



DATE PRESENTING CLINICAL SIGNS

12/16/25 **Patient History:** Abnormal bnp, Dr. Sinclair wants to check intestines.

PATIENT Current Medications: None listed.

Sammy Voinier **Labwork Results:** Labwork not attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES Imaging Performed by: Stephanie Warga RDCS, RVT.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.97 cm) with numerous small nephroliths, some of which are visualized within the renal pelvis. An example measures 0.33 cm. There is mild pyelectasia at 0.17 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 infarcts or hydroureter. Renal vasculature is normal.

AGE

10/27/11

WEIGHT

8 lbs

The right kidney has a normal shape and size (3.91 cm) with occasional small non-obstructive nephroliths, and pyelectasia measuring 0.24 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 infarcts or hydroureter. Renal vasculature is normal.

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

Homeward Bound
Veterinary Services

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.

REFERRING VET

Dr. Vance

Spleen

The spleen is subjectively normal in size (0.72 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

72612

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 is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic shadowing debris, most consistent with

mineralized debris. The bile duct appears mildly tortuous and dilated. There is concern for some mineralized material/small stones visualized within the bile duct. It is measured at 0.31 cm in width. It can be followed to the level of the duodenal papilla with no evidence of a significant obstruction.

Gastrointestinal

The stomach contains moderate/large 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid, gas, and ingesta. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There are areas of small intestine that show moderate fluid and gas distention, most consistent with passing ingesta. The duodenal papilla appears somewhat prominent, measuring at 0.30 cm.

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 mildly prominent and mottled compared to the surrounding isoechoic 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 mesenteric lymphadenopathy with occasional clusters of lymph nodes visualized. An example of a larger lymph node measures 0.58 cm x 1.78 cm. Another measures 0.46 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia and small nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes consistent with chronic pancreatic remodeling.
- Moderate mineralized debris visualized within the gallbladder lumen as well as a mildly dilated/tortuous bile duct with some mineralized debris – Findings could be consistent with mild cholecystitis.
- Significant shadowing ingesta visualized within the stomach and some areas of the small intestine. Correlate with feeding history. If the patient was adequately fasted, this could represent ileus, less likely partially obstructive foreign material.

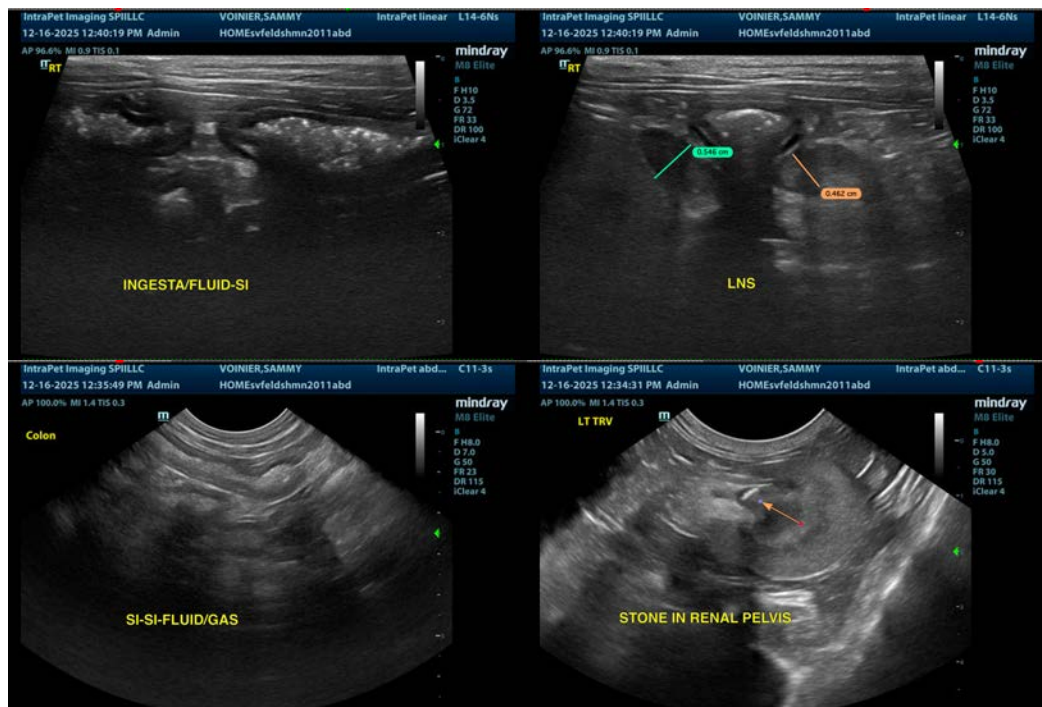
- Occasional prominent mesenteric lymph nodes – Findings are suggestive of reactive lymph nodes, although early neoplastic lymph nodes cannot be ruled out.

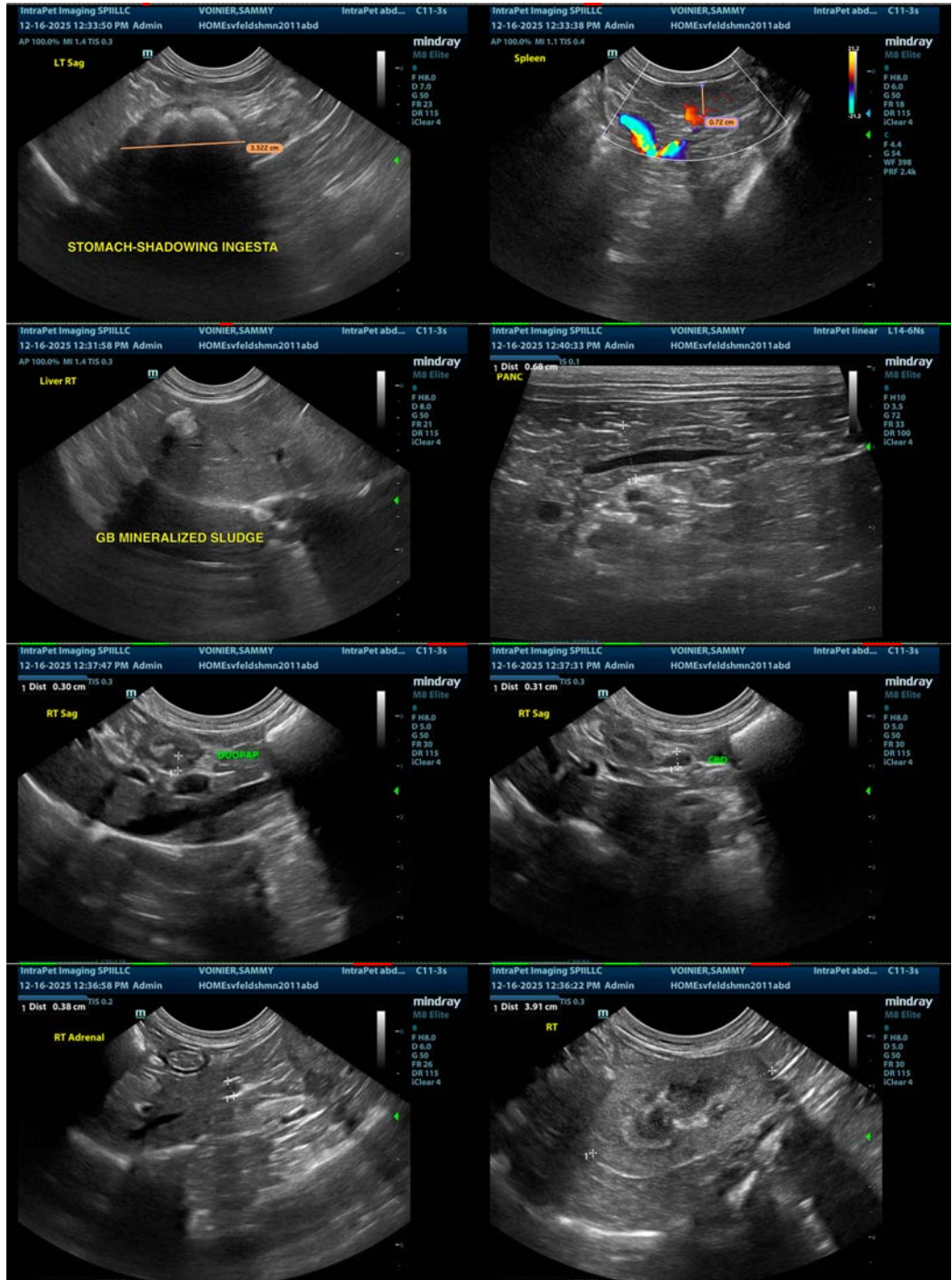
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

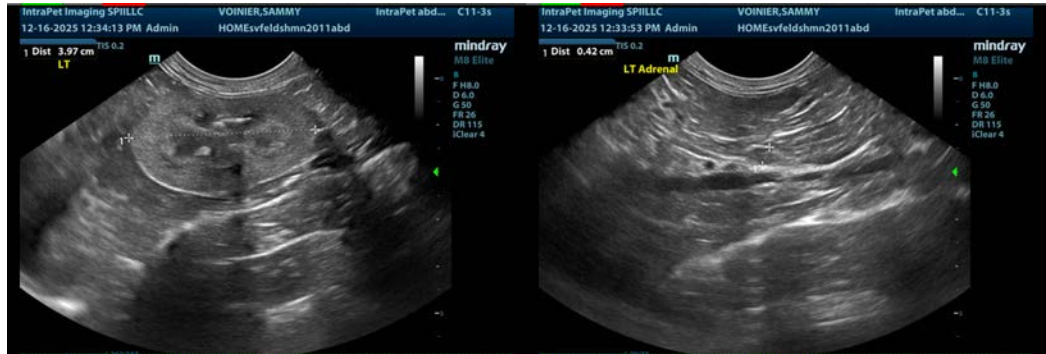
There are bilateral renal changes consistent with chronic renal disease and nephroliths. Mild pyelectasia is noted bilaterally with some stones visualized within the renal pelvis on the left side. A definitive obstruction is not visualized. Recommend a blood pressure, urinalysis and culture as a baseline, and close continued monitoring for potential progression of the stones. If urinalysis leads to any insight on the nature of the stones, dietary management could be considered.

There is a significant amount of ingesta visualized within the stomach and small intestine. If this patient was adequately fasted, this could represent a degree of ileus, and further evaluation for an underlying enteropathy could be considered.

There is a moderate amount of mineralized debris visualized within the gallbladder, and the bile duct appears somewhat dilated with some passing mineralized debris. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder.







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