



DATE PRESENTING CLINICAL SIGNS

12/16/25

Patient History: Frankie has lost a lot of weight, over 2#, since he was last seen in 2024. He is having foul-smelling soft stool. On PE, his intestines feel extremely thickened and ropey. Intestinal neoplasia is suspected.

PATIENT

Frankie Warble

Current Medications: Starting on proviable paste and capsules

Labwork Results: Labwork not attached, reported as pending.

Date of Previous IntraPet Ultrasound: 3/22/24, 12/22/23, 1/31/23. See attached

SPECIES

Sedation: Torbugesic.

Feline

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Neutered Male

AGE

The left kidney has a normal shape and size (3.67 cm) with occasional shadowing mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

1/1/12

WEIGHT

The right kidney has a normal shape and size (3.59 cm) with occasional shadowing pinpoint mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

7 lbs

INTERPRETED BY

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

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.

HOSPITAL NAME

Cat Sense Feline
Hospital

The right adrenal gland is normal in size measuring 0.37 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. Sinclair

Spleen

The spleen is subjectively normal in size (0.67 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

72613

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 appears somewhat thickened, measuring at 0.21 cm. Luminal contents are mild and likely incidental at this time. The common bile duct appears mildly tortuous and dilated, measuring at 0.47 cm. A focal obstruction is not clearly visualized.

Gastrointestinal

The stomach contains mild shadowing ingesta. 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 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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that exhibit segmental thickening of the 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, and hypoechoic in both limbs with prominent pancreatic duct, measuring at 0.30 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid. There is a mild diffuse lymphadenopathy with lymph nodes at the mesenteric root measuring 0.50 cm and 0.46 cm. Lymph nodes around the ileocecal junction are visualized measuring 0.43 cm and 0.41 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic active pancreatitis.
- Thickened gallbladder wall with a prominent dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Segmental thickening of the small intestine with 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.
- Generalized mild mesenteric inflammation and a mild lymphadenopathy – Findings are most consistent with reactive lymphadenopathy, although early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. There are segmental regions of the small intestine that appear more thickened with a prominent muscularis layer, most indicative of inflammatory type change. An early neoplastic process cannot be ruled out.

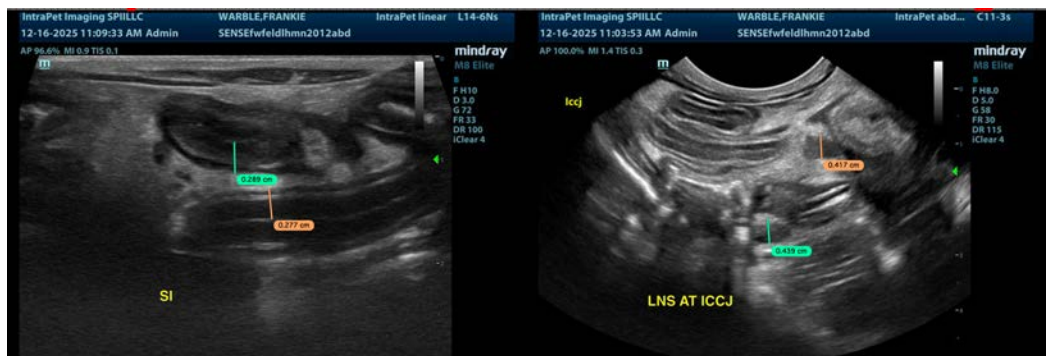
Both limbs of the pancreas are prominent and hypoechoic with prominent pancreatic duct, suggestive of chronic pancreatic remodeling and possibly chronic active pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis if this is elevated.

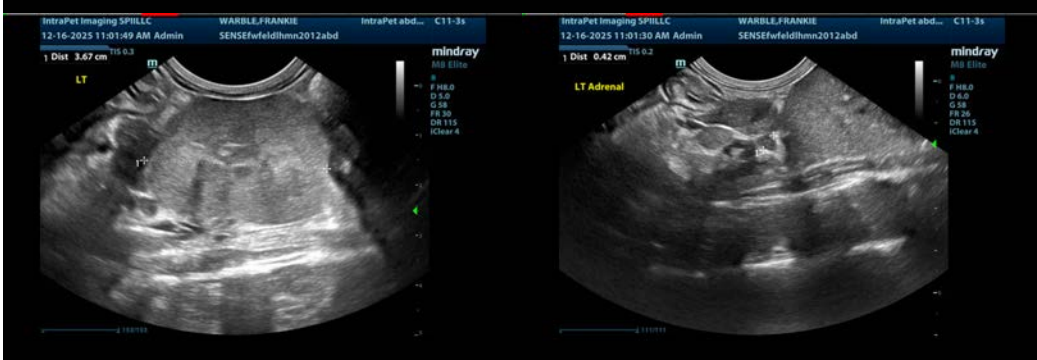
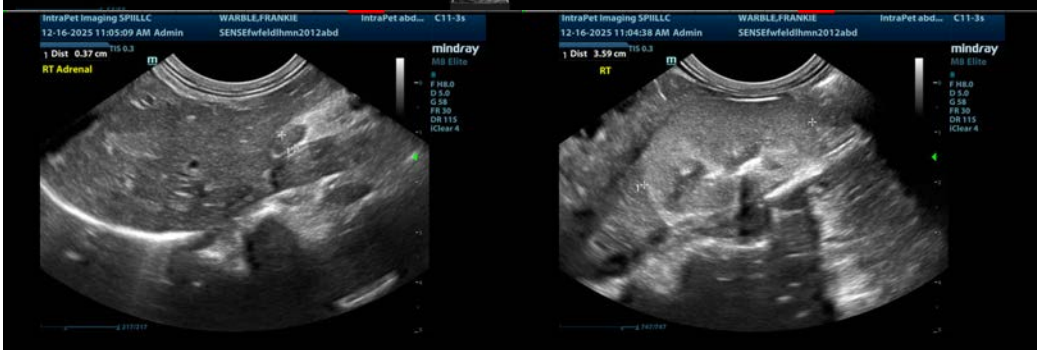
The gallbladder wall is thickened, and the bile duct is somewhat dilated. No focal lesions are observed. Findings are suggestive of cholecystitis. Correlate with current lab work and consider treatment with Ursodiol +/- a course of antibiotics (in conjunction with probiotics).

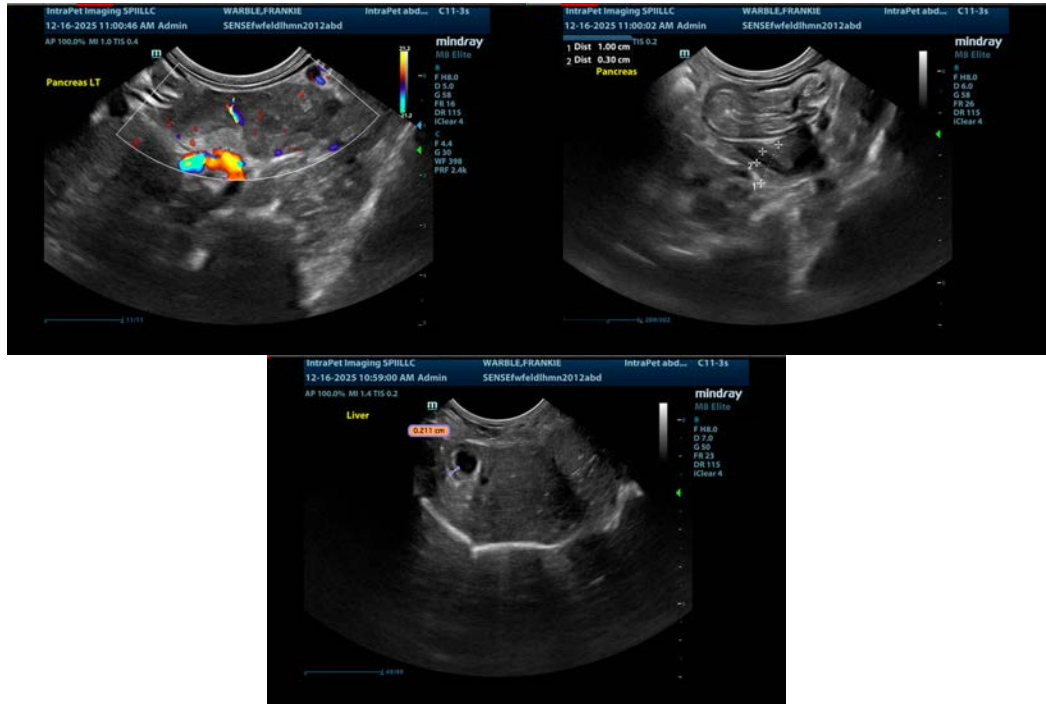
The combination of changes visualized associated with the small intestine, gallbladder and pancreas could be indicative of an early Triaditis-like process. Consider the following:

- Recommend a hydrolyzed protein prescription diet.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Recommend chronic probiotic therapy.
- Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder.
- Recommend empirical treatment for pancreatitis.

Consider repeat imaging to look for progression of today's lesions. If these changes are progressing, then surgical biopsies of the GI tract, pancreas and liver 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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
info@sonopath.com