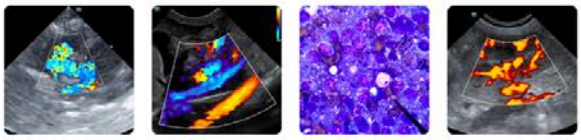


DATE

12/16/25

PATIENT

Leo Treusdell

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/7/08

WEIGHT

9.4 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Schaupp

INVOICE

72610

PRESENTING CLINICAL SIGNS

Patient History: Vomited bile with small amount of blood, stools very dark. PE - severe periodontal dz (2 painful teeth), no heart murmur, he is in good body condition at this weight, blind, abdominal palpation - no mass felt, soft, non painful., Lost 3/4 lb.

Current Medications: None.
Labwork Results: Labwork attached, reported as: CBC – wnl. Chem - SDMA - 23 elevated, creatinine and BUN wnl, T4 - wnl
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Ket/Val.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.85 cm) with pyelectasia at 0.37 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are poorly defined focal shadowing mineralizations at the corticomedullary junction, and a cortical cyst visualized measuring 1.24 cm x 0.92 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.9 cm) with pyelectasia at 0.16 cm and numerous pinpoint cortical 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 0.40 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 borderline large (1.19 cm). The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular hyperechoic nodule visualized in the parenchyma measuring 0.74 cm, most consistent with a benign myelolipoma. In the cranial spleen there is a poorly defined mixed echogenicity, very small nodule/lesion visualized measuring 0.32 cm.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional patchy/poorly defined hypoechoic nodules. Examples measure 0.60 cm and 0.59 cm.

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 minimal luminal contents. 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 0.26 cm. Jejunum wall measures 0.20 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. A prominent, mildly cystic lymph node is visualized in the sublumbar region measuring 0.51 cm x 1.5 cm. The omentum is mildly hyperechoic around both limbs of the pancreas.

Other
The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder.
- Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia and non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Borderline large, mildly mottled spleen with a hyperechoic lesion most consistent with benign myelolipoma and a very small, mixed echogenicity lesion – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis,

infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreatic changes consistent with mild chronic active pancreatitis in both limbs.
- Mildly heterogeneous liver with ill-defined hypoechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The hypoechoic nodules are poorly defined and of uncertain significance with a somewhat benign appearance.
- Mild inflammatory type change visualized associated with the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

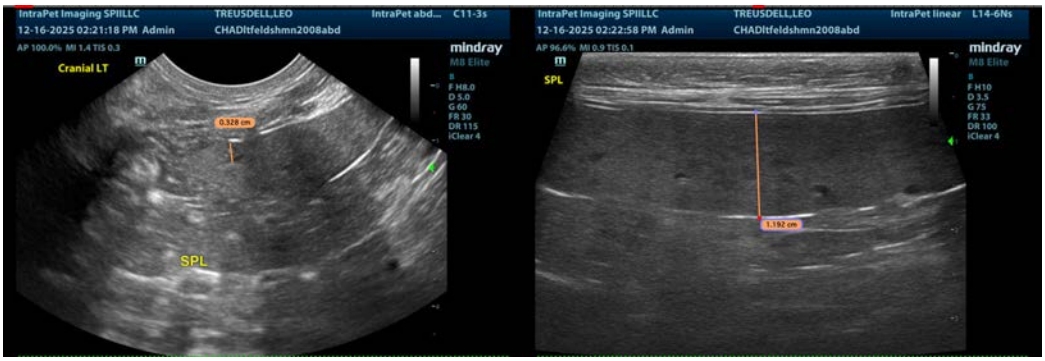
No focal lesions are visualized associated with the GI tract to explain the vomiting and hematemesis reported. Generally, there is a somewhat "ropey" appearance to the small intestine most consistent with chronic inflammatory type change. Additionally, both limbs of the pancreas are prominent and hypoechoic, most consistent with chronic pancreatic remodeling and chronic pancreatitis. Correlate with a PLI level. Consider empirical treatment for pancreatitis/gastroenteritis.

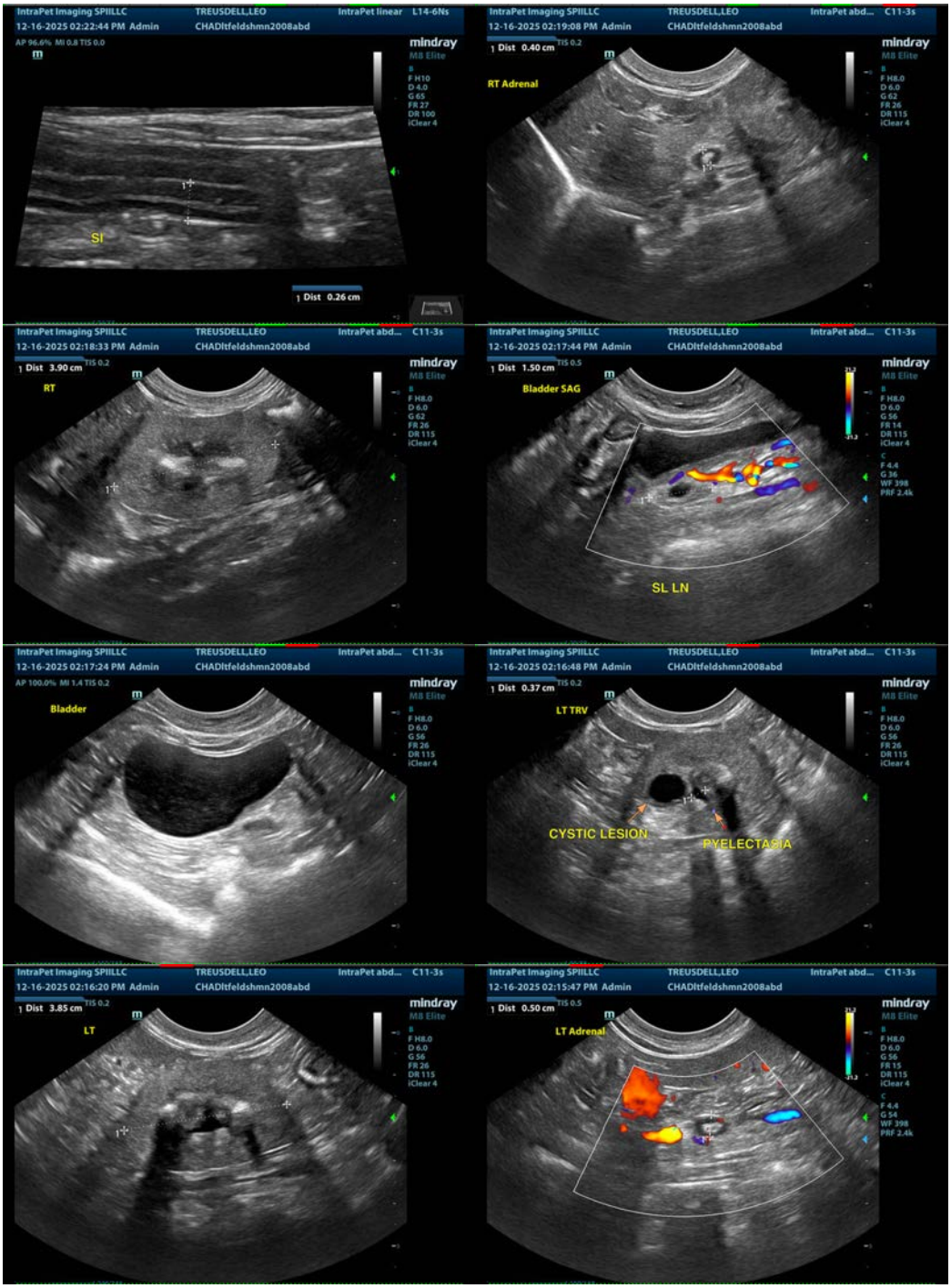
Albumin levels are low. This could be secondary to a primary enteropathy, ulcerative disease, or even significant proteinuria. Recommend a urinalysis with urine protein to creatinine ratio and empirical treatment for gastroenteritis, ulcerative disease, etc. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. If an underlying enteropathy is strongly suspected, biopsies of the GI tract may eventually be warranted.

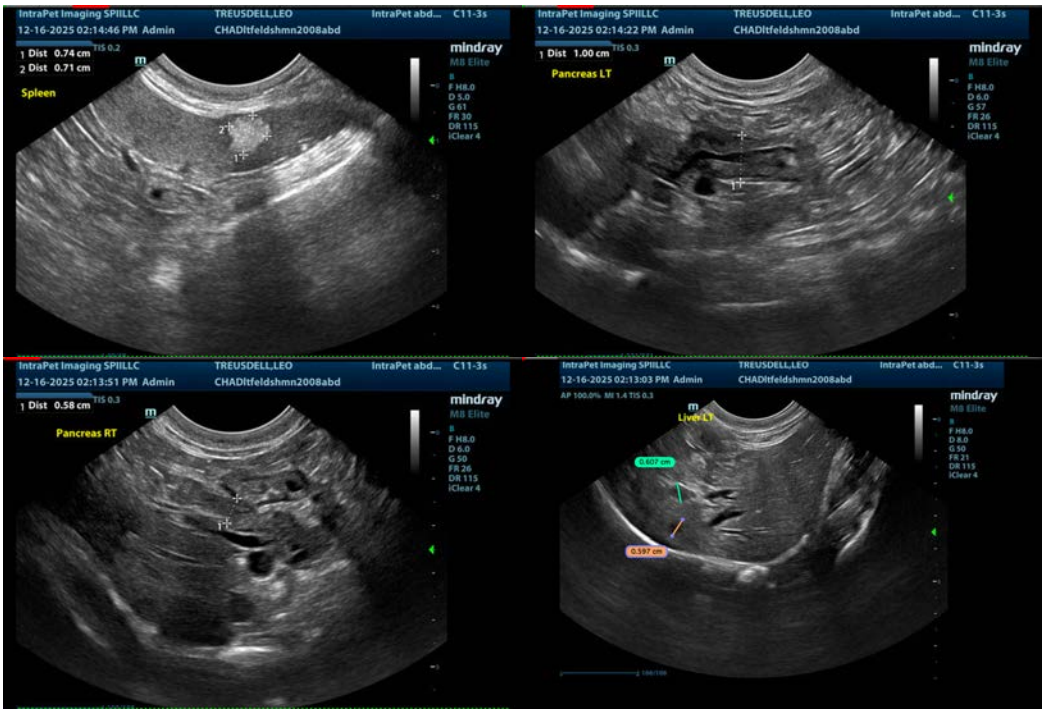
Both kidneys have significant changes consistent with chronic renal disease. Recommend blood pressure, urinalysis and culture for further evaluation.

The spleen is generous in size and mildly mottled. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate.

The liver is mildly heterogeneous with some ill-defined hypoechoic nodules. The significance of this is uncertain, particularly in the absence of liver enzyme elevations. Options would include continued monitoring with ultrasound or a fine needle aspirate.




IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet linear L14-6Ns
12-16-2025 02:22:44 PM Admin
CHADItfeldshmn2008abd
mindray
SI
Dist 0.26 cm
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:19:08 PM Admin
CHADItfeldshmn2008abd
Dist 0.40 cm
RT Adrenal
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:18:33 PM Admin
CHADItfeldshmn2008abd
Dist 3.90 cm
RT
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:17:44 PM Admin
CHADItfeldshmn2008abd
Dist 1.50 cm
Bladder SAG
SL LN
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:17:24 PM Admin
CHADItfeldshmn2008abd
Bladder
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:16:48 PM Admin
CHADItfeldshmn2008abd
Dist 0.37 cm
LT TRV
CYSTIC LESION
PYELECTASIA
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:16:20 PM Admin
CHADItfeldshmn2008abd
Dist 3.85 cm
LT
IntraPet Imaging SPIILLC
TREUSDELL,LEO
IntraPet abd... C11-3s
12-16-2025 02:15:47 PM Admin
CHADItfeldshmn2008abd
Dist 0.50 cm
LT Adrenal



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