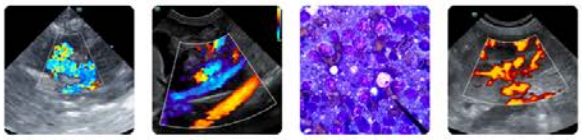


PATIENT

Oliver Riley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 4 Months

WEIGHT

15 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

72105

DATE

11/26/25

PRESENTING CLINICAL SIGNS

light sedation butorphanol, tense abdomen- 11/24/2025- Patient presented to emergency with anorexia and lethargy yesterday 11/24/25. Anorexia of at least two days duration. No known V but some D noted. Radiographs generally unremarkable. Received Cerenia and Convenia injections and sent home with Elura, buprenorphine and a sucralfate slurry. Clinical signs persisted overnight. Indoor only.11/25/2025 presented-Suspect acute gastroenteritis Start Mirataz q24 stop other appetite stimulant given at ER. Continue buprenorphine at home. LRS 125ml SQ Cerenia 0.69ml SQ

Abnormal PE/Chem/CBC/UA Results: 11/25/2025- PrecisionPSL 96 (8 - 26) LABs and RAD report attached from ER 11/24/2025

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 (3.75 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 (4.15 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 0.50 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.

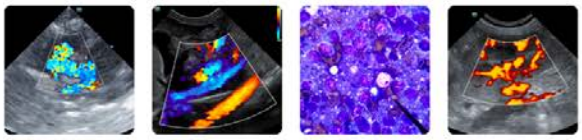
The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.76 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 cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears prominent and mildly thickened, measuring at 0.43 cm. 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. Jejunum wall measures 0.31 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 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

There is scant free fluid noted. There is a moderate diffuse lymphadenopathy with prominent, rounded, hypoechoic mesenteric lymph nodes. Examples measure 0.42 cm and 0.52 cm. There is an irregular grouping/cluster of mesenteric lymph nodes measuring 2.18 cm x 1.24 cm. A lymph node at the ileocecal junction measures 0.55 cm x 1.19 cm. A pancreaticoduodenal lymph node measures 0.63 cm in diameter. The mesentery is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Prominent/thickened gastric wall with intact wall layering/thickened gastric wall.
- Diffusely thickened small intestine with prominent muscularis – 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 most consistent with highly reactive or early neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen generally appears inflamed, and there is a significant lymphadenopathy present. If a safe window for sampling is available, consider a fine needle aspirate, as these could represent highly reactive or neoplastic lymph nodes.

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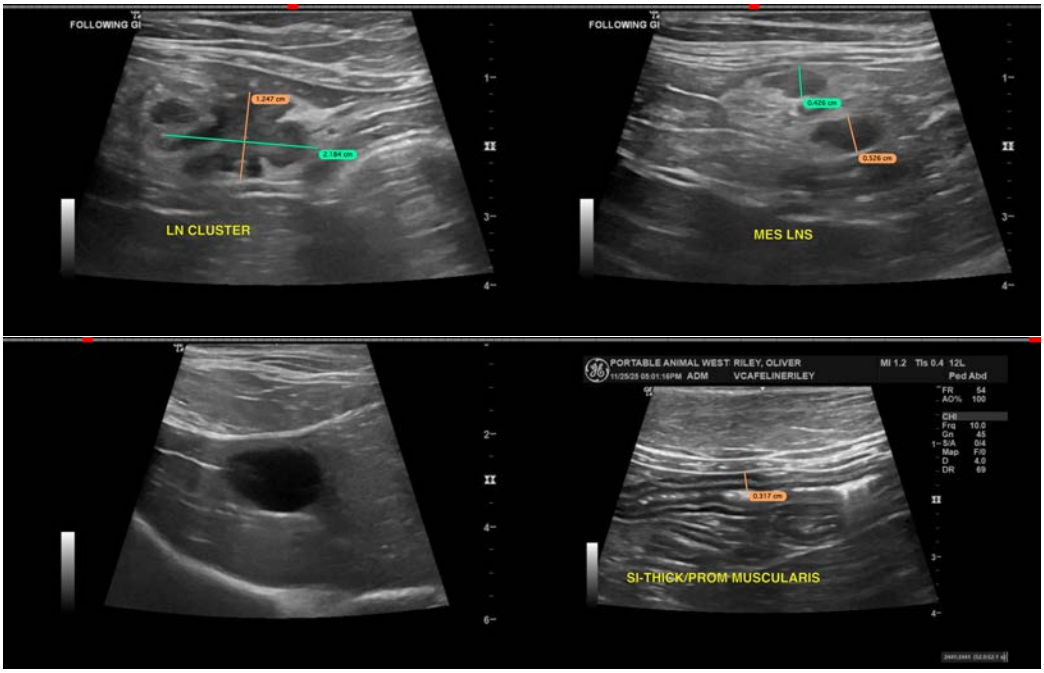
The small intestine appears diffusely ropey with a prominent muscularis layer. Generally, these changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out.

The pancreas shows evidence of chronic pancreatic remodeling. Given the elevation in pancreatic values, chronic pancreatitis is also likely.

Recommend empirical treatment for acute gastroenteritis/pancreatitis. If a more chronic process 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 symptoms are persistent and/or cytology is not possible, consider repeat imaging in the future, looking for improvement or progression of today's lesions.



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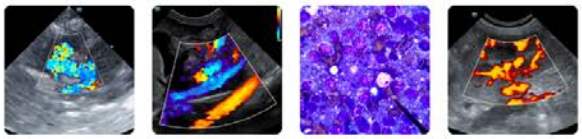

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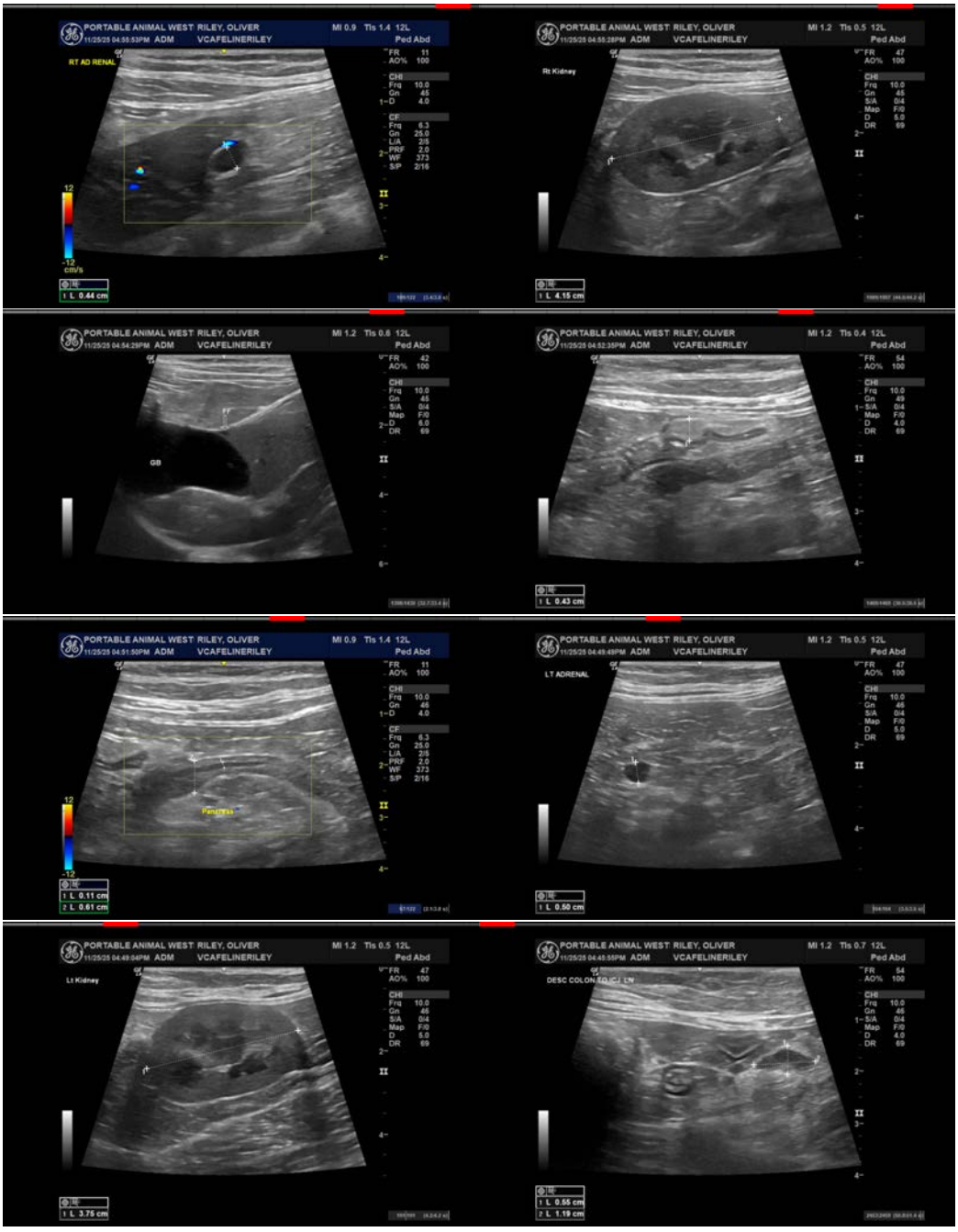

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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