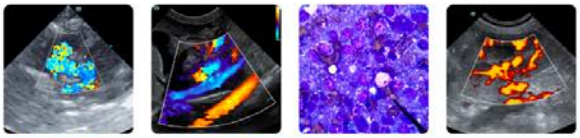


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Simba Slack

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

4.91 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Novel Vet Clinic

REFERRING VET

Dr. Gibbs

INVOICE

72134

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Chronic vomiting with suspected chronic pancreatitis. Previously stable on urinary SO; symptoms worsened after brief D/D diet trial. Now vomiting ~36 hrs after Cerenia and showing increased nausea. History of recurrent pancreatitis, idiopathic cystitis, and recent oral/skin inflammatory masses (biopsied; chronic pleocellular dermatitis/panniculitis; culture grew *Psychrobacter*, broadly sensitive). Currently using Cerenia PRN. Ultrasound requested to assess for pancreatitis, IBD, or other GI disease. Returned to SO diet. Current Medications Cerenia 16mg (as needed for chronic pancreatitis) Mirtazapine 2mg (appetite stimulant as needed) Gabapentin liquid (for pain/sedation) Metacam (anti-inflammatory, as needed)

Abnormal PE/Chem/CBC/UA Results: Lab Results Sep 16, 2025 | Hematology | Reticulocyte Hemoglobin = 13.5 Abnormal Sep 16, 2025 | Hematology | WBC = 1.7 Abnormal Sep 16, 2025 | Hematology | Neutrophils = 0.93 Abnormal Sep 16, 2025 | Hematology | Lymphocytes = 0.52 Abnormal Sep 16, 2025 | Hematology | Eosinophils = 0.15 Abnormal Sep 16, 2025 | Chemistry | Calcium = 2.1 Abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.54 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 (4.37 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.

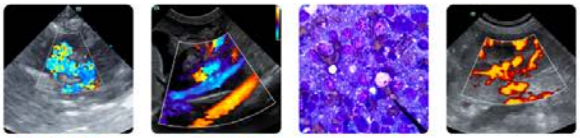
Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.30 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 (0.99 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.



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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 gallbladder has a duplicate conformation. The gall bladder lumens are moderately distended. The walls of the gall bladders are not thickened and have 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of the pancreas is normal and isoechoic to surrounding mesentery. 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 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

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Duplicate gallbladder – This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized associated with the pancreas or GI tract to explain the chronic vomiting reported. Unfortunately, there are many causes for chronic vomiting that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- 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.

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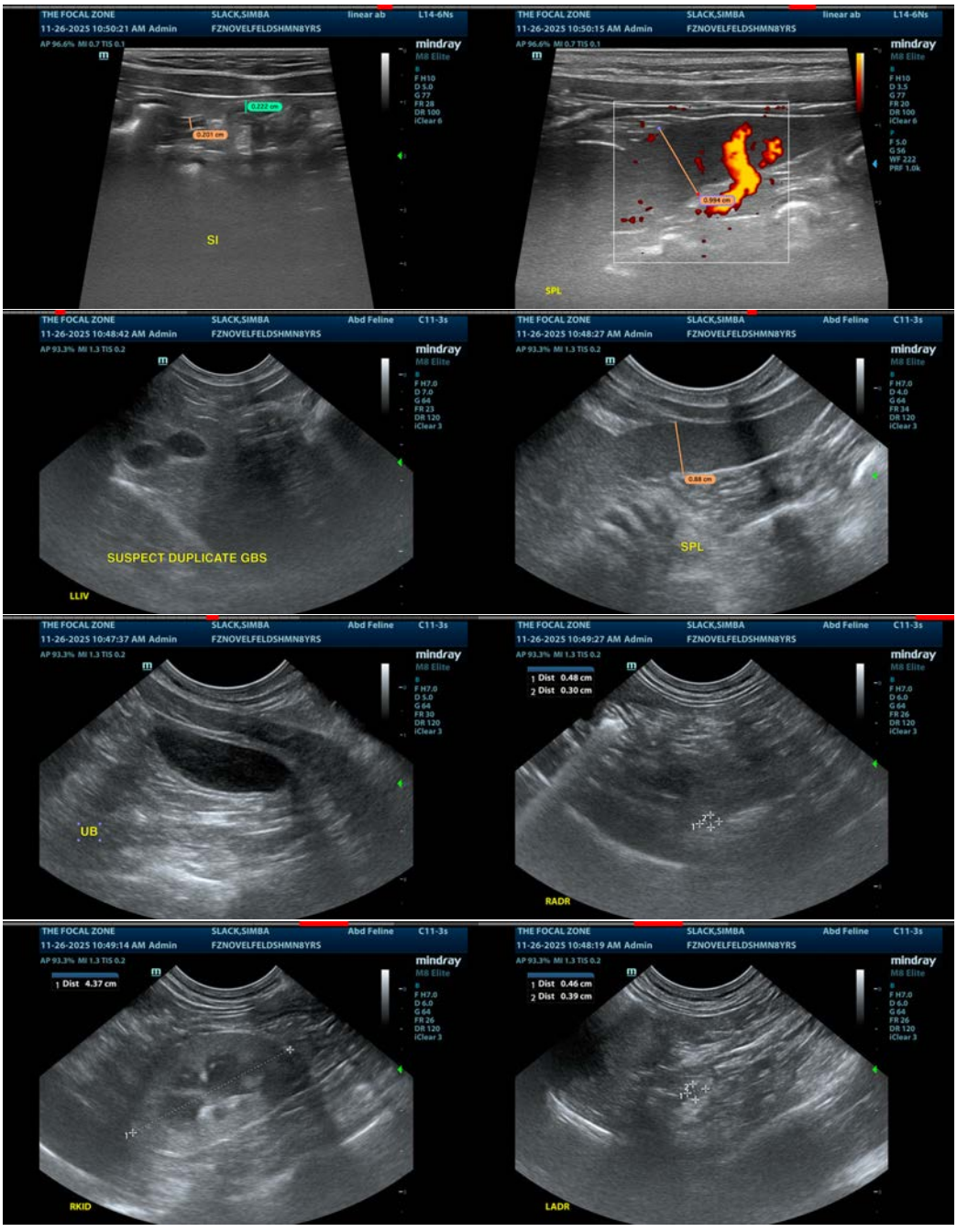
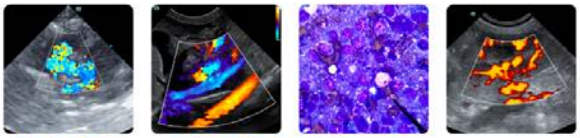
Consider a diet trial with a combination hydrolyzed protein/ultra low-fat diet, which could address both a food allergy/IBD and mild pancreatitis (Royal Canin has a diet such as this). Additionally, consider endoscopic GI biopsies if symptoms are persistent to further evaluate for an underlying enteropathy.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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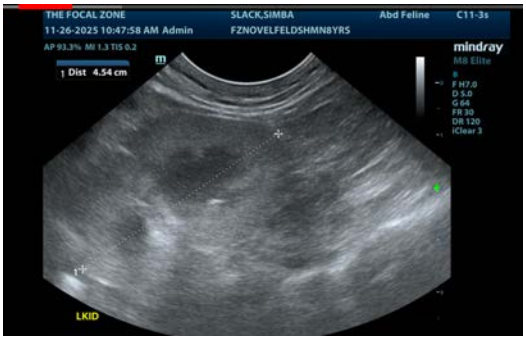

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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