



DATE PRESENTING CLINICAL SIGNS

12/12/25

Patient History: P has had a history of soft stools that have not resolved with various treatments, P has had multiple negative fecal tests, P is still eating and drinking and acting normal otherwise just has constant soft stools so want to investigate for underlying pathology.

PATIENT

Sadie Hamlett

Current Medications: Daily proviable fiber
Labwork Results: Labwork not attached.

SPECIES

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.

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

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.

Spayed Female

AGE

The left kidney has a normal shape and size (4.36 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

4/19/23

WEIGHT

The right kidney has a normal shape and size (4.23 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

18 Pounds

INTERPRETED BY

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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.

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

HOSPITAL NAME

The right adrenal gland is normal in size measuring 0.45 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.

Homeward Bound VS

REFERRING VET

Spleen

The spleen is subjectively normal in size (0.84 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.

Dr. Dorn

INVOICE

Liver

35874

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 primarily anechoic. 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 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. The duodenum measured as normal (0.21 cm in wall thickness) and the jejunum measured as normal (0.2 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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

There is no free fluid. There is an occasional prominent mesenteric lymph node near the ileocecal junction. An example measures 0.42 cm x 0.79 cm. A prominent jejunal lymph node is visualized, measuring 0.26 cm x 0.73 cm. Findings are most consistent with mildly reactive lymph nodes. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized.

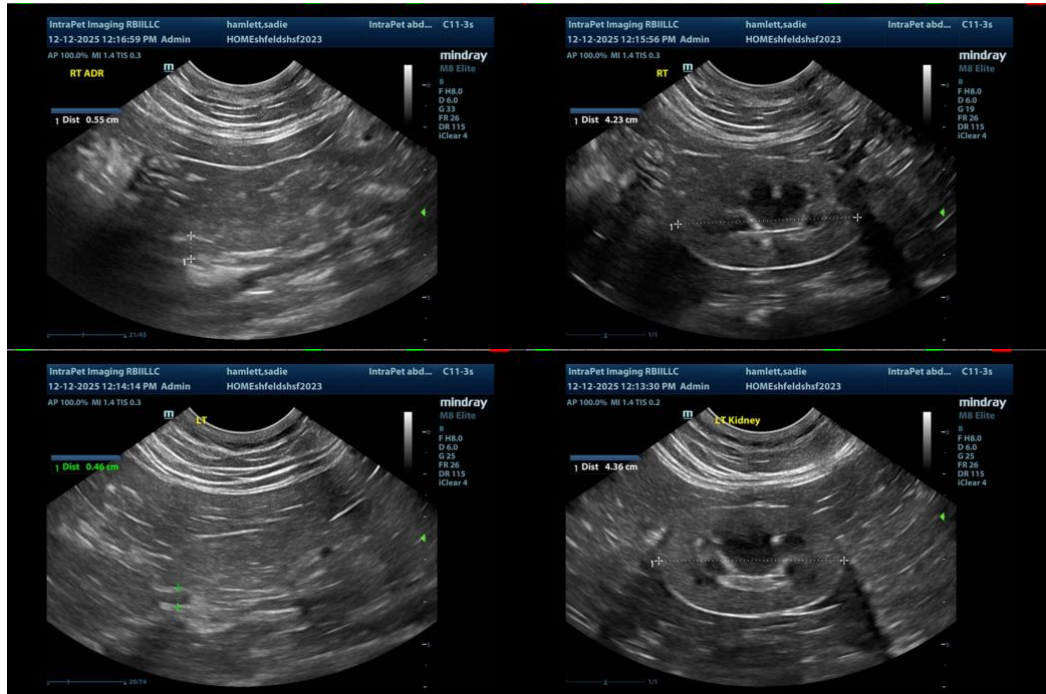
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

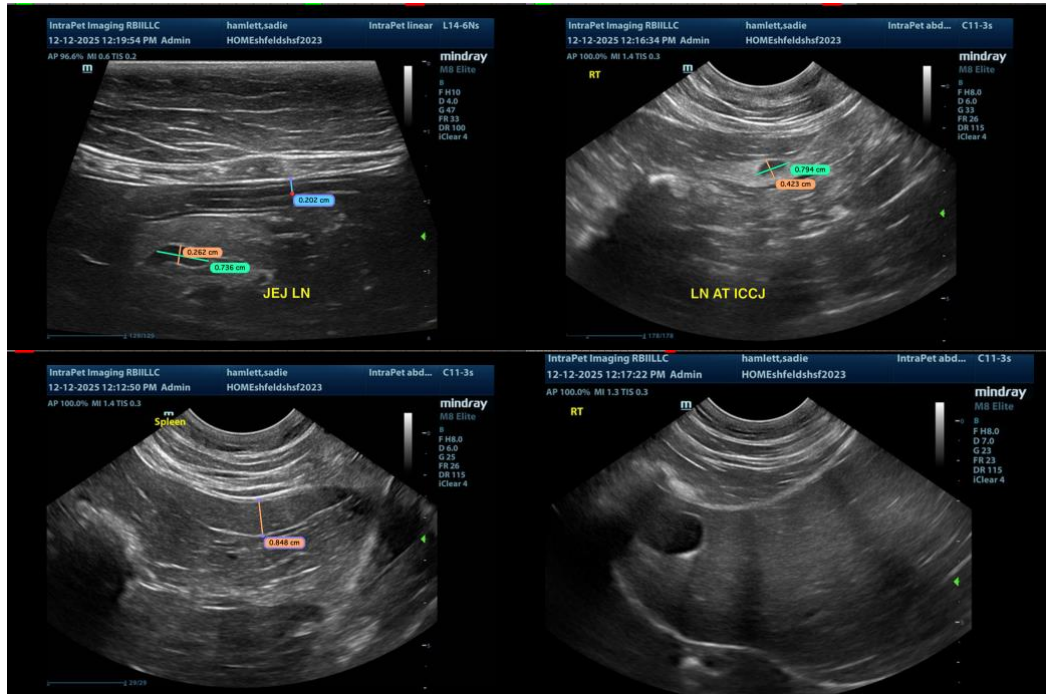
No significant lesions were visualized associated with the GI tract on today's exam. There are many causes for diarrhea, which cannot be definitively diagnosed by ultrasound alone. Consider the following (some of these may have already been pursued):

- Consider a combination hydrolyzed protein/ultra-low fat diet, in the event of dietary intolerance, food allergy, etc. (Royal Canin has this combination).
- Consider a screening for infectious causes of diarrhea.

- 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. This will screen for exocrine pancreatic insufficiency or cobalamin deficiency, etc.

If diarrhea is persistent despite taking these measures, biopsies of the GI tract may eventually 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.

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

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