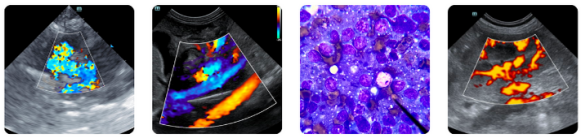

PATIENT

Lacie Diep

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years 4 months

WEIGHT

4.76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Feline Animal Hospital

REFERRING VET

Dr. Vincent Fleming

INVOICE

10789

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Presented to ER a week ago for acute vomiting/projectile, AUS recommended, now well, did manage to get outside house for 5 days during recent windstorm and found via Nextdoor post, no D eating well no nasal discharge no other concerns. Diet: FF/maint Med: amlodipine 0.625mg q24 Cerenia PRNFabric chewing, Heart murmur, grade 2 of 6, Hypertension - severe, Stress hyperglycemia - likely, Suspect chronic enteropathy, Protruding sternum, Glucosuria, Weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is mild suspended echogenic debris visualized, and there's a very small irregularity in the apical ventral region of the urinary bladder, measuring 0.64 cm x 0.27 cm most consistent with adhered debris or a small polypoid like lesion. An early neoplastic lesion cannot be ruled out. The region of the trigone, ureteral papillae and visible urethra appear free of any mass, lesions, or calculi.

The left kidney has a normal shape and size (3.19 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 very mild pyelectasia noted measuring 0.15 cm, and the proximal ureter appears somewhat prominent measuring 0.24 cm. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney has a normal shape and size (3.66 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 0.32 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 0.27 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 (0.66 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. There is a small, hypoechoic nodule in the parenchyma, measuring 0.42 cm.

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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 common bile duct is visualized distally at the level of the duodenal papillae measuring 0.24 cm.

Gastrointestinal

The stomach contains mild fluid. 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 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. The duodenum measured 0.27 cm in diameter, and the jejunum measured 0.25 cm in diameter. Visualized peristalsis appears appropriate. The muscularis layer is diffusely prominent throughout the jejunum. The ileum is prominent measuring at 0.38 cm.

The ileocecal junction was visualized. The ileum appears somewhat prominent and mildly thickened. 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. 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 revealed very scant free abdominal fluid. There is no significant lymphadenopathy. 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

- Mild echogenic debris in the urinary bladder and an irregularity in the apical ventral wall. Correlate with a urinalysis, culture, and consider reevaluation of the apical region with ultrasound in 2 – 3 months.
- Prominent, hypoechoic pancreas. Findings could be consistent with chronic remodeling. Additionally, resolving chronic pancreatitis could be present.
- Small, hypoechoic nodule in the liver. This could represent a benign or neoplastic lesion.
- Diffusely prominent muscularis layer in the small intestine with a thickened ileum. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's mild echogenic debris visualized in the urinary bladder and some mild wall thickening. Recommend urinalysis and culture to further evaluate and a recheck evaluate of the apical wall of the urinary bladder in the future.

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The pancreas is prominent and hypoechoic in both limbs, particularly in the left limb. Changes are most consistent with chronic pancreatitis and pancreatic remodeling. It's possible that the previous episode of illness was secondary to pancreatic inflammation?

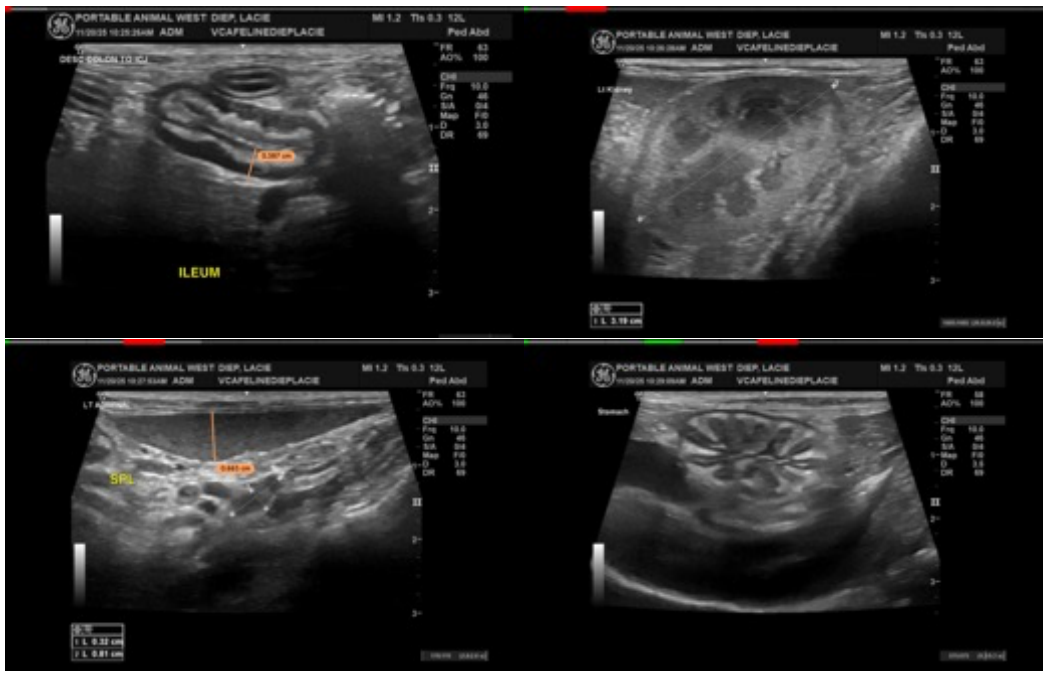
There's a small hypoechoic nodule in the liver. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate.

The small intestine appears diffusely, mildly thickened with a prominent muscularis layer. These changes are most consistent with inflammatory type change. Although early neoplastic change cannot be ruled out. 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 symptoms are persistent, biopsies of the GI tract may eventually be warranted.

If symptoms are persistent, follow up imaging could be considered looking for the progression of today's lesions.



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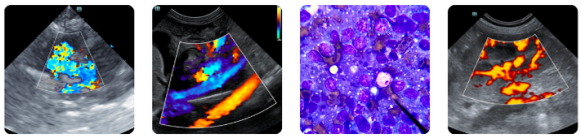

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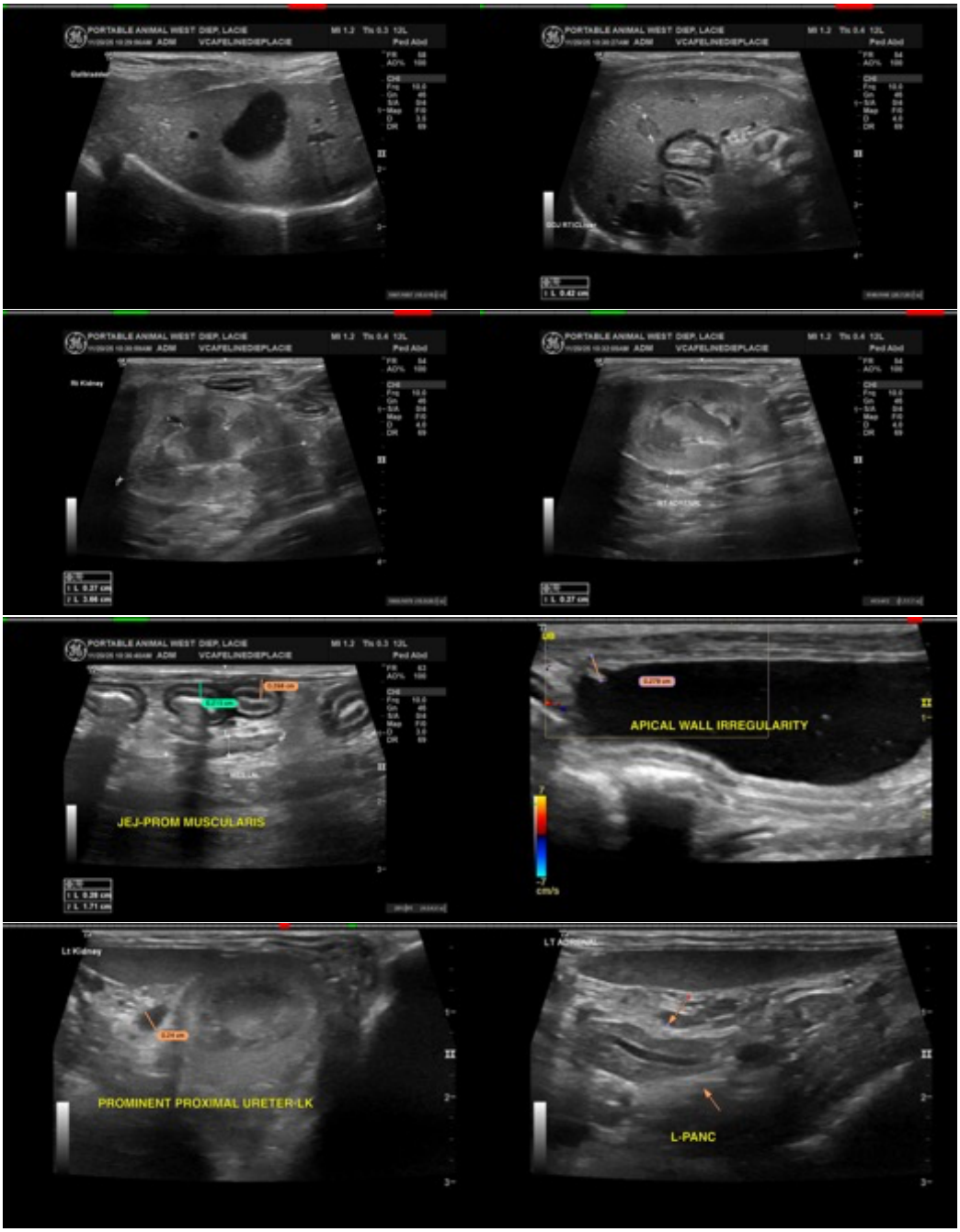

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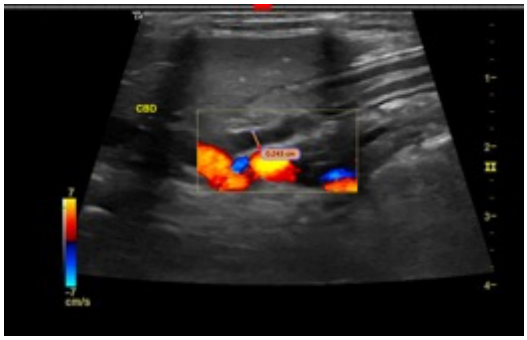

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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