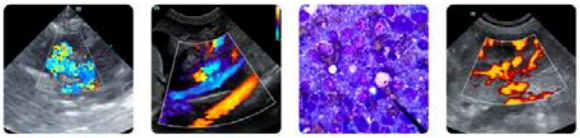


PATIENT

Sage Michels

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 4 Months

WEIGHT

14.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Jordan

INVOICE

72077

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History of stomatitis with full mouth extractions, persistent stomatitis, no response to prednisone, solensia, or dexamethasone injections History of marked ptyalism, hyporexia, weight loss and hiding, Pleural effusion, Grade 3/6 murmur, history of cholangiohepatitis treated at NC state in 2020.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.1, Calcium 8.1, Neutrophilia with left shift, Leukocytosis ALT8, AST 13

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. 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 left kidney measured 4.4 cm.

The right kidney has a normal shape and size (4.63 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 0.46 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 0.36 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.

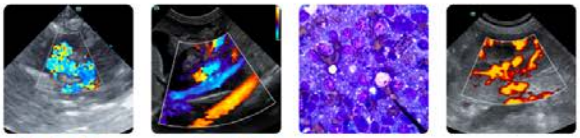
Spleen

The spleen is subjectively normal in size (0.87 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.



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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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 0.24 cm. Jejunum wall measures 0.20 cm. 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 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 mottled and hypoechoic in the cranial abdomen. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. There is no evidence of a severe lymphadenopathy. There are occasional prominent mesenteric lymph nodes. An example measures 0.49 cm. Additionally, the omentum is patchy and irregular with some hyperechoic regions and occasional poorly defined, almost nodular regions. One such area is visualized in the caudal abdomen near the urinary bladder, measuring 1.25 cm in diameter.

Other

There is evidence of pleural effusion cranial to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with pancreatic remodeling and mild chronic pancreatitis.
- Enteritis type pattern visualized associated with the small intestine.
- Generalized irregularity and inflammation of the mesentery with a small amount of free abdominal fluid.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the appearance of generalized irregularity and inflammation to the omentum. There are occasional poorly defined nodular appearing areas, but a discrete mass effect is not visualized. If an area for sampling is available, consider fluid analysis and cytology on the free abdominal fluid. A definitive source of the inflammation is not readily visualized. The pancreas appears somewhat hypoechoic and prominent, most consistent with remodeling +/- mild pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis.

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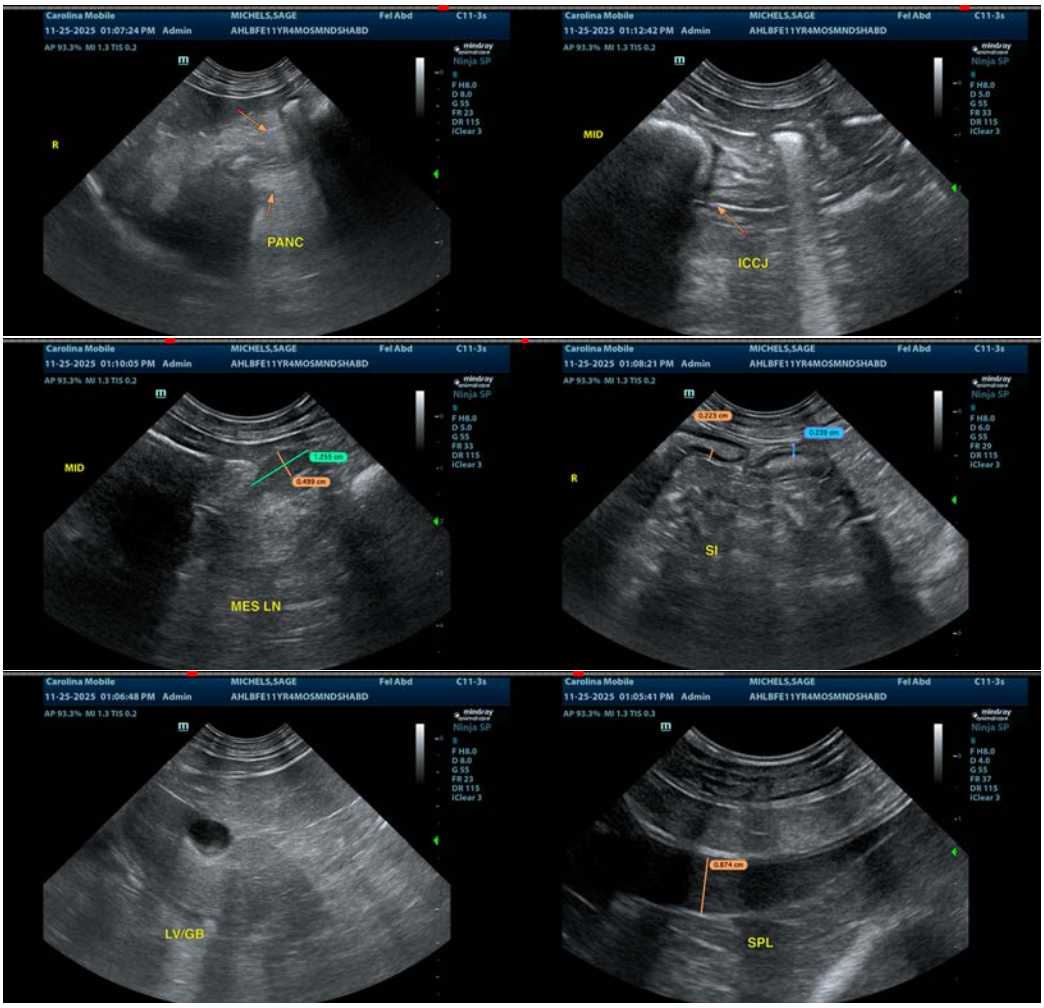
Additionally, some sections of small intestine appear mildly fluid and gas distended with an inflammatory type pattern. No focal lesions are observed.

If not already done, recommend 3-view thoracic radiographs to evaluate the pleural effusion and look for any pulmonary lesions.

Recommend a urinalysis and urine protein to creatinine ratio to look for any evidence of significant proteinuria, as well as a liver function test, looking for liver dysfunction contributing to the low albumin levels reported. If these are ruled out, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for evidence of underlying gastrointestinal disease.



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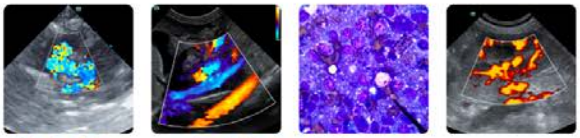

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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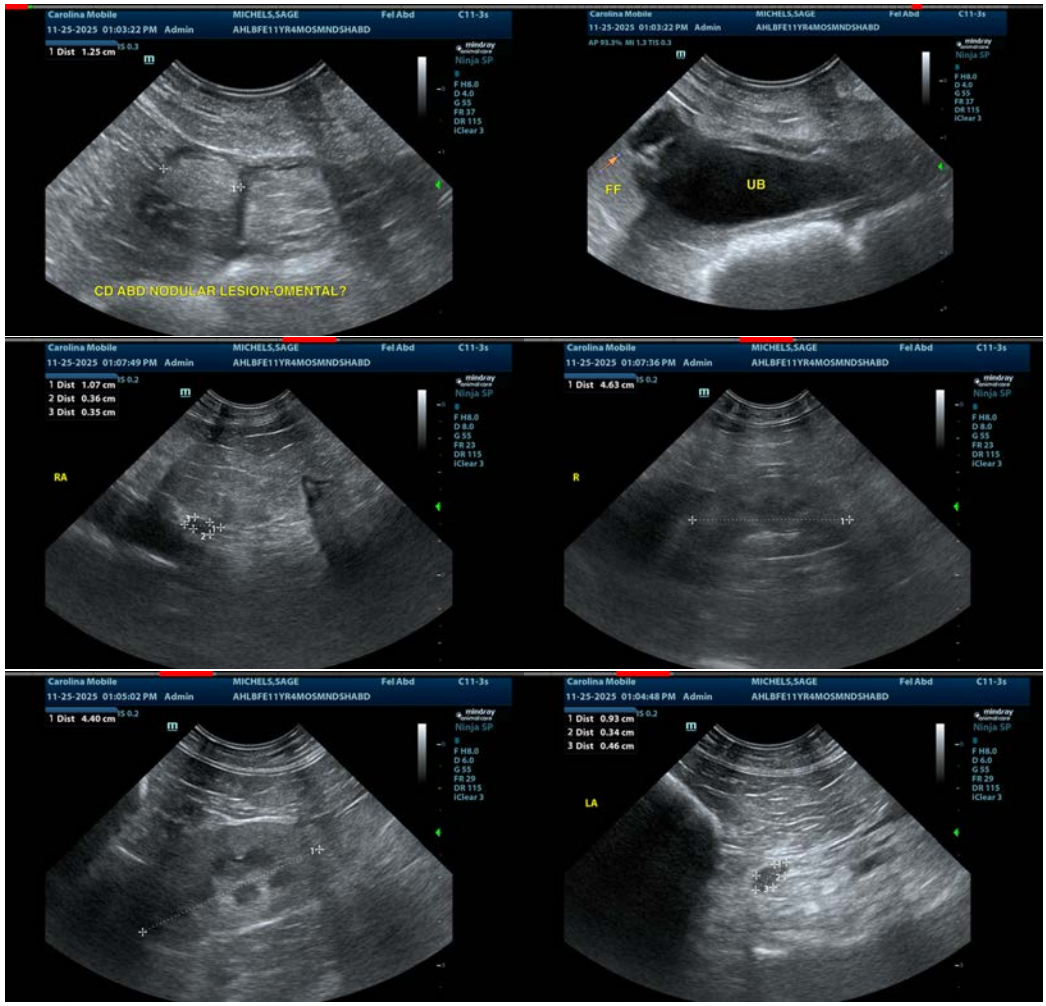

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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