DATE

1/9/26

PATIENT

Mimi Peltier

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11/11/11

WEIGHT

6.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

35328

PRESENTING CLINICAL SIGNS

Patient History: MiMi came in for a pre-sx recheck and bloodwork prior to having a VBO to clean out her middle ears which have fluid in them. She had lost 1/2# since June and her appetite wasn't as good as it had been. On PE she was thin and her heart murmur had gone from a grade 2/6 systolic murmur to a grade 3/6 holosystolic murmur. Bloodwork shows ckd early stage 2. With the weight loss and hyporexia, concerned about
intestinal disease as she had had mild LP IBD dx'd via bx in 2024. There was also a 1cm hypoechoic nodule seen on the liver in 2024.

Current Medications: Conalequin SID.
Labwork Results: Labwork attached, reported as: creat=1.5, urine s.g.=1.014
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic IV.
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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.76 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.33 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 0.37 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 (0.79), 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. There is a hypoechoic nodule visualized in the left side of the liver, measuring 0.81 cm x 0.96 cm.

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears slightly prominent in some regions, measuring up to 0.4 cm. 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. The duodenum measured as normal (0.29 cm in wall thickness) and the jejunum measured as normal (0.2 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 in both limbs 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.

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

- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis
- Small hypoechoic nodule in the left side of the liver- This could represent a benign or an early neoplastic lesion. It is uncertain if this is the previously described nodule.
- Prominent/mildly thickened gastric wall- The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

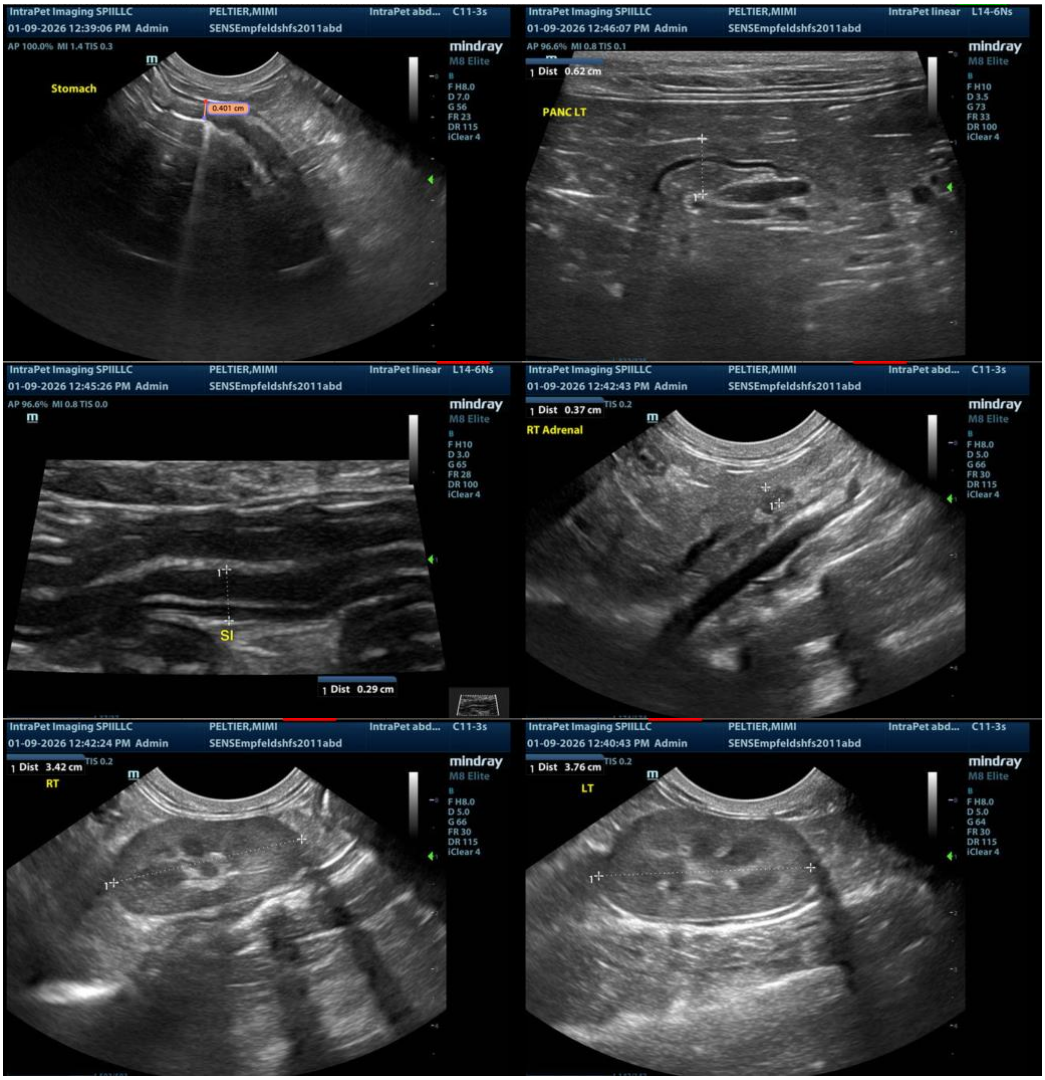
No focal lesions are visualized associated with the GI tract to explain the symptoms described. On some views, the gastric wall appears slightly prominent. This could represent imaging artifact or mild gastritis.

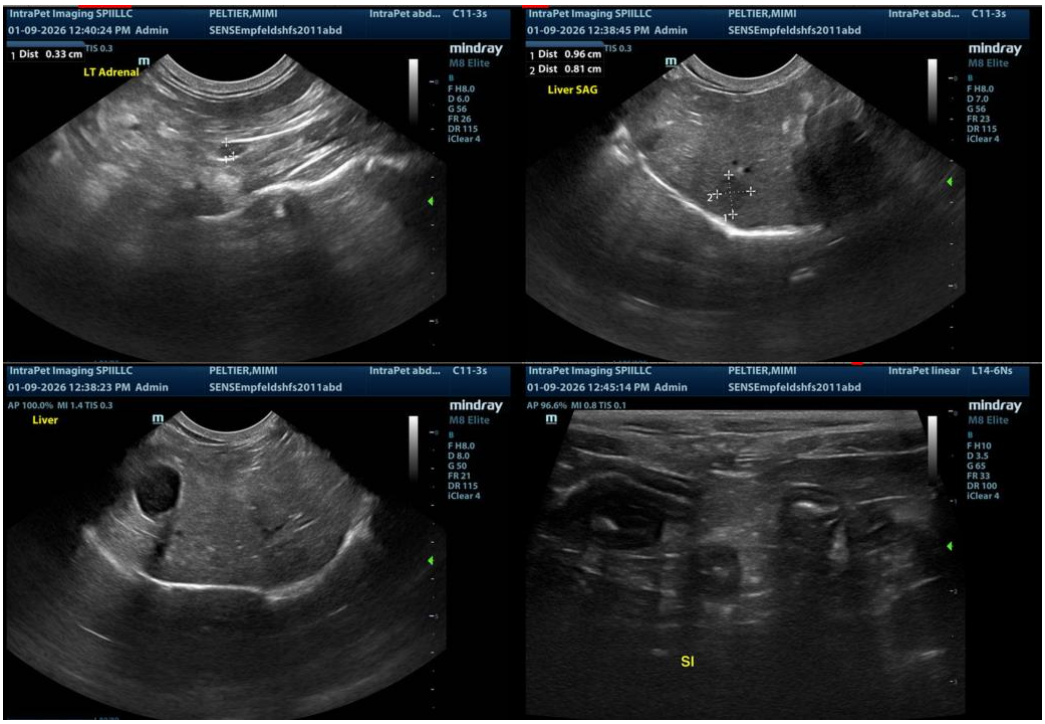
Underlying neoplastic process is less likely.

There is a small hypoechoic nodule in the liver. It is uncertain if this is the previously described nodule. This has a relatively benign appearance, but an early neoplastic lesion cannot be ruled out. Recommend continued monitoring with ultrasound. This is likely too deep to easily sample.

Both limbs of the pancreas are somewhat hypoechoic and prominent. Correlate with a PLI level. If there is significant elevation, consider treatment for chronic pancreatitis.

If small intestinal disease is strongly suspected, this cannot be ruled out based on a normal ultrasound. You could consider a GI panel to Texas A & M for a qualitative PLI, TLI, cobalamin, and folate, looking for additional evidence of possible underlying small intestinal 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.

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

info@sonopath.com