



DATE PRESENTING CLINICAL SIGNS

11/26/25

Patient History: Ongoing weight loss, labs only show very slight BG elevations. No vomiting/diarrhea per owner.

PATIENT

On urinary diet for history of cystitis. Normal appetite per owner. New baby in house.

Daniel Kilberg

Current Medications: Gabapentin for visits.

Labwork Results: Labwork attached, reported as: 11/14/25: glu 195, amyl 2112, PSL 36, T4 2.3 (normal)

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Feline

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

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.

Neutered Male

AGE

The left kidney is normal in size (3.88 cm) but irregular in shape with a 0.81 cm non-obstructive nephrolith visualized. There is a cortical irregularity most consistent with an infarct in the mid regio of the kidney. The cortex is of increased echogenicity, 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 or hydroureter. Renal vasculature is normal.

6/5/12

WEIGHT

The right kidney has a normal shape and size (3.7 cm). There is a small shadowing non-obstructive nephrolith measuring 0.21 cm, and mild pyelectasia at 0.17 cm. The cortex is of mildly increased echogenicity, with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is hyperechoic mesentery most consistent with inflammation and scant free fluid in the region of the right kidney. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

11.6 lbs

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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.

HOSPITAL NAME

Everhart Veterinary
Hospital Cross Keys

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.

REFERRING VET

Dr. Notarangelo

Spleen

The spleen is subjectively normal in size (0.92 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.

INVOICE

72163

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 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 0.32 cm. Jejunum wall measures 0.23 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. 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

- Left-sided renal infarct and non-obstructive nephrolith and small right-sided nephrolith and pyelectasia noted – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes consistent with mild pancreatitis in both limbs.
- Subjectively mildly “ropey” small intestine – Findings could be consistent with mild inflammatory type change.
- Scant free fluid and inflammation in the region of the right kidney/right cranial abdomen.

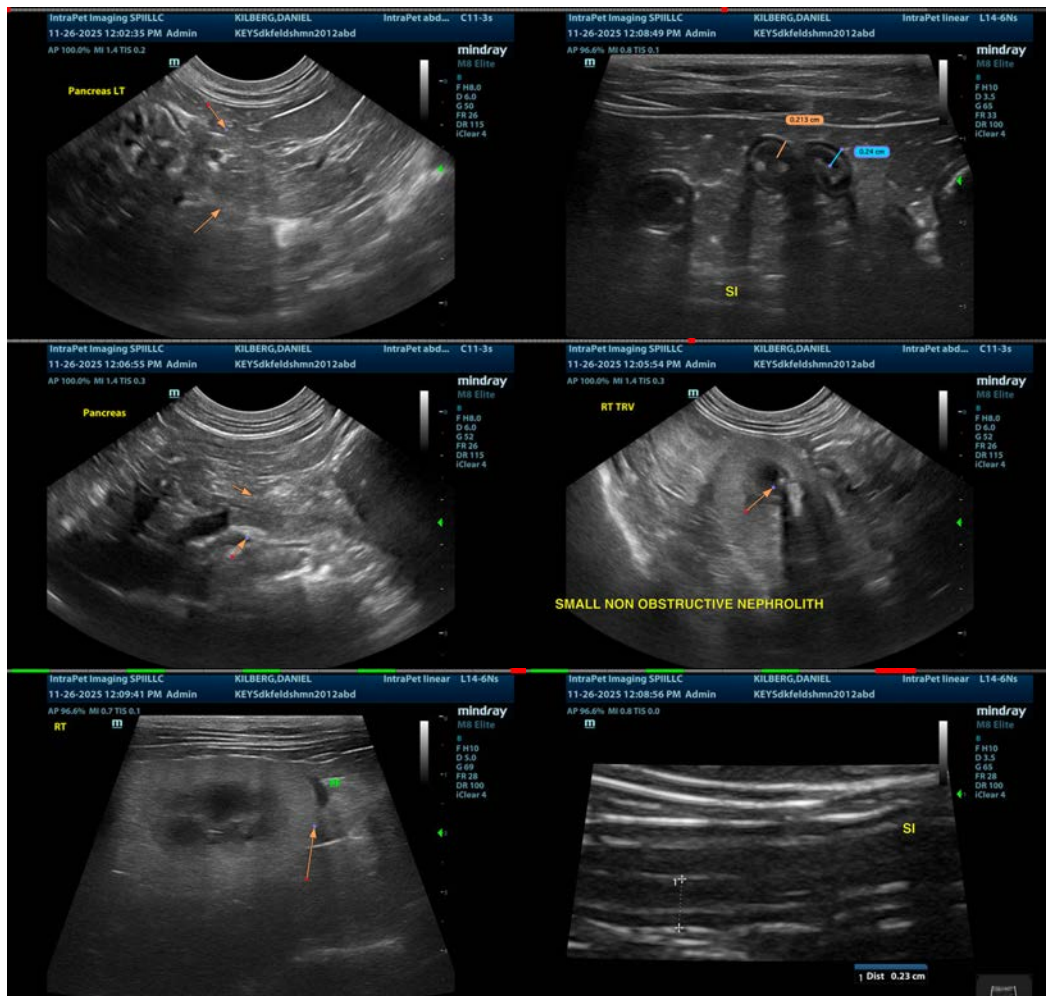
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

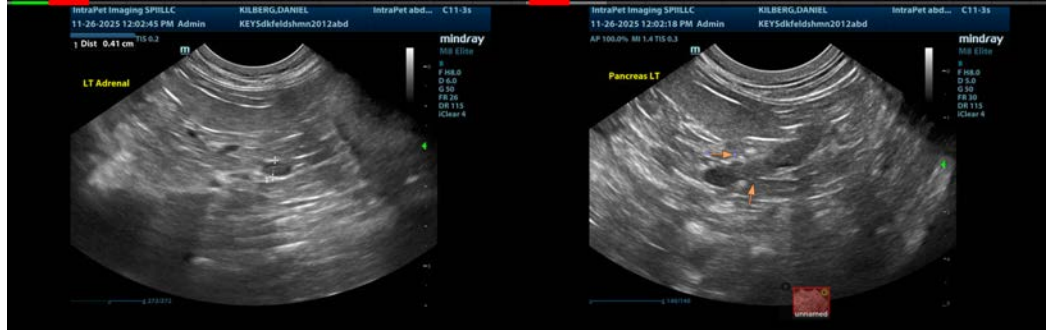
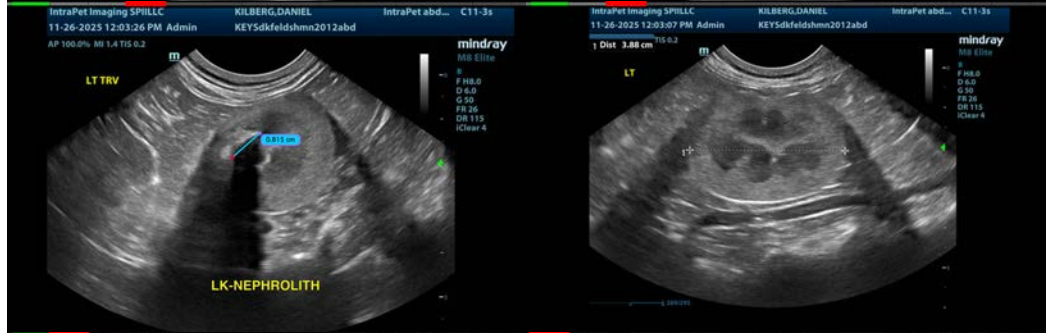
There are relatively mild chronic changes visualized associated with both kidneys. There is surrounding inflammation and scant free fluid around the right kidney. A definitive source for this inflammation is not identified. Based on the urinalysis submitted, pyelonephritis seems unlikely, and there is no evidence of an

obstruction. It is possible that the right limb of the pancreas in this region is causing inflammation. Correlate these findings with PLI level and consider empirical treatment for pancreatitis.

The small intestine appears subjectively mildly “ropey”. Given the weight loss reported, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further assess the pancreas (as discussed above) and to look for additional evidence of underlying gastrointestinal disease.

If symptoms are progressive and a cause for the inflammation/changes is not observed, you could consider repeat imaging in the future, looking for improvement or progression of today’s changes.





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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