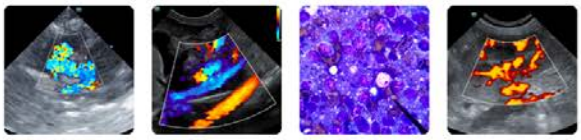


DATE

11/14/25

PATIENT

Patches Gutermuth

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/6/17

WEIGHT

6.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Phillips

INVOICE

71829

PRESENTING CLINICAL SIGNS

Patient History: Presenting originally 9/17/25 for diarrhea that started 2-3 weeks prior. Improved originally after 9/17 appointment with FortiFlora but then regressed. Seen again 11/7/25 for continued diarrhea. Went to AEH 11/11 for worsening diarrhea

Current Medications: FortiFlora- Started9/17 for 30 days. Metronidazole 50mg/mL- Give 1mL by mouth every 12 hours for 10 days. Started 9/19, prednisolone 3mg/mL liquid 1 ml every 12h x 5d, then daily (try for 3 weeks). Started 11/7
Labwork Results: Labwork attached, reported as: 9/17/25- Organ Function WNL, T4- mid normal, fecal sample negative.
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 (3.38 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 (3.44 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 0.28 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 0.38 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 (0.63 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 0.25 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The descending colon wall appears thickened with intact wall layering, measuring up to 0.45 cm in thickness.

Pancreas
The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 0.21 cm.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatitis/chronic pancreatic remodeling.
- Thickened descending colon with intact wall layering – Findings are most consistent with colitis. An early neoplastic process cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are visualized associated with the small bowel. The colon wall appears thickened with intact wall layering in the descending colon, most consistent with inflammatory type changes/colitis. Consider the following for further evaluation:

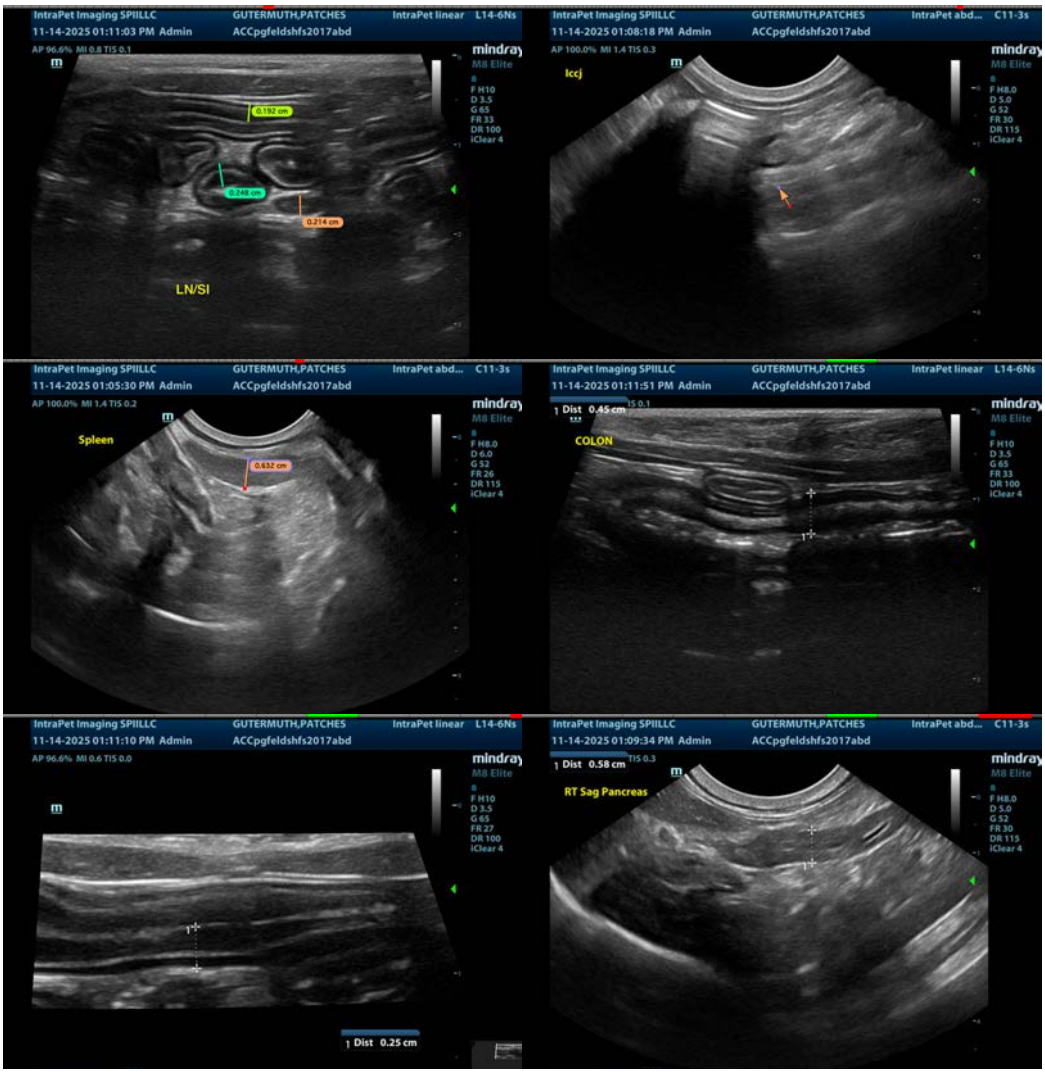
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

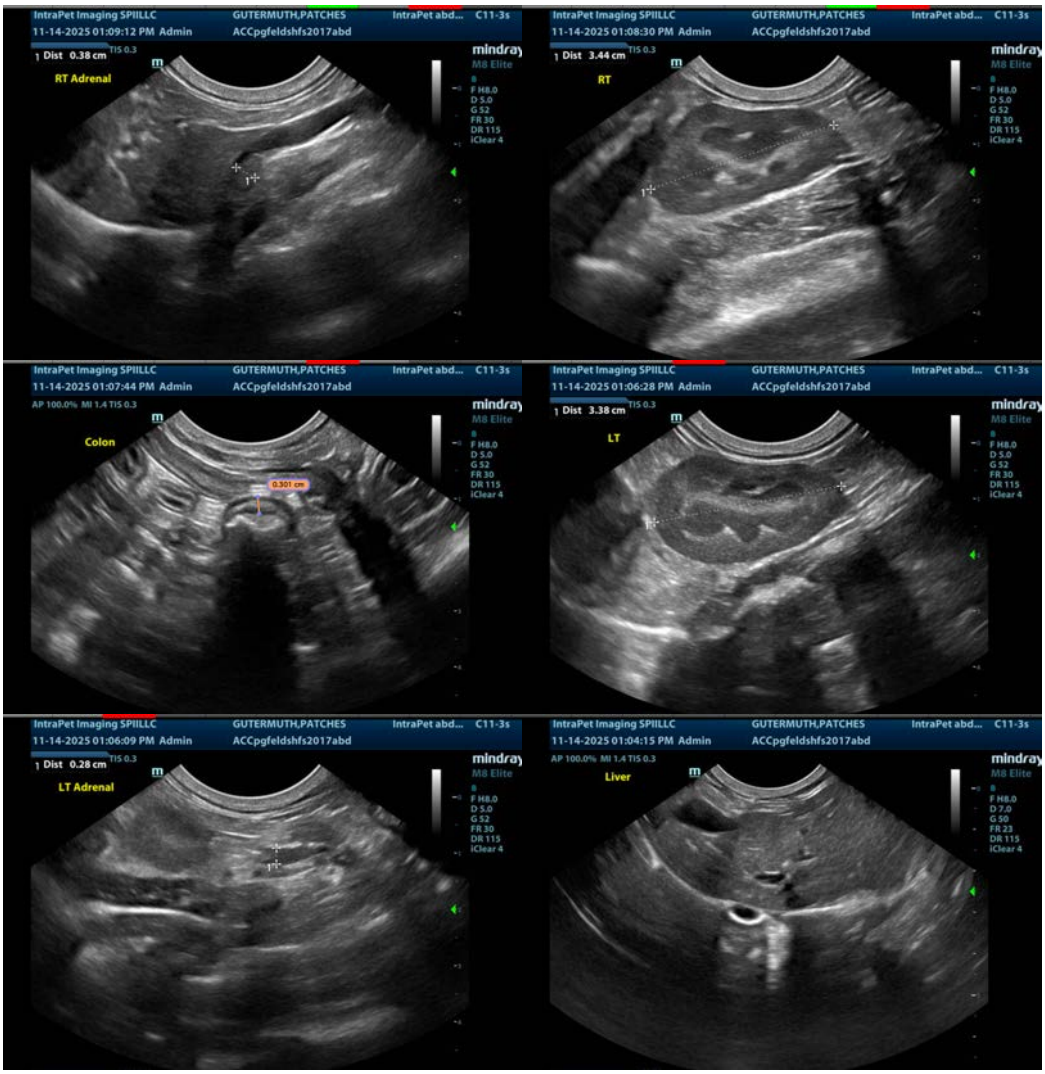
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

- Recommend chronic probiotic therapy.

- Consider fiber supplementation. This can help some individuals but make others worse.
- Recommend treatment for chronic pancreatitis.

If symptoms are persistent, consider upper and lower GI endoscopy to further evaluate (ideally of steroids). Additionally, you could consider repeat imaging, looking for the progression of today's lesions or the development of new lesions.





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)
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