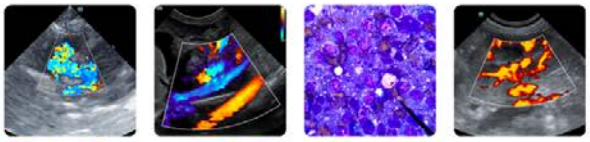


PATIENT

Gracie Gallegos

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Owens, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Laura Owens

INVOICE

72620

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Weight loss over last year, in the last month has been lethargic and hyporexic. Intermittent lifelong vomiting hairballs but is vomiting more frequently over last 2 weeks. Indoor only. Has lost 4.5 pounds in the last year.

Abnormal PE/Chem/CBC/UA Results: Cachexic and lethargic on exam. CBC/Chem/T4/UA/ProBNP unremarkable from 12/12/25 Whole cat 3 view rads unremarkable other than subjectively thickened small intestines.

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 (3.61 cm). Overall echogenicity is normal 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 (3.99 cm). Overall echogenicity is normal 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 0.39 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.

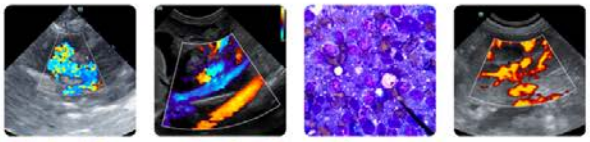
The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.93 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.



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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 mild fluid. The majority of the gastric wall appears normal, measuring at 0.23 cm. In the region of the pyloric antrum, it is somewhat more thickened, measuring at 0.59 cm with intact wall layering.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. The muscularis layer appears significantly diffusely thickened throughout the small intestine.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenopathy visualized at the mesenteric root with lymph nodes measuring 0.60 cm and 0.46 cm in diameter. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestine with 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.
- Mild fluid distention of the stomach with subjectively mildly thickened pyloric region – Findings are most consistent with mild gastritis. Early infiltrative disease cannot be definitively ruled out.
- Mild mesenteric lymphadenopathy – Changes are most consistent with a reactive lymphadenopathy. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with a very prominent muscularis layer. These changes are most consistent with inflammatory type change, although early neoplastic change is possible. Additionally, there are prominent mesenteric lymph nodes, likely reactive in nature, and the pyloric region of the stomach appears mildly thickened and there is some retained fluid. These changes could be consistent with mild gastritis, imaging artifact, less likely early neoplastic change. Consider the following:

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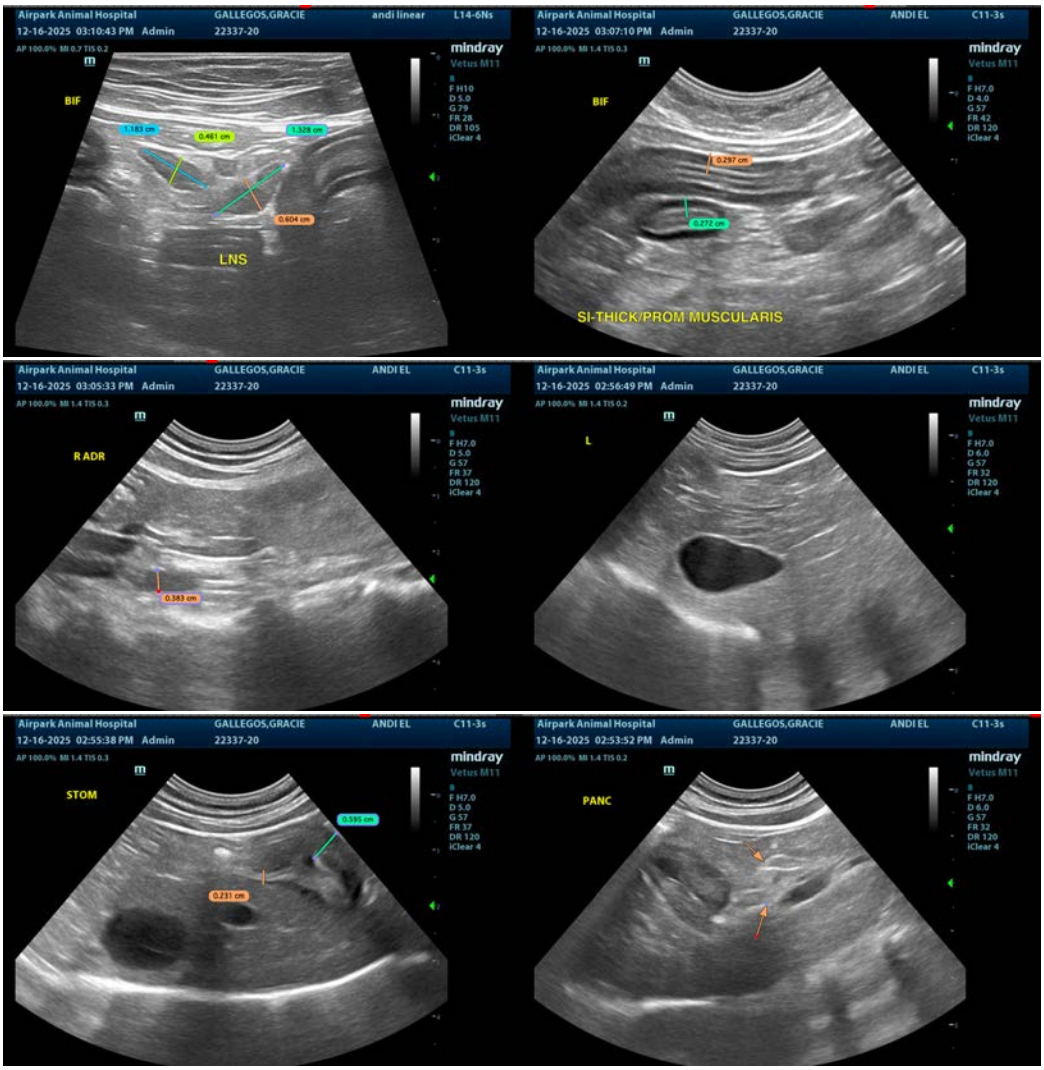
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent despite taking these measures, biopsies of the GI tract may eventually be warranted. Additionally, you could consider repeat imaging in the future, looking for progression of the lesions observed on today's exam.



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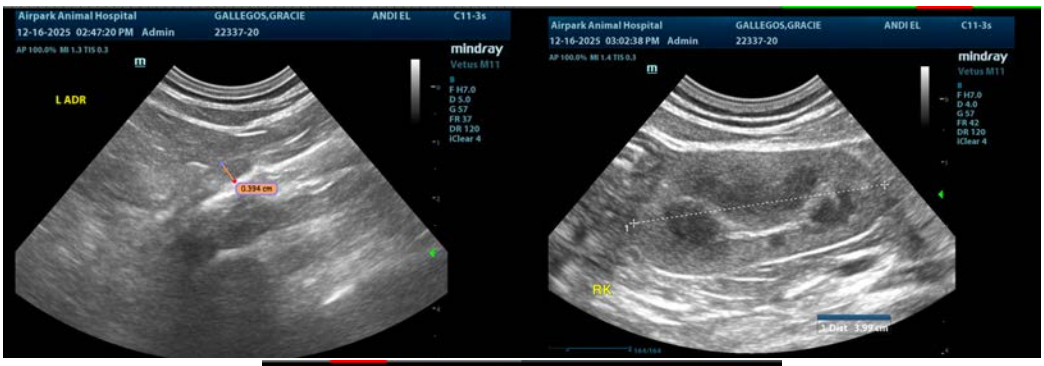

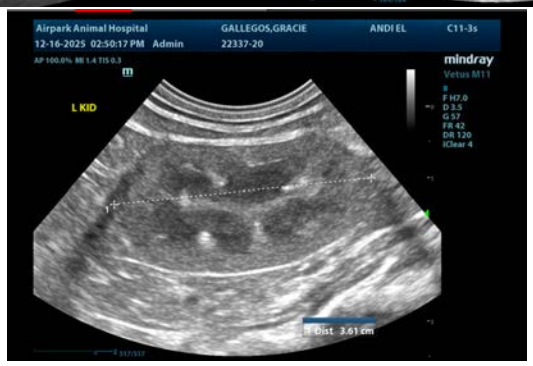

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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