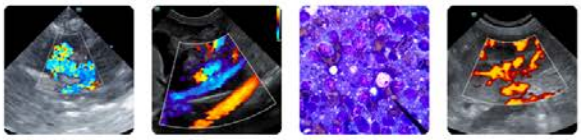


DATE

11/13/25

PATIENT

Yuki Brown

SPECIES

Feline

BREED

Turkish Angora

SEX

Neutered Male

AGE

6/22/09

WEIGHT

9.7 lbs

INTERPRETED BY

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

HOSPITAL NAME

Everhart Veterinary Hospital

REFERRING VET

Dr. Notarangelo

INVOICE

71794

PRESENTING CLINICAL SIGNS

Patient History: Chronic heart disease, currently managed on atenolol, grade 2/6 systolic murmur. Every 6 month recheck advised . Chronic thin BCS and intermittent GI signs, previous ultrasound showed significant inflammation. Pet has been stable on EOD maropitant, EOD miratazapine, B12 weekly, probiotics and Royal Canin Limited Duck RX diet. Recent decreased appetite and vomiting, responded to increasing frequency of maropitant but advise recheck for reassessment of GI and heart disease.

Current Medications: PROVIABLE DC CAPS 30CT 10/30/2025, PROVIABLE FORTE CAPS 45CT 2/18/2025
VITAMIN B12 INJECTION 100ML BOTTLE 2/18/2025, MAROPITANT CITRATE 24MG TABLET 2/5/2025, MIRATAZ (MIRTAZIPINE) TRANSDERMAL OINTMENT 12/21/2024
Labwork Results: Labwork attached, reported as: 10/30/25: neutrophilia, otherwise stable
Date of Previous IntraPet Ultrasound: 2/13/25. See attached.
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 mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.74 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 (3.87 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 0.30 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 0.35 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, 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened with a very prominent muscularis layer.

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 mildly mottled 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 no evidence of a significant lymphadenopathy. There are occasional prominent mesenteric lymph nodes. Example of a mesenteric lymph node measures 0.36 cm and 0.30 cm. The omentum is mildly diffusely hyperechoic.

PRIMARY FINDINGS

- Diffusely thickened small intestine with a very prominent muscularis layer – Findings are most consistent with significant inflammatory change. Early neoplastic change cannot be ruled out. Subjectively, the prominence of the muscularis layer appears more significant as compared to the previous scan on 2/13/25.

- Mild reactive lymphadenopathy.

SECONDARY FINDINGS

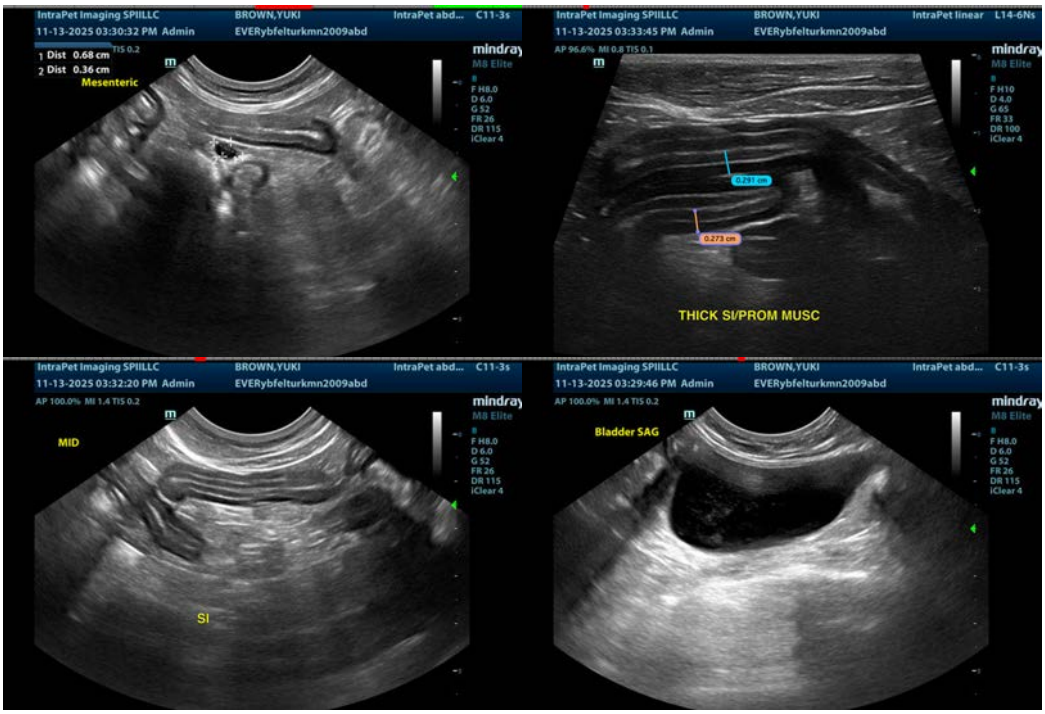
- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

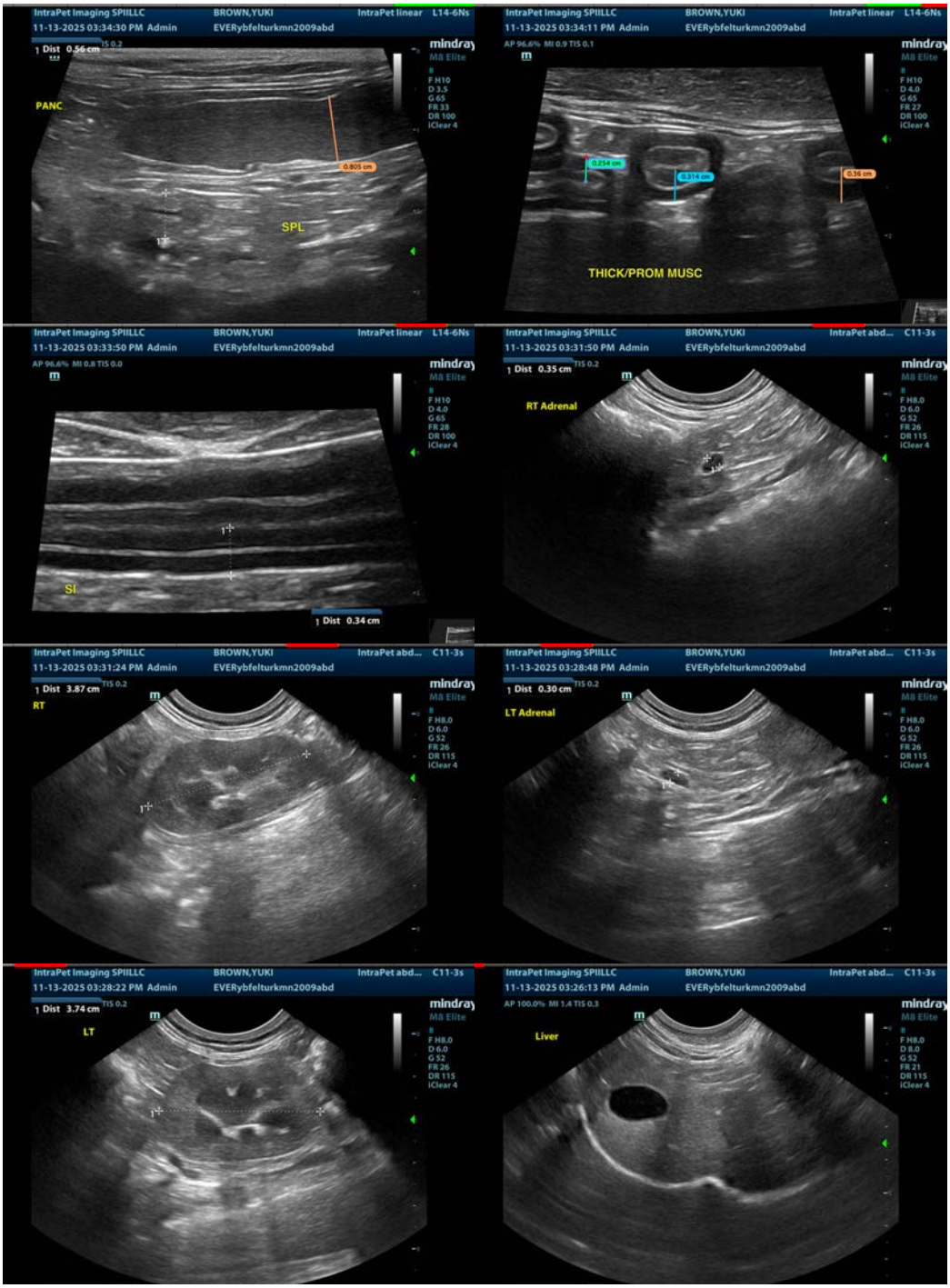
- Pancreatic changes most consistent with mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is diffuse thickening of the small intestine with a very prominent muscularis layer and occasional prominent mesenteric lymph nodes. These changes are most consistent with inflammatory type change. No focal mass lesions are observed. Subjectively there is concern as the muscularis layer appear more prominent on today's exam than the previous exam, possibly indicating continued inflammation or even early neoplastic change. Ideally in this scenario where there is a relapse despite continued therapy, biopsies of the GI tract would be warranted (ideally surgical) to better tailor your therapy. If this is not an option, consider:

- Consider a hydrolyzed protein diet rather than a novel protein.
- Consider reevaluation of a GI panel, looking for any changes that may be relevant.
- Medical intervention such as steroids, chlorambucil, etc. may be warranted if clinically appropriate and the owner understands the risks of treatment without a definitive diagnosis.

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PANC
0.805 cm
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mindray
M8 Elite
IntraPet Imaging SPIIILLC
BROWN,YUKI
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0.36 cm
THICK/PROM MUSC
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L14-6Ns
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Dist 0.35 cm
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11-13-2025 03:31:24 PM Admin
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Liver
mindray
M8 Elite

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