



**DATE PRESENTING CLINICAL SIGNS**

12/16/25

**Patient History:** Mandy presented for urinating outside the litter box in the past couple of weeks. She had lost 1# in 1 month. On PE she had the grade 1/6 heart murmur she has had since being a kitten and she also had the

**PATIENT**

Mandy Gutowski

long-standing periodontal disease. It was difficult to palpate her abdomen but on the x-ray it looked like she had some mildly constipated stool in her distal colon. Bloodwork was performed and showed diabetes mellitus as well as some early ckd which did not show on bloodwork back in July 2025 (but we were unable to obtain a urine sample at that time so it could have been stage 1).

**SPECIES**

Feline

**Current Medications:** None currently.

**BREED**

Siberian

**Labwork Results:** Labwork attached, reported as: BG=556mg/dL, BUN=47mg/dL, creat=1.6mg/dL, phos=5.8mg/dL, urine s.g.=1.023, 3+ glucosuria

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**SEX**

Spayed Female

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

6/30/12

**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.

**WEIGHT**

13.5 lbs

The left kidney has a normal shape and size (4.13 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.06 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Cat Sense Feline  
Hospital

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.29 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.

**REFERRING VET**

Dr. Sinclair

The right adrenal gland is normal in size measuring 0.35 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.

**INVOICE**

72614

**Spleen**

The spleen is subjectively normal in size (0.77 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains mild fluid. 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 0.31 cm. Jejunum wall measures 0.26 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 (particularly the left limb) is prominent and mottled compared to the surrounding isoechoic mesentery. There are occasional small, hypoechoic nodules most consistent with nodular hyperplasia. 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 no evidence of a significant lymphadenopathy. There are occasional small mesenteric lymph nodes noted. Examples near the ileocecal junction measure 0.24 cm x 0.56 cm and 0.23 cm x 0.50 cm. The omentum is normal in echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

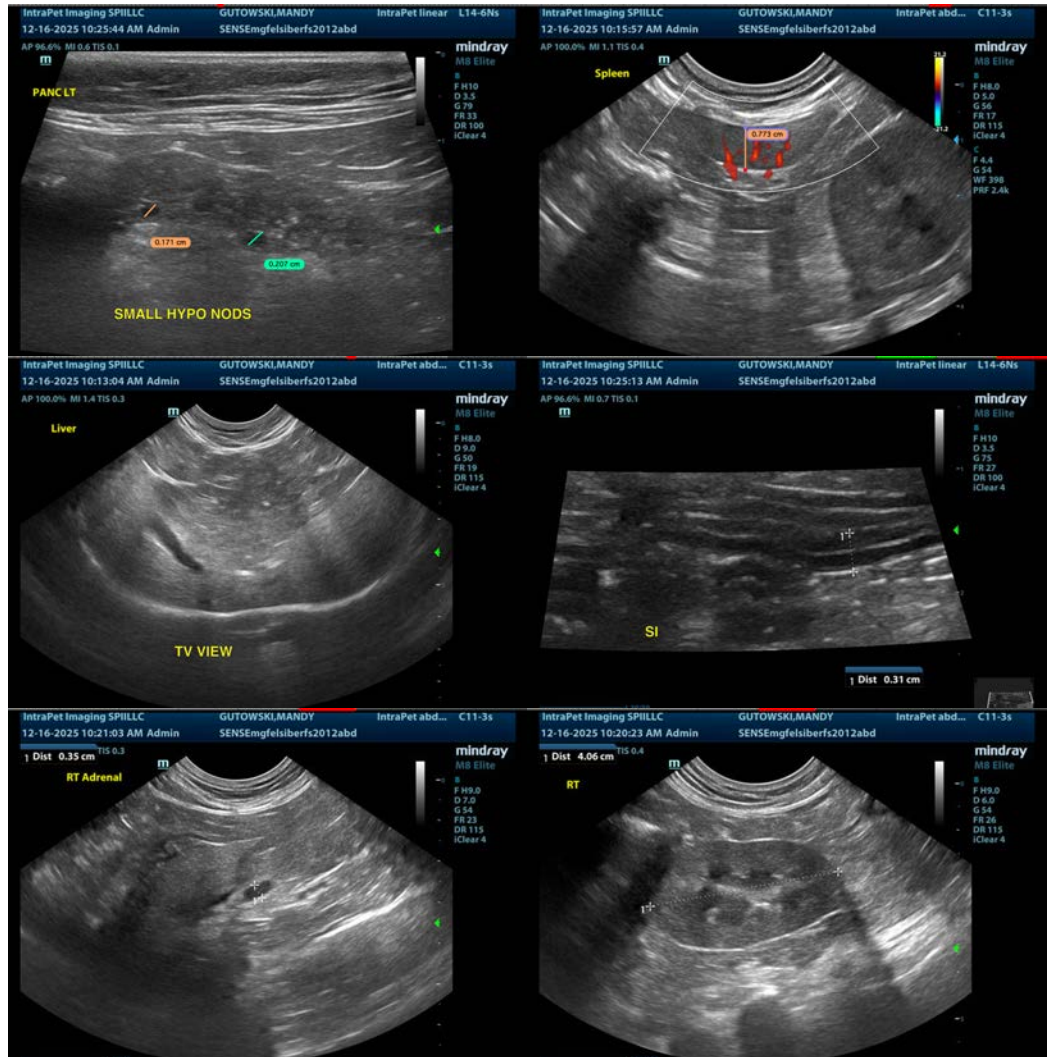
- Mild age related changes visualized associated with the kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling and mild nodular hyperplasia. Mild chronic inflammation cannot be definitively ruled out. Correlate with PLI level.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. This is most consistent with a diabetic hepatopathy.
- Ropey/prominent small intestine – Findings could be consistent with mild inflammatory type change. The significance of this in the absence of symptoms is uncertain.
- Mild reactive lymphadenopathy.

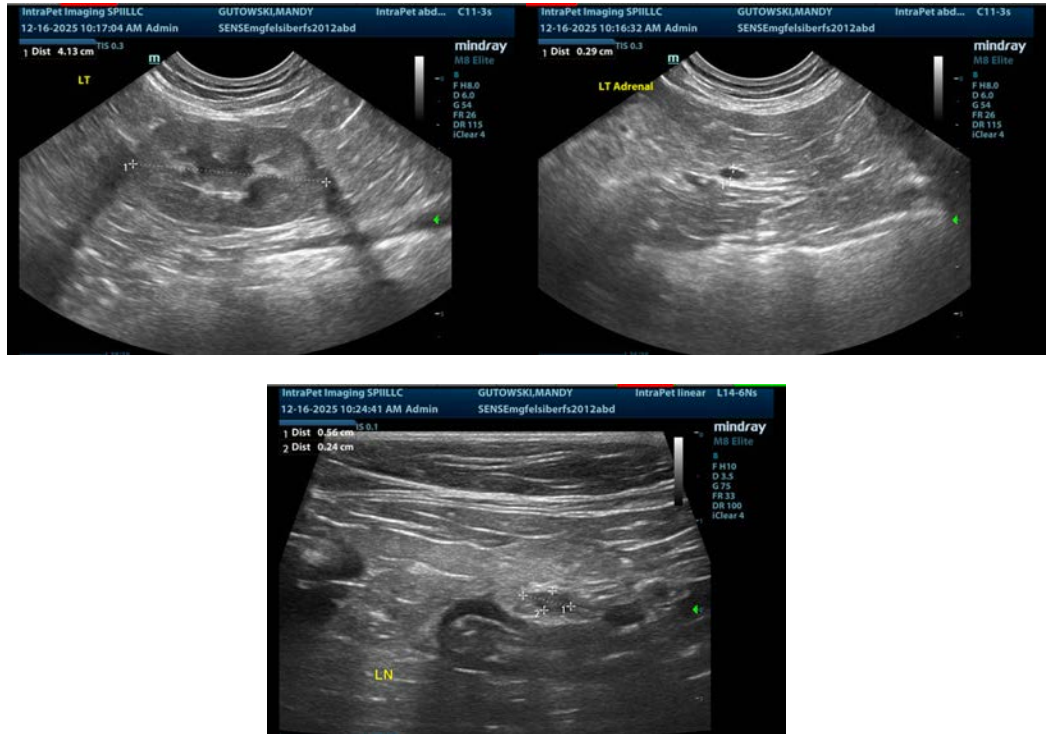
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are mild age appropriate changes visualized associated with both kidneys.

The pancreas is prominent and mottled with mild nodular hyperplasia (which is likely incidental). These changes are consistent with pancreatic remodeling, although mild chronic active inflammation cannot be ruled out. Consider an fPLI to further evaluate. If this is significantly elevated, there could be mild smoldering pancreatitis.

The small intestine appears somewhat "ropy" with some areas exhibiting segmental thickening of the muscularis layer. These changes would be most consistent with mild inflammatory type change. If a concurrent enteropathy is suspected, consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate. If B12 levels are low or similar, further evaluation 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.

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