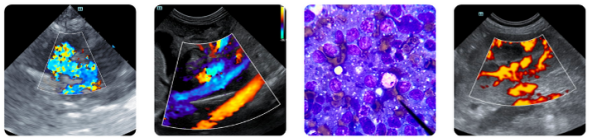


PATIENT

Gimli Zimmerman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

8.75

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroader

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

10817

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

Marked weight loss over past few months, vomiting.

Abnormal PE/Chem/CBC/UA Results: Patient is very thin, thickened intestines/mesenteric lymph nodes on palpation. Monocytosis, mild Spec fPL very elevated at 21. 8 ug/l. T4 normal at 2.7 ug/dl. Renal values normal and USG 1.051, 2 + proteinuria.

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 (4.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a thin, hyperechoic line separating the cortex and medulla, most consistent with medullary rim sign. 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 (4.41 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a thin, hyperechoic line separating the cortex and medulla, most consistent with medullary rim sign. 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 0.4 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.

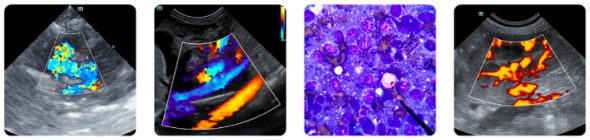
The right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.7 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.



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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 bile duct appears slightly dilated and tortuous measuring at 0.29 cm. No evidence of an obstruction is visualized.

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 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 0.36 cm in diameter and the jejunum measured 0.3 cm in diameter. 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 non-formed fecal material and gas shadowing distally. Descending colon wall measures 0.18 cm with intact wall layering.

Pancreas

The pancreas is large, hypoechoic, irregular, and 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 revealed scant free fluid. There is a significant diffuse lymphadenopathy present with clusters of lymph nodes in the caudal abdomen. Examples measure 0.69 cm, and 0.74 cm in diameter, lymph nodes at the mesenteric root examples measure 0.46 cm x 2.1 cm, and a cluster of lymph nodes in the cranial abdomen measuring 0.88 cm x 1.41 cm, and 0.48 cm. The omentum is of mildly, diffusely hyperechoic.

PRIMARU FINDINGS

- Large, hypoechoic, irregular, mottled pancreas. Findings are most consistent with chronic pancreatic remodeling and chronic pancreatitis. An underlying neoplastic process cannot be ruled out.
- Diffusely thickened small intestine with some areas exhibiting a prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma
- Diffuse moderate mesenteric lymphadenopathy. Findings are concerning for metastatic lymph nodes, although highly active lymph nodes are possible.

SECONDARY FINDINGS

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- Mild medullar rim sign visualized with both kidneys. Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.

- Prominent/mildly tortuous/dilated bile duct. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is very prominent, large, hypoechoic and irregular. There's some mild generalized inflammation in the abdomen, but the pancreas itself does not appear severely inflamed. Findings could be consistent with significant pancreatic remodeling or mild chronic pancreatitis. Infiltrative neoplasia would also be a significant concern. Consider a fine needle aspirate of the left limb of the pancreas.

There's a significant mesenteric lymphadenopathy present. Lymph nodes are concerning for early metastatic lymph nodes, although highly reactive lymph nodes are possible. Consider a fine needle aspirate of a mesenteric lymph node.

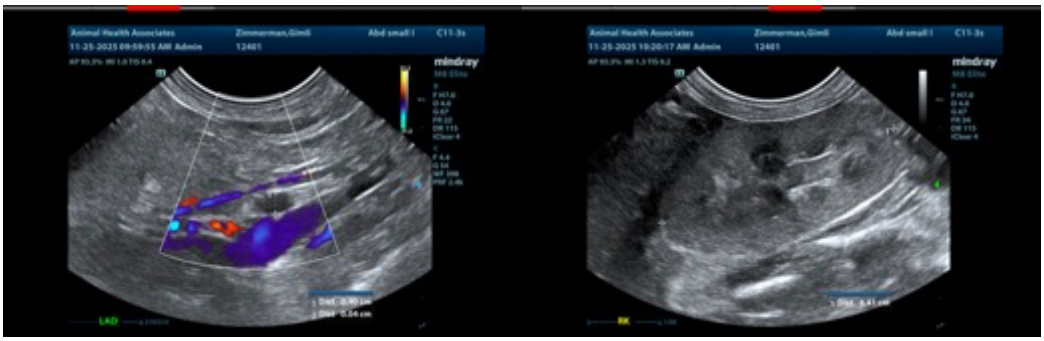
The small intestine appears diffuse "ropey" with a prominent muscularis layer. These changes have the appearance most consistent with inflammatory type change but given the significant lymphadenopathy, early neoplastic change could be considered.

You could consider initial empirical therapy for pancreatitis, and an inflammatory enteropathy with the following:

- Consider an ultra-low-fat/hydrolyzed protein prescription diet.

- 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, and cytologic evaluation is not helpful, surgical biopsies may be warranted.



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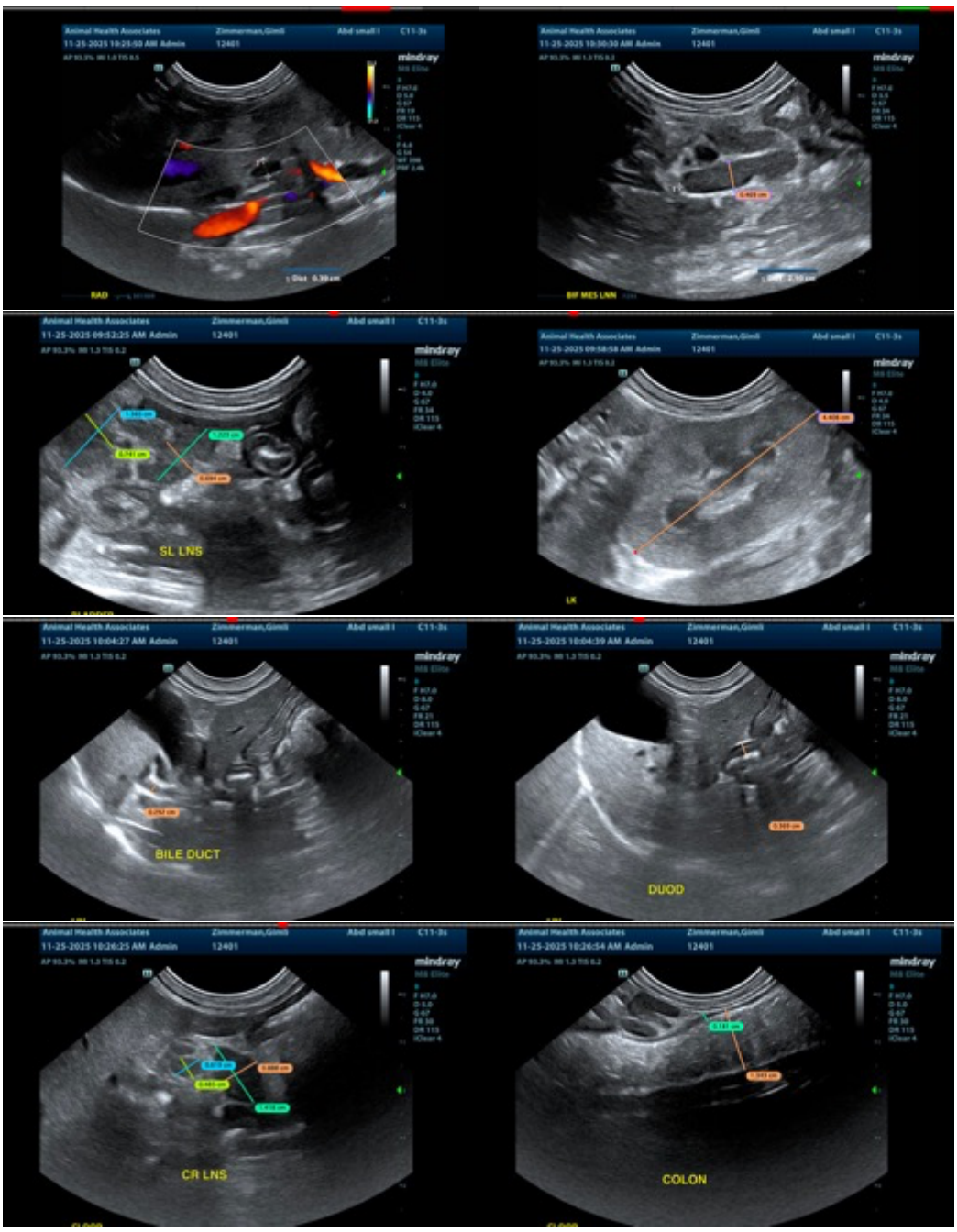

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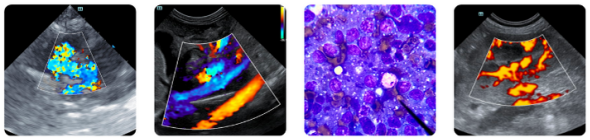

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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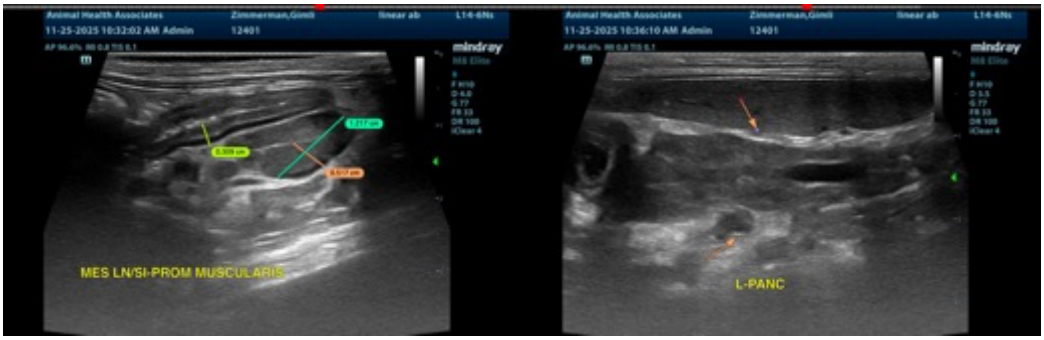

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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