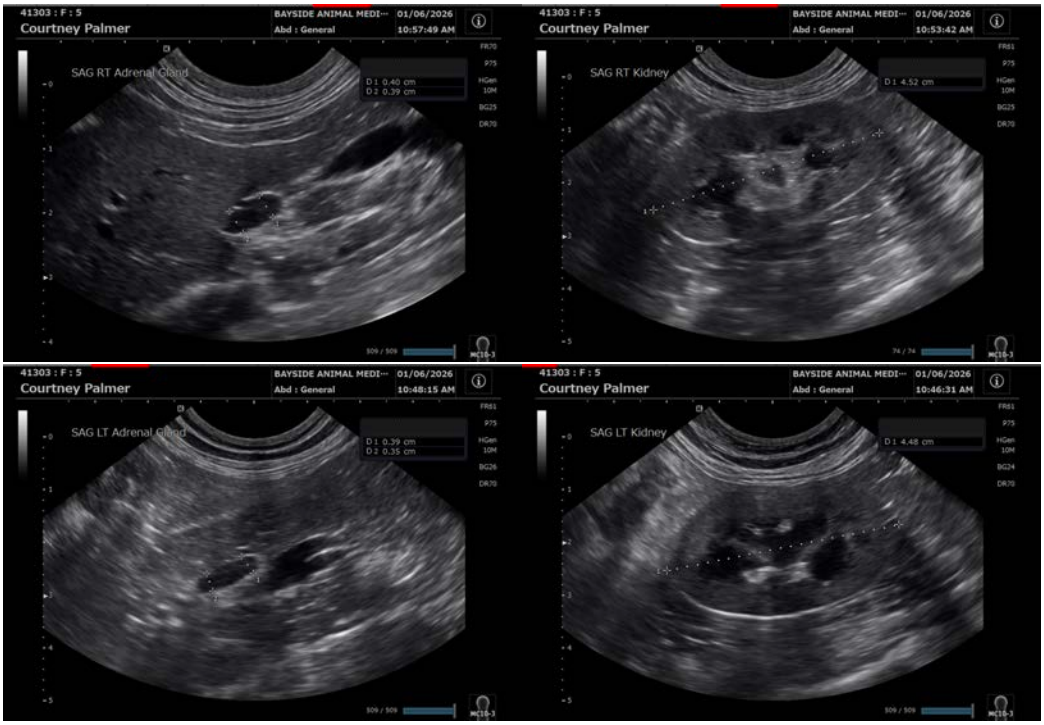

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com