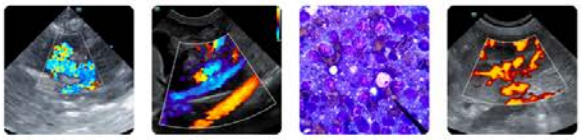


DATE

11/14/25

PATIENT

Polly Trent

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/1/10

WEIGHT

4.75 kg

INTERPRETED BY

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

HOSPITAL NAME

Pleasantville Animal Hospital

REFERRING VET

Dr. Gounaris

INVOICE

71830

PRESENTING CLINICAL SIGNS

Patient History: Presented 11/5/25 For vomited several times over 3-4 days, some darker colored stools otherwise normal appetite

Current Medications: None listed.
Labwork Results: Labwork attached, reported as: blood chem cnc T4 largely WNL BUN 34, T4 is 4.1 and we are monitoring this - recheck T4 in 3 months
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Isoflurane.
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 (3.84 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 (3.89 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 0.35 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 0.48 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 (0.81 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 moderate focal shadowing ingesta. 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. Hard shadowing material is visualized in the fundus and pyloric antrum region. An obstruction is not clearly visualized.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. Some areas of jejunum appear segmentally more thickened with more 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 left limb of 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional clusters of prominent mesenteric lymph nodes, examples measure 0.45 cm and 0.43 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hard shadowing material visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, there could be concern for ingested foreign material or GI stasis.
- 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 chronic pancreatic remodeling. Chronic pancreatitis cannot be ruled out.
- Mild inflammatory type pattern visualized associated with the small intestine.
- Mild reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is hard shadowing material visualized in the pyloric region of the stomach. This could be consistent with dense ingesta and delayed gastric emptying, but there is also concern for possible shadowing material. Correlate with abdominal radiographs and consider a more prolonged fast with subsequent imaging to see if

the stomach empties. If a gastric foreign body is a significant concern, upper GI endoscopy could be considered to further evaluate.

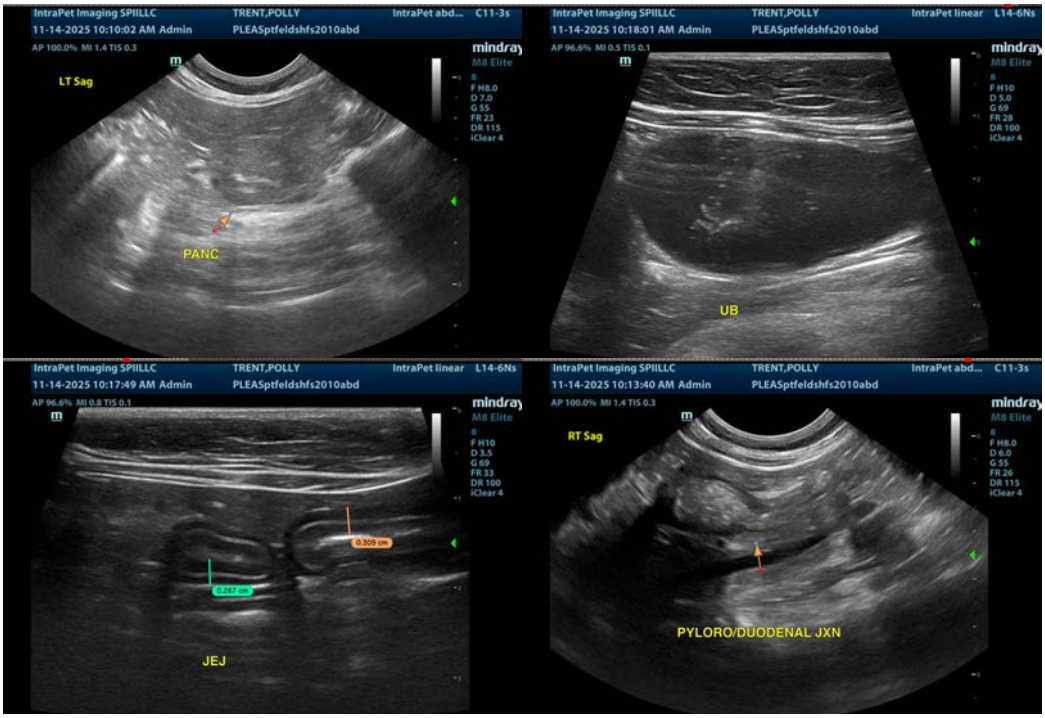
The small intestine appears mildly "ropey" with a prominent muscularis layer. These changes could be consistent with mild inflammatory type change, less likely neoplastic change. If a primary enteropathy is suspected, you could consider the following:

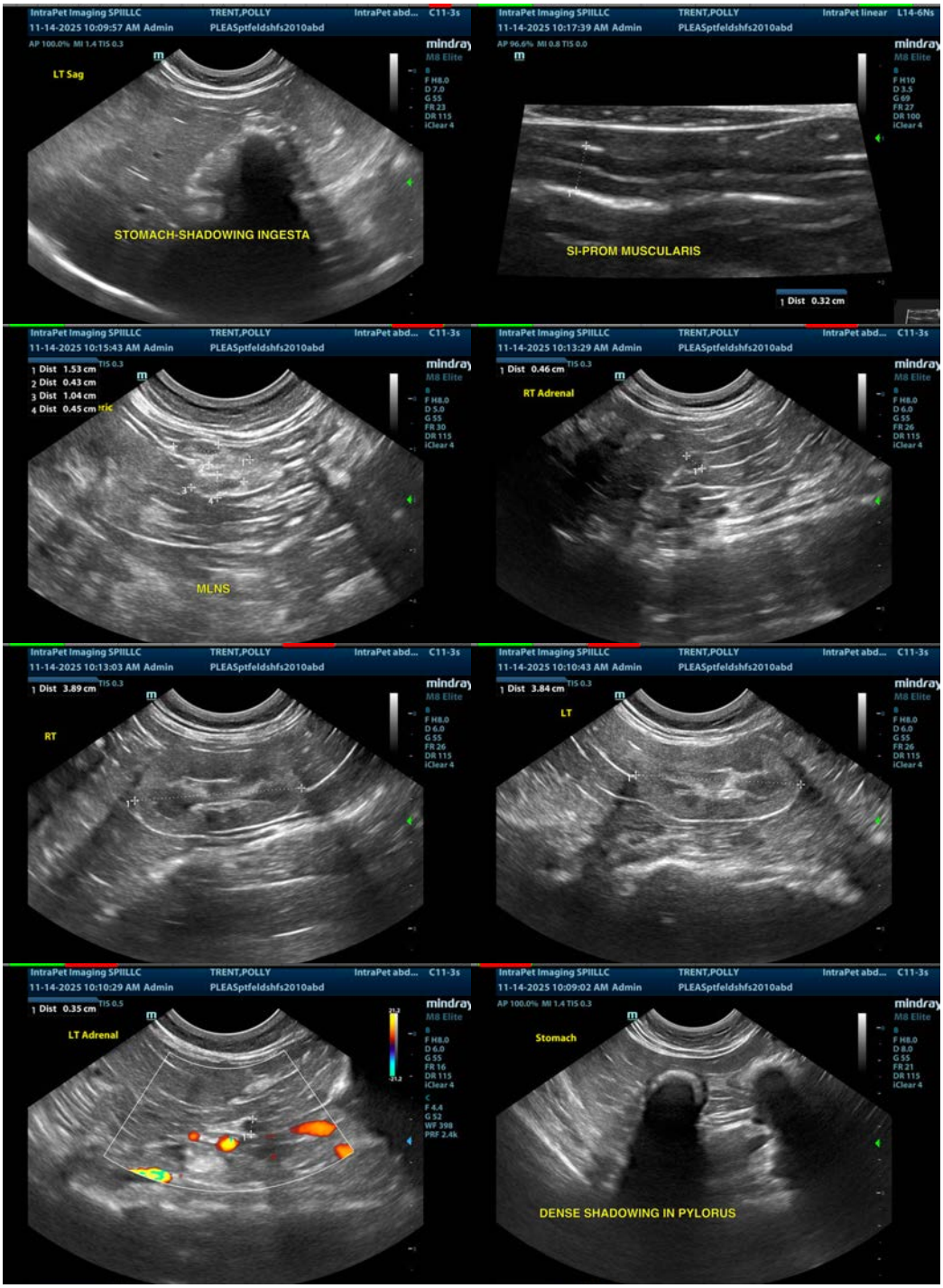
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If there is no response to this therapy, biopsies of the GI tract may be warranted.

Correlate today's findings with a PLI level. If this is significantly elevated, mild chronic pancreatitis may be present, and concurrent therapy would be warranted.

Additionally, you could consider repeat imaging in the near future, looking for the persistence of shadowing material visualized in the stomach, the progression of today's lesions, etc.




IntraPet Imaging SPIILLC
TRENT,POLLY
IntraPet abd... C11-3s
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PLEASptfeldshfs2010abd
LT Sag
STOMACH-SHADOWING INGESTA
IntraPet Imaging SPIILLC
TRENT,POLLY
IntraPet linear L14-6Ns
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SI-PROM MUSCULARIS
1 Dist 0.32 cm
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TRENT,POLLY
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1 Dist 1.53 cm
2 Dist 0.43 cm
3 Dist 1.04 cm
4 Dist 0.45 cm
MLNS
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TRENT,POLLY
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1 Dist 0.46 cm
RT Adrenal
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1 Dist 3.89 cm
RT
IntraPet Imaging SPIILLC
TRENT,POLLY
IntraPet abd... C11-3s
11-14-2025 10:10:43 AM Admin
PLEASptfeldshfs2010abd
1 Dist 3.84 cm
LT
IntraPet Imaging SPIILLC
TRENT,POLLY
IntraPet abd... C11-3s
11-14-2025 10:10:29 AM Admin
PLEASptfeldshfs2010abd
1 Dist 0.35 cm
LT Adrenal
IntraPet Imaging SPIILLC
TRENT,POLLY
IntraPet abd... C11-3s
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PLEASptfeldshfs2010abd
Stomach
DENSE SHADOWING IN PYLORUS

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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