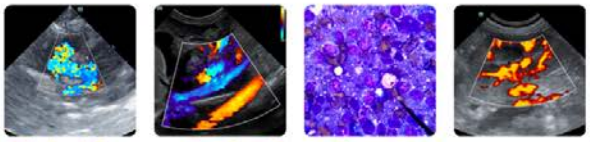


PATIENT

Rosa Coley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

72517

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Previous dx of presumptive IBD initially diagnosed via AUS 9/2023. About 2 months ago patient started having focal tremors/twitching @ home Hypercalcemia diagnosed on bloodwork; pred Rx rec'd. Owner reported lethargy on pred; resolved once owner discontinued. Head tremors have returned and persisted but have not increased in severity despite not being on any meds. Intermittent picky appetite; no hx of vomiting or diarrhea noted.

Abnormal PE/Chem/CBC/UA Results: lean BCS, otherwise NSF on PE BW: BUN 23, Creat 1.8 SDMA WNL Ca++ elev 12.6 CBC: Plt 196, adequate on smear Recheck Tca/iCa/PTH: Ca: 13.5 iCa: 1.73 PTH: < 0.5 Started on alendronate 3 weeks ago; ongoing poor appetite and intermittent twitching but otherwise patient doing well. Recheck ionized calcium pending (drew today) Thoracic rads (3 view) taken today: NSF Weight gain noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally 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. Lack of urine distention somewhat impairs full evaluation of the urinary bladder.

The left kidney has a normal shape and size (3.42 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 (3.9 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

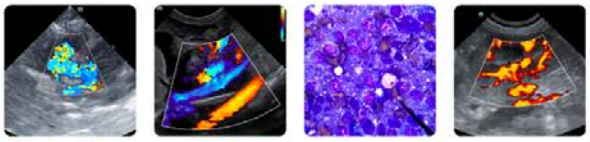
Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.40 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 (0.85 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.



PATIENT

Rosa Coley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

INVOICE

72517

DATE

12/11/25

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 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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.22 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 pancreas is prominent, hypoechoic, and slightly irregular in both limbs. 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. There is no significant lymphadenopathy noted. The pancreaticoduodenal lymph node is slightly prominent measuring 0.39 cm x 0.69 cm.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic pancreas in both limbs – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have decreased corticomedullary distinction similar to the previous scan from 9/2023. Additionally, the pancreas is prominent in both limbs. This was evident on the previous scan as well, suggestive of possible chronic remodeling and inflammation. Correlate with a PLI level, looking for active pancreatitis.

The GI changes are minimal. This does not rule out a primary enteropathy but there has been no progression in the appearance of the GI tract.

PATIENT

Rosa Coley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Justin Vaughn

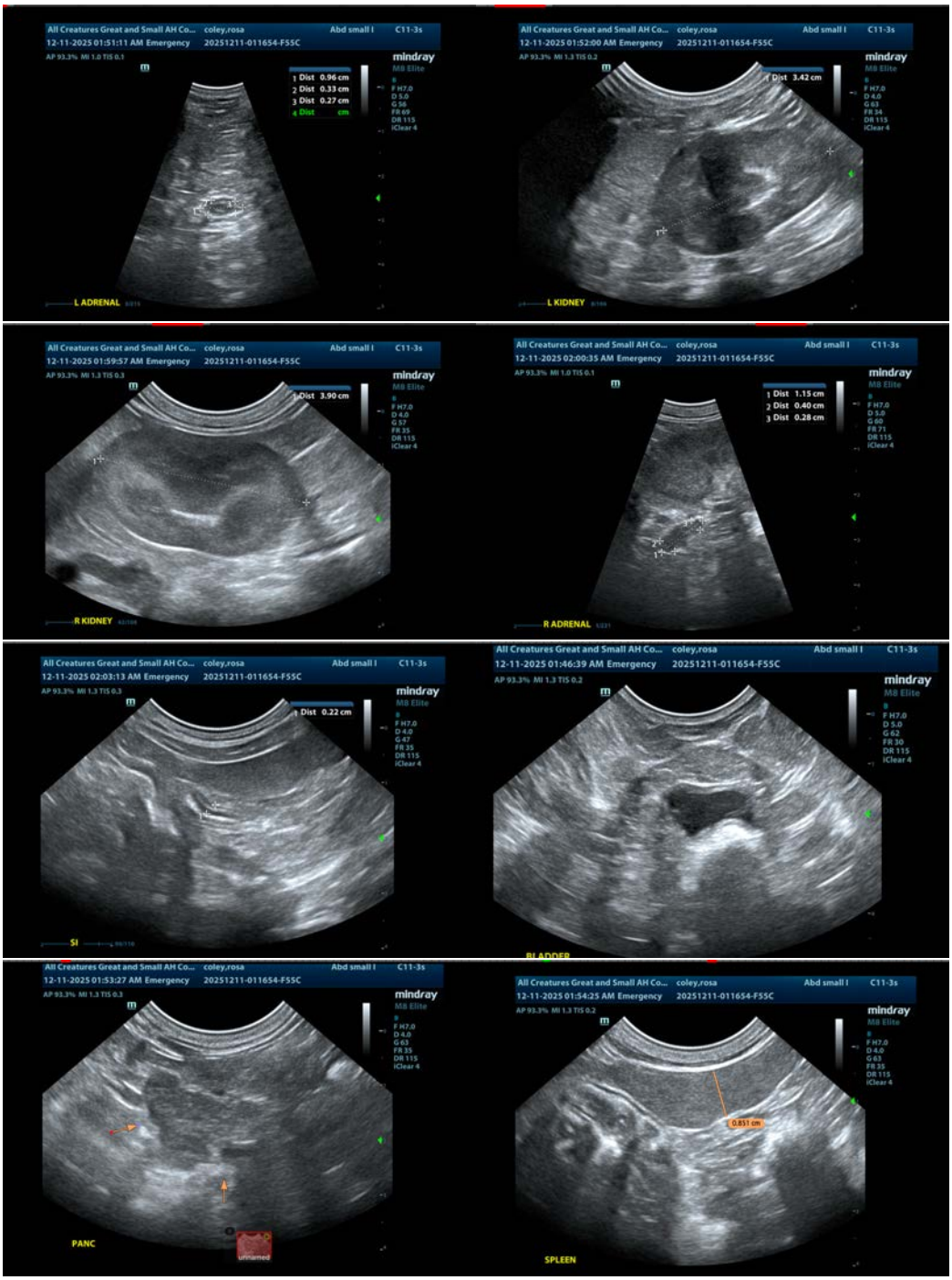
INVOICE

72517

DATE

12/11/25

No focal mass lesions are observed, and there is no evidence of a significant lymphadenopathy. If not already done, a PTHrP level could be considered, and possibly a digital rectal exam (if the patient will allow) to palpate for any anal gland lesions, unseen oral lesions, etc.



PATIENT

Rosa Coley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

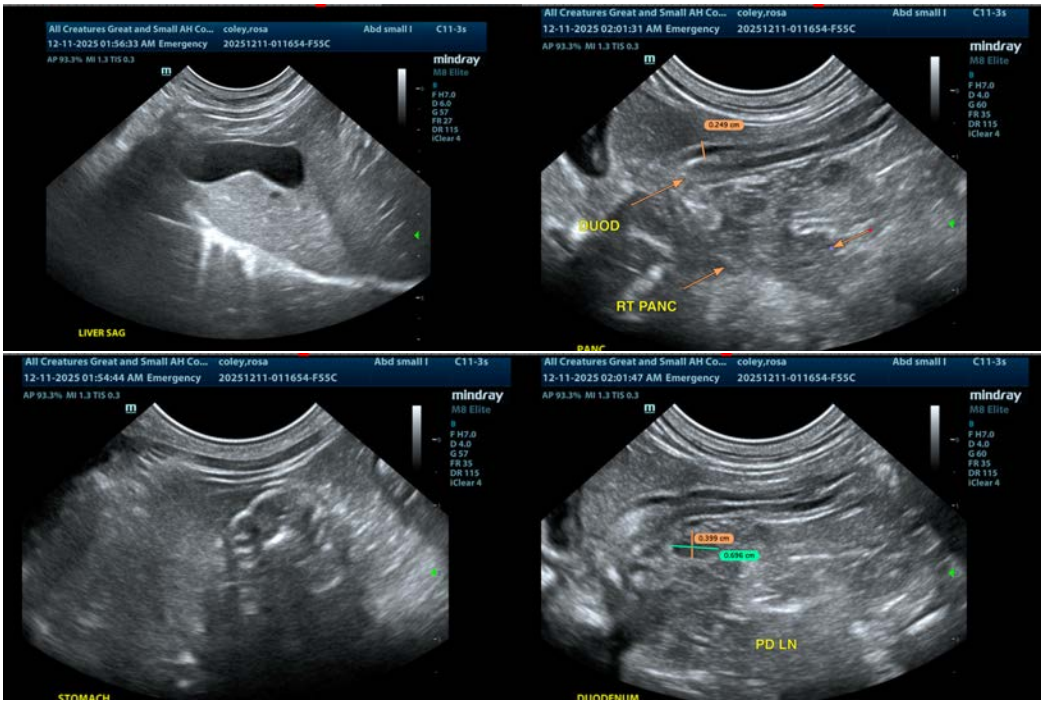
Dr. Justin Vaughn

INVOICE

72517

DATE

12/11/25



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