PATIENT

Sebastian Depasquale

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great & Small Fairfield

REFERRING VET

Dr. Perez

INVOICE

72510

DATE

12/11/25

PRESENTING CLINICAL SIGNS

WT loss, polyphagia, diarrhea. BCS 3.5/9

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 (4.43 cm). The cortex is of increased echogenicity 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 (4.72 cm). The cortex is of increased echogenicity 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 0.31 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 0.32 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 (0.95 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.

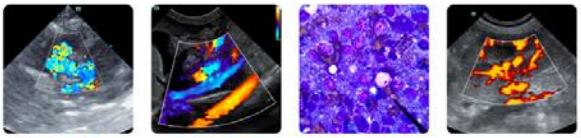
Liver

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.

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 a large amount of shadowing ingesta and fluid. 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 large amount of



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intraluminal shadowing material interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/chyme. 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.

The descending colon appears distended with non-formed fecal material, and the colon wall appears slightly thickened at 0.31 cm with intact wall 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

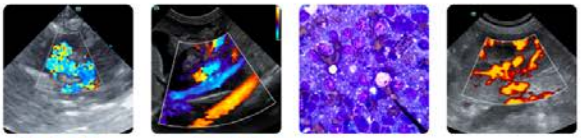
- Fluid/ingesta distended stomach and small intestine – Shadowing ingesta visualized within the stomach interferes with full evaluation of the stomach and some areas of the cranial abdomen. If the patient was adequately fasted, this likely represents gastrointestinal ileus.
- Mildly thickened descending colon wall with intact wall layering – Findings are most consistent with colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract. The stomach is significantly distended with gas and shadowing ingesta, suggestive of a non-fasted patient. If the patient was adequately fasted, this could indicate delayed gastric emptying. A partial outflow tract obstruction is not visualized but this cannot be definitively ruled out. Consider the following:

- If not already done, recommend full biochemical evaluation as well as thyroid testing.
- Recommend empirical deworming and parasite screening.
- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to screen for exocrine pancreatic insufficiency, cobalamin deficiency, etc.
- Recommend a hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.

If symptoms are persistent despite taking these measures, biopsies of the GI tract may eventually be warranted for further evaluation. Additionally, you could consider repeat imaging in the future, looking for the development of new lesions (ideally with a prolonged fast prior to screening).



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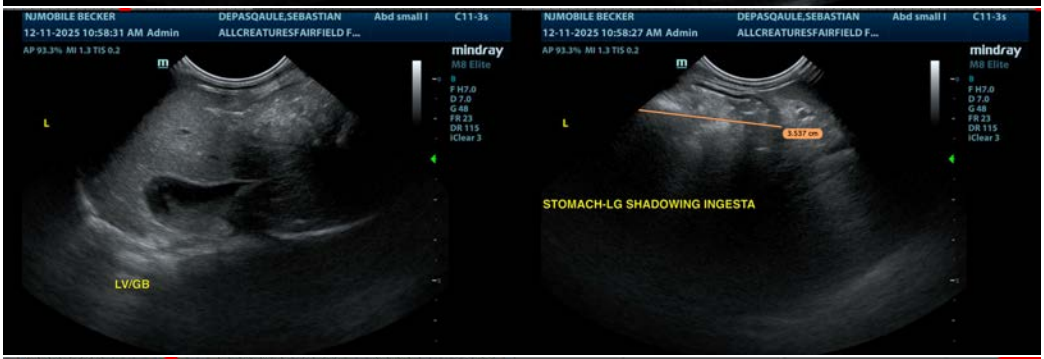
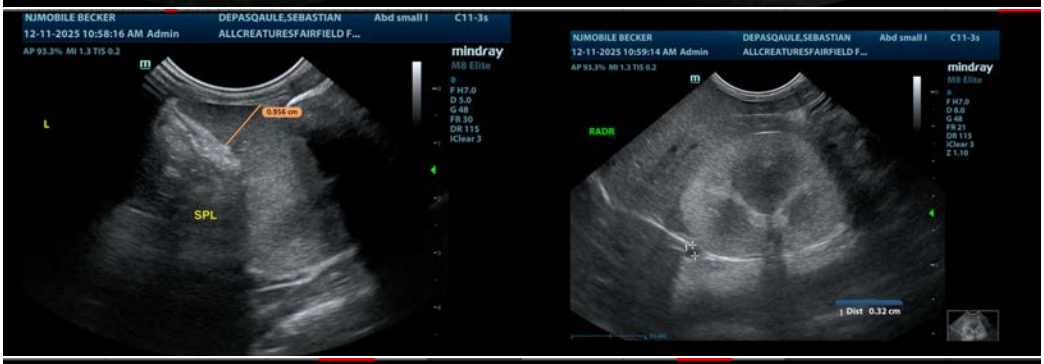
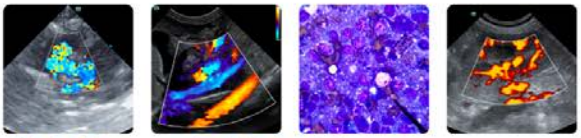




New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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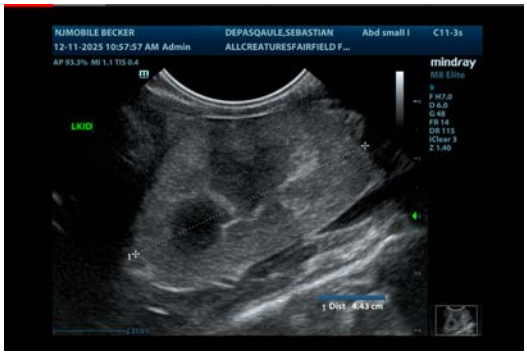

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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