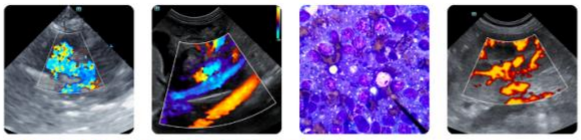


DATE

12/12/25

PATIENT

Peaches Swinson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5/24/11

WEIGHT

7.1 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Festival VC

REFERRING VET

35875

INVOICE

12/12/25

PRESENTING CLINICAL SIGNS

Patient History: 14 year old, 2 pound weight loss, not eating well lately.

Current Medications: None listed.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia (0.29 cm) was noted in the left kidney. There is no evidence of nephroliths, infarcts, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.86 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia (0.42 cm) was noted in the right kidney. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.46 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 (0.74 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. There is a mild amount of non-organized echogenic debris. Some of the dependent debris is focal, hyperechoic and shadowing, most consistent with mineralized debris or a small cholelith. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild shadowing material/fluid. 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 27 cm in diameter, and the jejunum measured 0.23 cm in diameter. Visualized peristalsis appears appropriate. Some sections of small intestine exhibit a mildly prominent muscularis layer.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 large/prominent, hypoechoic and mottled in both limbs compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is mildly reactive mesentery surrounding the pancreas.

Free Abdomen

There is no free fluid. There is no significant lymphadenopathy noted. There are occasional prominent mesenteric lymph nodes at the mesenteric root and the ileocecal junction. Examples of mildly hypoechoic lymph nodes at the mesenteric root measure 0.22 cm and 0.3 cm. The omentum is mildly hyperechoic/reactive around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia- Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large prominent hypoechoic pancreas with mild surrounding reactive mesentery- Findings are most consistent with chronic pancreatitis.
- Mineralization/small cholelith visualized within the gallbladder- This is likely incidental. Recommend continued monitoring.

- Segmental thickening of the muscularis layer of the small intestine- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

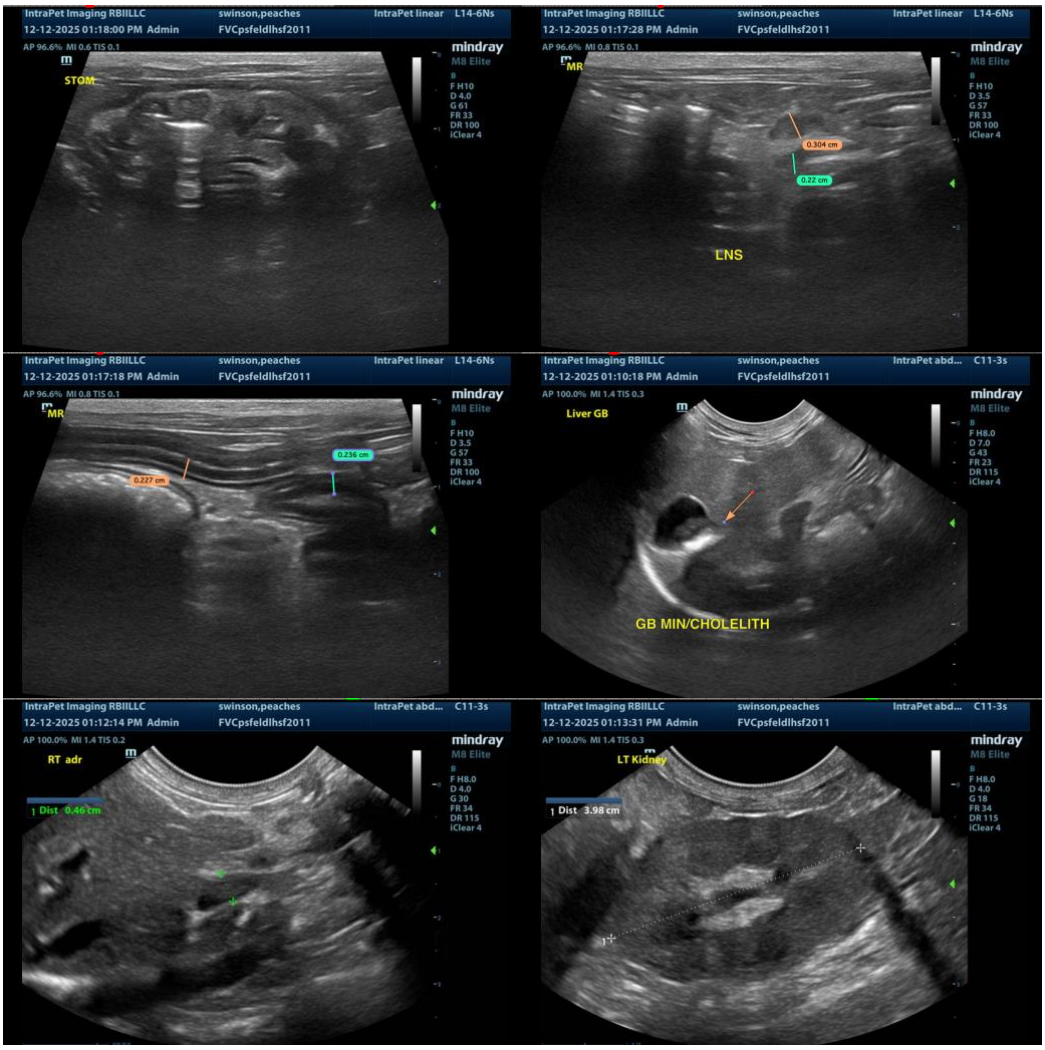
There is mild pyelectasia visualized associated with both kidneys. The significance of this is uncertain. Recommend a urinalysis and culture and continued monitoring.

The pancreas is prominent, hypoechoic and mottled with some mildly reactive surrounding mesentery. Findings are suggestive of chronic pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis.

Additionally, there are some sections of small intestine, which appear to have a mildly prominent muscularis layer. These changes are most consistent with inflammatory type change. If an underlying enteropathy is suspected, consider the following:

- Consider a combination prescription ultra low-fat/hydrolyzed prescription diet for the pancreatitis and possible enteropathy (Royal Canin has a diet with this combination).
- 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.

If symptoms are persistent despite making these changes, and a chronic enteropathy is strongly suspected, biopsies of the GI tract may eventually be warranted. Additionally, you could consider repeat imaging in the future to reevaluate the pancreatic changes and other changes noted on today's exam.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swinson,peaches
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RT adr
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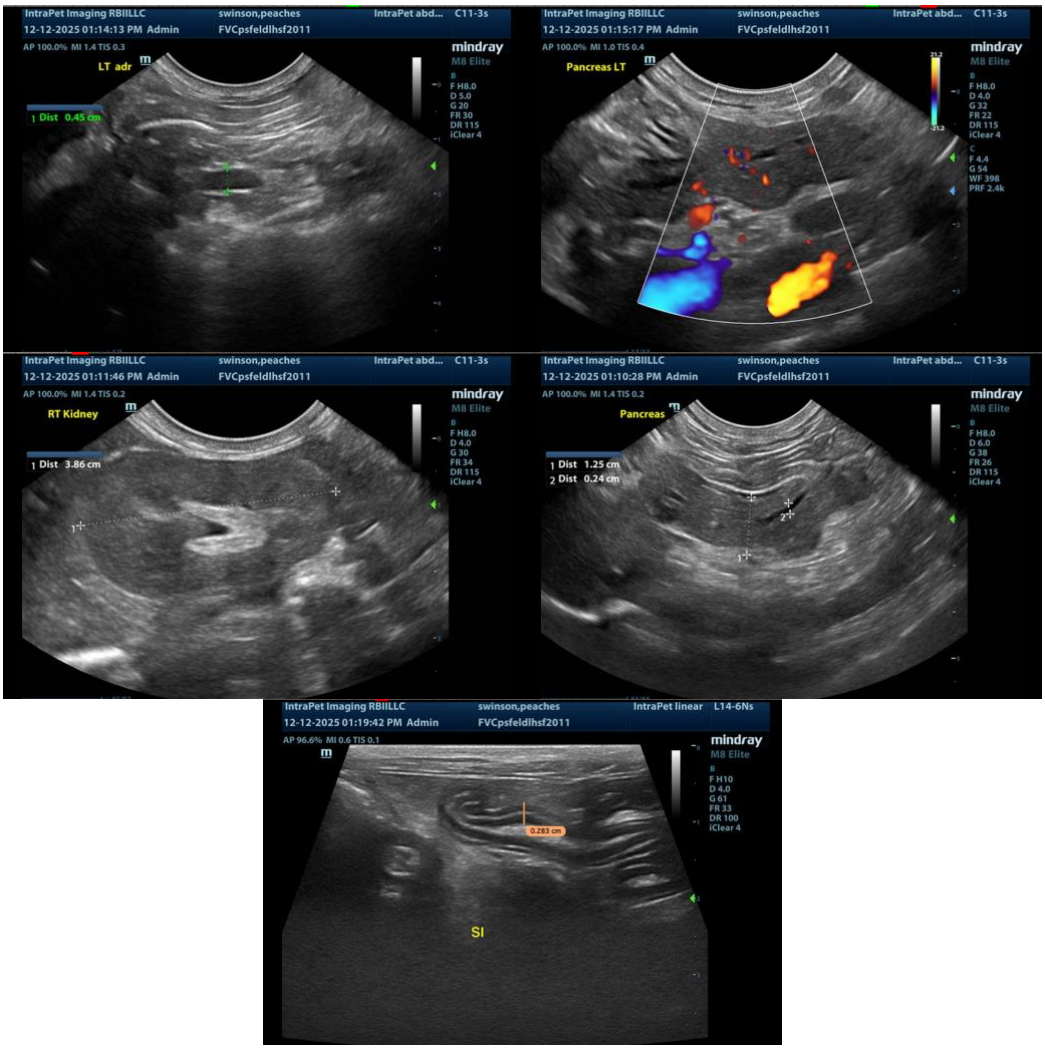
LT Kidney
Dist 3.98 cm



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)

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