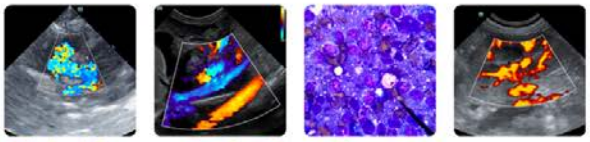


PATIENT

Suma Stewart

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

6.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Kristen Carpenter

INVOICE

72148

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Hx: Patient was sedated with butorphanol. 2 day history of drooling and inappetence as well as lethargy. No known vomiting or diarrhea. Recent 1 pound weight loss noted. On exam, a full oral exam could not be performed as patient is fractious and she was tense/uncomfortable on abdominal palpation. Cranial abdominal organomegaly or a mass effect was also noted on abdominal palpation. Radiographs were not taken. Full bloodwork performed including total T4: Blood glucose 172 (suspect stress hyperglycemia), WBC 22.2 (H), Neut 20.6 (H), mild lymphopenia and mild monocytosis. T4 1.3 (normal). Patient was sent home with prednisolone (tapering anti-inflammatory dose). miratаz and a convenia injection was given pending US exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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. Full evaluation of the urinary bladder is impaired by lack of urine distention.

The left kidney has a normal shape and size (2.92 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.67 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.23 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.

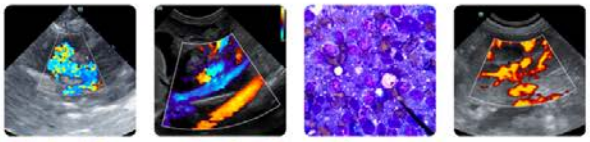
The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.71 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. Hyperechoic dependent sandy/mineralized debris is present. The bile dut appears mildly prominent and tortuous measuring at 0.23 cm.

Gastrointestinal

The stomach contains moderate gas. 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. The pylorus appears fluid and gas distended. No evidence of an obstruction is clearly visualized. Gas artifact interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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 0.21 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 left limb of the pancreas is prominent and mottled 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

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

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with pancreatic remodeling.
- Mineralized gallbladder debris with prominent bile duct – The significance of this in the absence of liver enzyme elevations is uncertain. Chronic Ursodiol therapy could be considered.
- Mild fluid and gas distention of the stomach – No focal lesions are visualized, but gas interference obscures some areas of the stomach. The pylorus is mildly fluid distended. An obstruction is not clearly visualized but cannot be definitively ruled out.
- Diffusely “ropey” 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.

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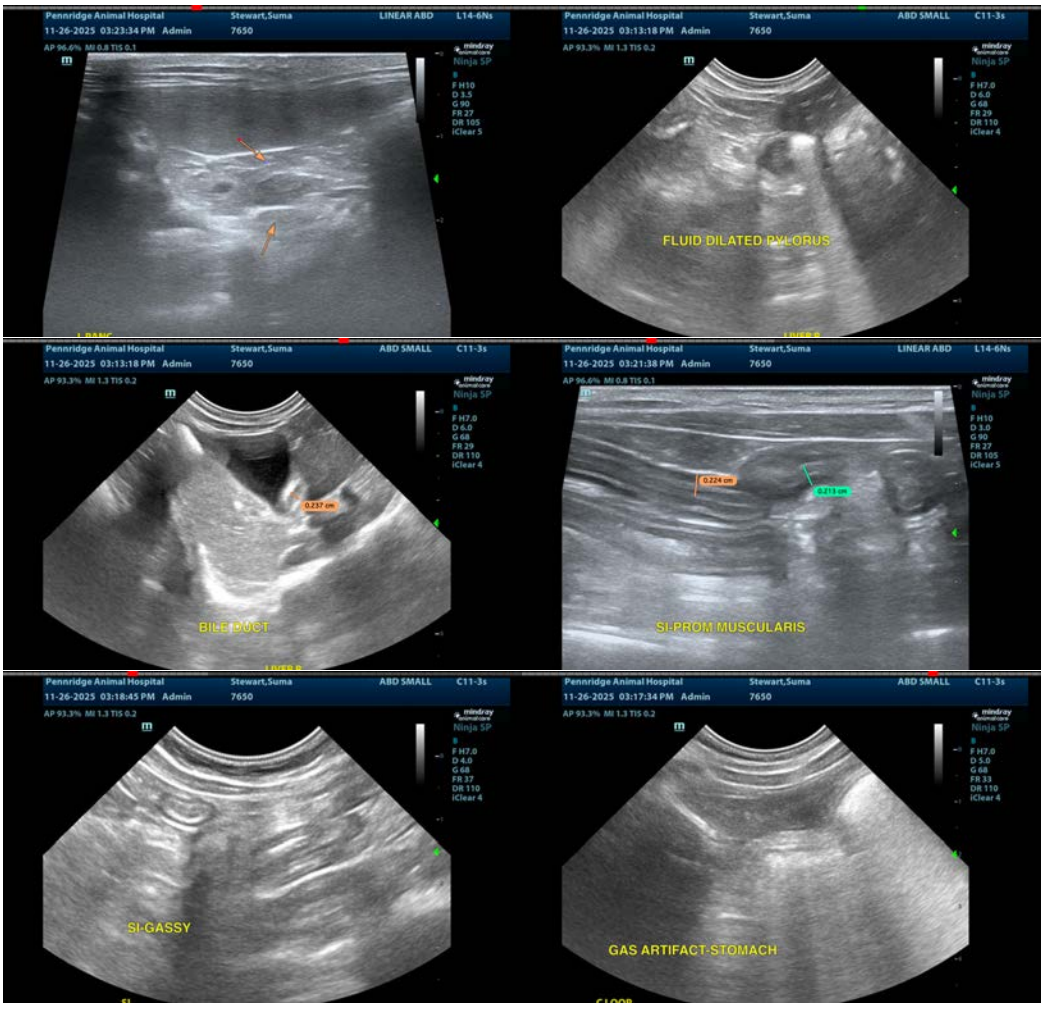
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely "ropey" with prominent muscularis layer. These changes could be consistent with a chronic enteropathy. The symptoms described are acute, so it's not clear if these two things are related.

The majority of the stomach appears normal but there is significant gas interference (possibly secondary to vocalization?), which interferes with full evaluation of the stomach. The pylorus appears somewhat fluid distended, but an obstruction is not clearly visualized. Correlate findings with abdominal radiographs, looking for any evidence of foreign material, an obstructive pattern, etc. If symptoms are persistent, consider repeat imaging, looking for the development of an obstructive pattern.

There is mineralized debris visualized within the gallbladder. The significance of this in the absence of liver enzyme elevations is uncertain. Chronic Ursodiol therapy could be considered.

For now, consider treatment for acute gastroenteritis, and close monitoring.



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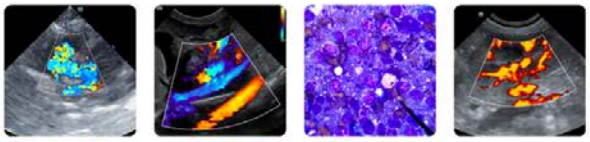

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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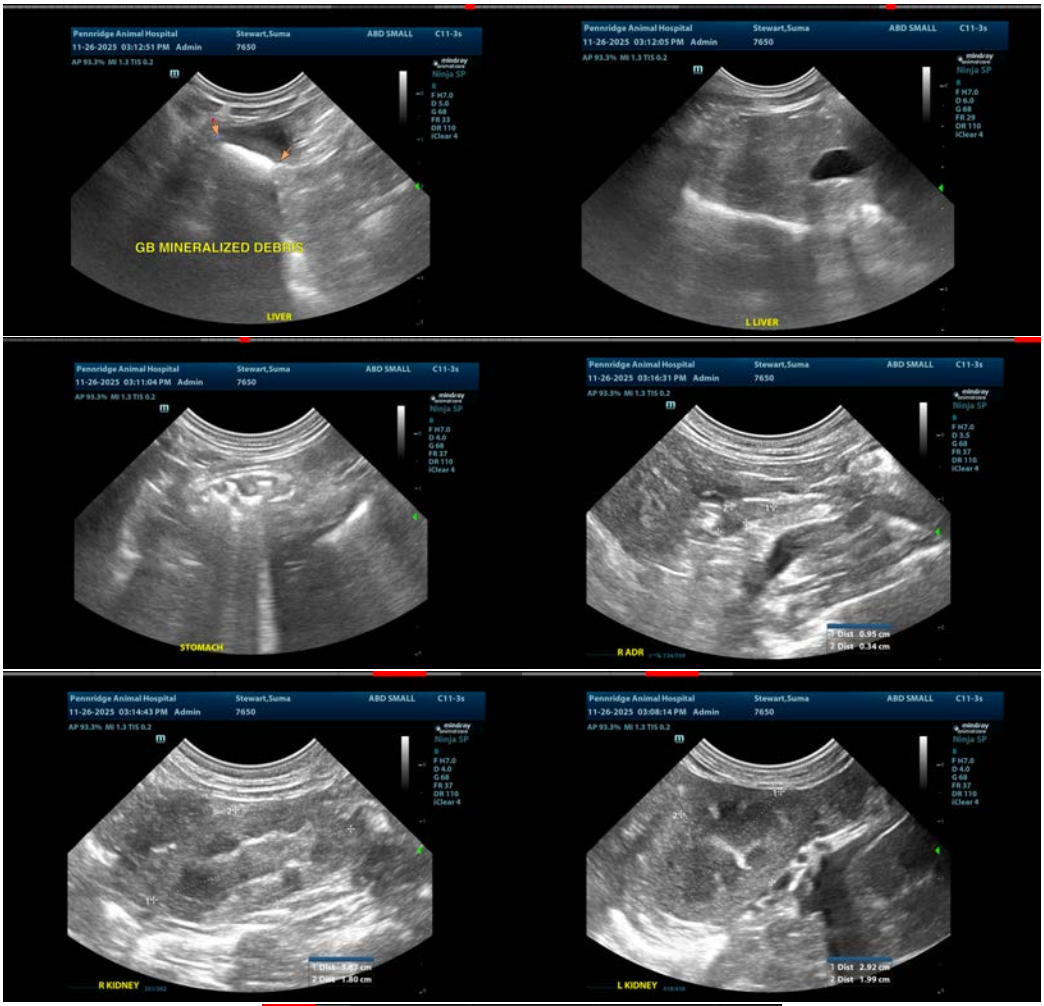

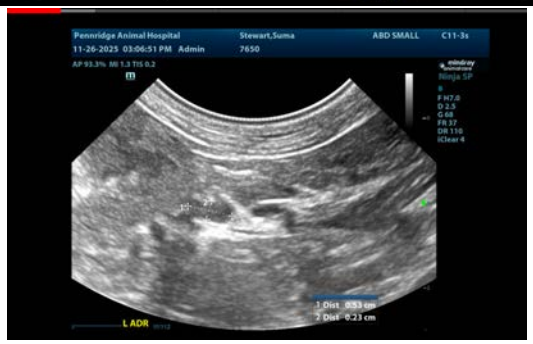

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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