



DATE PRESENTING CLINICAL SIGNS

11/28/25 Patient History: 3lb weight loss since 10/2024 which cannot explain; Grade II heart murmur

PATIENT

Justin Snyder Current Medications: None listed.
Labwork Results: Labwork attached, reported as: CBC – nsf. Chemistry - Ca 11.6 (11.2 top of reference range)
Ionized fasted calcium - 0.75 (low)

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

5/29/12

The left kidney is small in size (1.96 cm) with significantly reduced corticomedullary distinction. The cortex is of increased echogenicity. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.95 Pounds

The right kidney has a normal shape and size (4.45 cm). Overall echogenicity is slightly hyperechoic with decreased 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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

Chadwell AH

The right adrenal gland is normal in size measuring 0.43 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. Schaupp

Spleen

The spleen is subjectively normal in size (0.82 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

35684

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. The duodenum measured 0.32 cm in diameter, and the jejunum measured 0.24 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The descending colon wall appears mildly thickened (0.24 cm) with intact wall layering. Sections of colon are visualized with non-formed fecal material and gas shadowing distally.

Pancreas

The pancreas is prominent, mottled 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 no free fluid. There are occasional prominent lymph nodes. A lymph node near the ileocecal junction measures 0.32 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with a small hyperechoic left kidney. Findings are most consistent with chronic renal disease and a fibrotic kidney.
- Pancreatic changes consistent with chronic pancreatic remodeling and chronic active pancreatitis.
- Segmental thickening of the 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.
- Mildly thickened/prominent colon wall. Findings could be consistent with mild colitis.

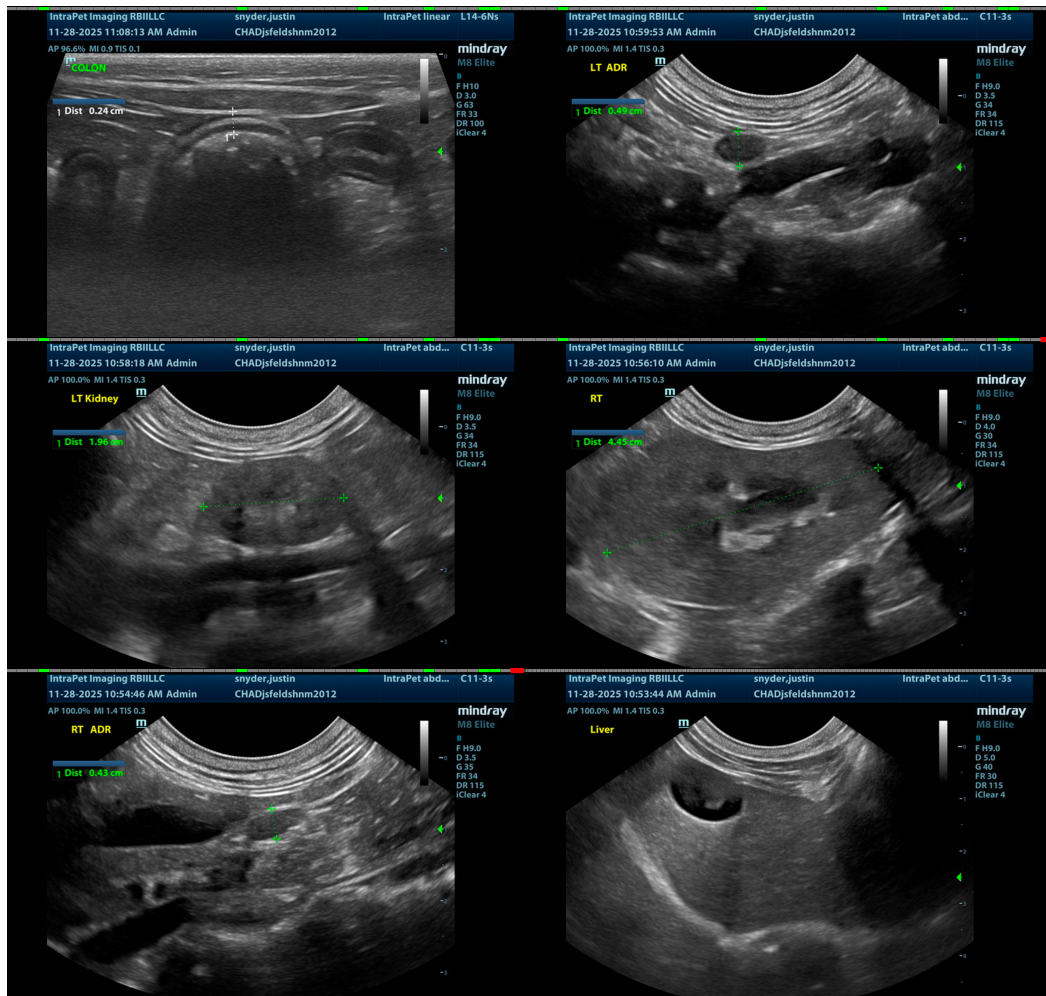
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

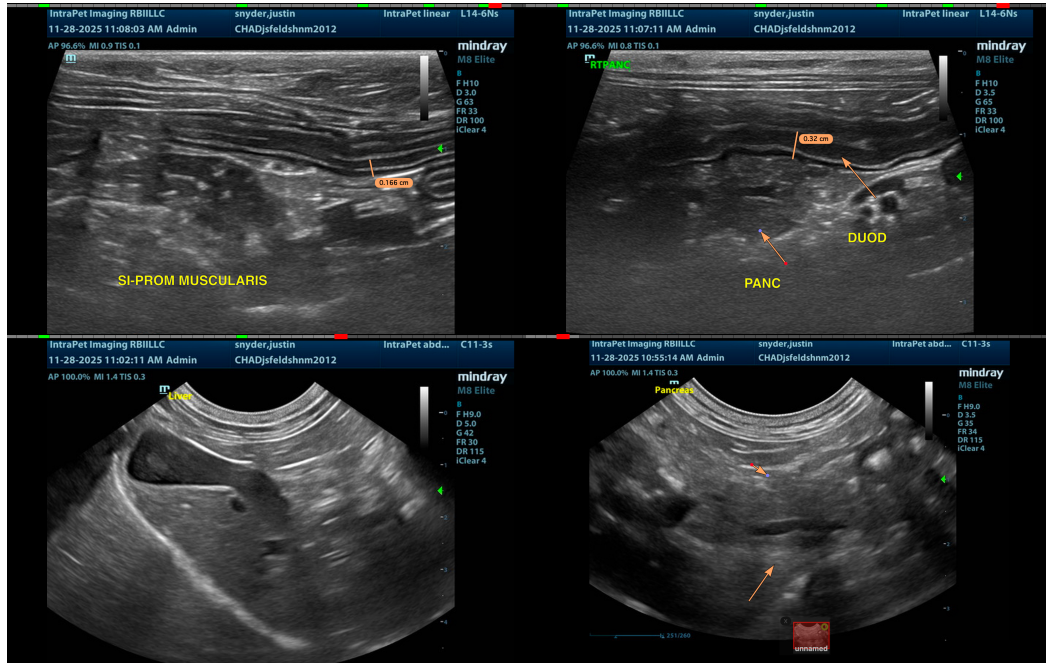
The pancreas is prominent, hypoechoic, and mottled in both limbs with prominent pancreatic duct and minimal surrounding inflammation. These changes are most consistent with pancreatic remodeling, but

chronic active pancreatitis is suspected. Correlate with a PLI level; if this is significantly elevated, then consider treatment for chronic pancreatitis.

There are bilateral renal changes, potentially consistent with chronic renal disease. Correlate current renal values with urine concentrating ability +/- a urine culture, blood pressure, and urine protein to creatinine ratio.

Some areas of the small intestine appeared mildly thickened with a prominent muscularis layer. These changes are most consistent with inflammatory type change. Consider further evaluation with a GI panel (to Texas A & M) for a qualitative FPLI, TLI, Cobalamin, and folate, looking for additional evidence of an underlying enteropathy. If significant changes are present, further evaluation may be warranted.





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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