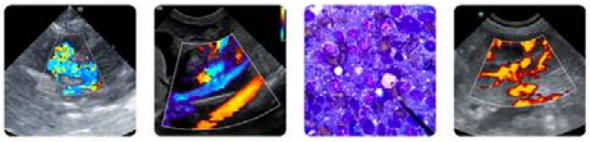


PATIENT

Jojo Murphy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Boudreaux-Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dawn Morgan-Winter, DVM

INVOICE

72754

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Chronic unintentional weight loss, post-prandial vomiting. Recent Texas A&M GI panel abnormal. Is taking prednisolone 2.5mg q24hrs (started Sept 2025), and cobalamin 0.25ml weekly since Nov 2025.

Abnormal PE/Chem/CBC/UA Results: Per included records, GI panel 11-6-25 revealed B vitamin abnormalities and pancreatic enzymes elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with moderate dependent debris present. Some of the debris appears somewhat “stringy” in appearance. A polypoid lesion amongst the debris cannot be ruled out. The region of the trigone, ureteral papillae, and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (3.34 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.

The right kidney has a normal shape and size (3.67 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.

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.

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.

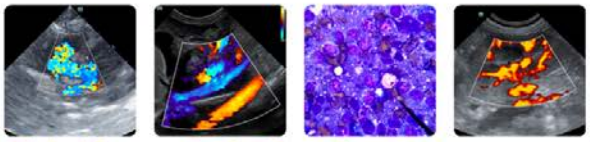
Spleen

The spleen is subjectively normal in size (0.56 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.

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.



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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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. 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 prominent and hypoechoic, particularly in the left limb. 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 a prominent lymph node near the ileocecal junction measuring 0.33 cm, and other mesenteric lymph nodes measuring 0.40 cm x 1.09 cm and 0.38 cm x 0.82 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Dependent debris +/- irregular tissue visualized in the dependent portion of the urinary bladder – Correlate with urinalysis and culture.
- Pancreatic changes consistent with chronic pancreatic remodeling and chronic pancreatitis.
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent mesenteric lymph nodes – Most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal changes observed on today's scan are relatively mild, although current steroid therapy can somewhat suppress the appearance of lesions. Lymph nodes are prominent and mildly enlarged but likely too small to be easily sampled at this time. Changes observed could be consistent with an inflammatory or early neoplastic process.

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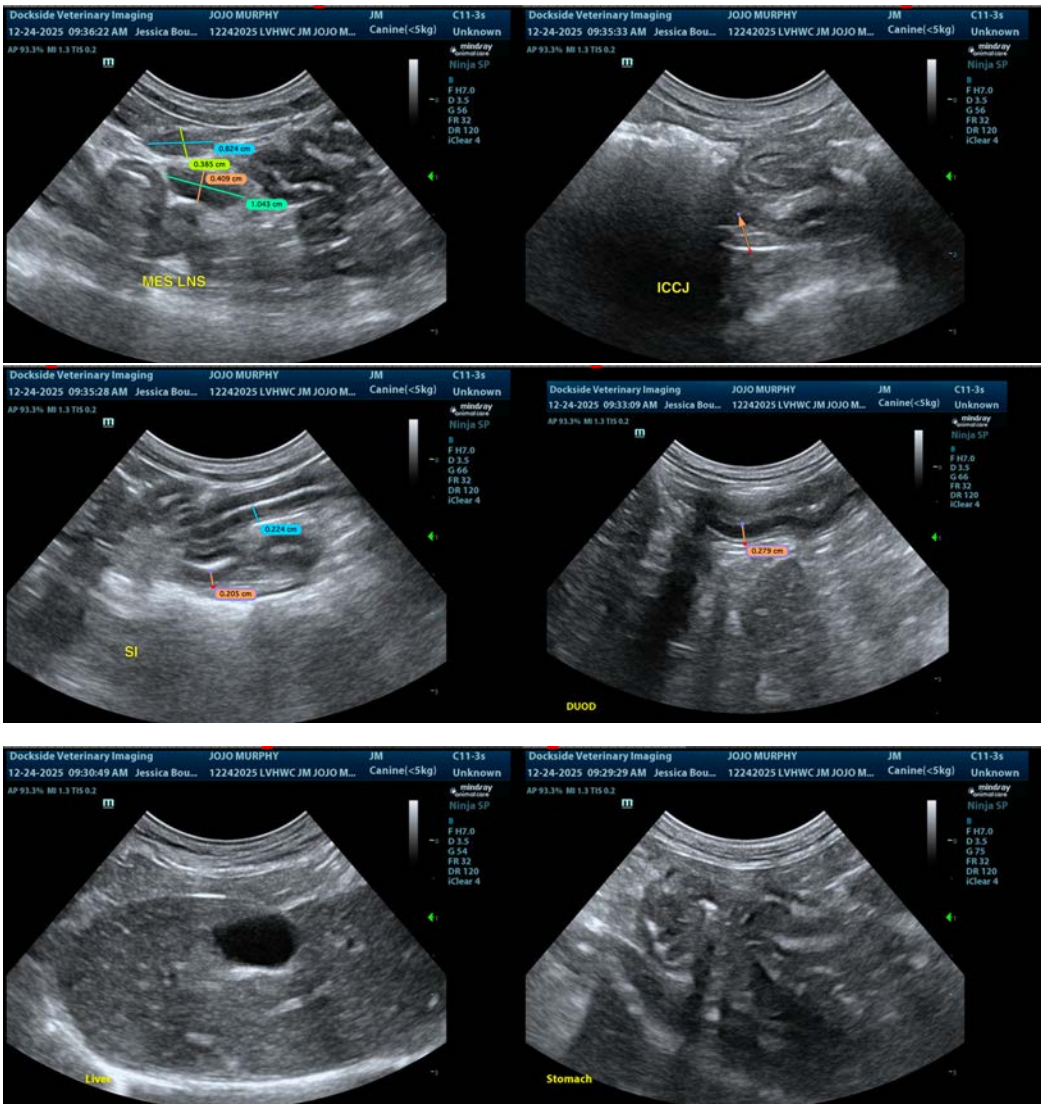
If not already done, recommend a hydrolyzed protein prescription diet and probiotic therapy in addition to your B12 supplementation. If symptoms are progressive, biopsies of the GI tract and lymph nodes may be warranted.

The pancreas (particularly the left limb) is prominent and hypoechoic. Given the elevation in pancreatic values reported, consider empirical treatment for chronic pancreatitis.

There is a moderate amount of dependent irregular debris visualized within the urinary bladder. This debris somewhat obscures visualization of the dorsal wall, and there is some stringy material that could represent a polypoid-like lesion, stringy debris, etc. Correlate with urinalysis and culture and consider repeat evaluation with agitation and power doppler in the region, looking to differentiate tissue from debris. Additionally, turning the cat can help to assess if the debris is mobile.



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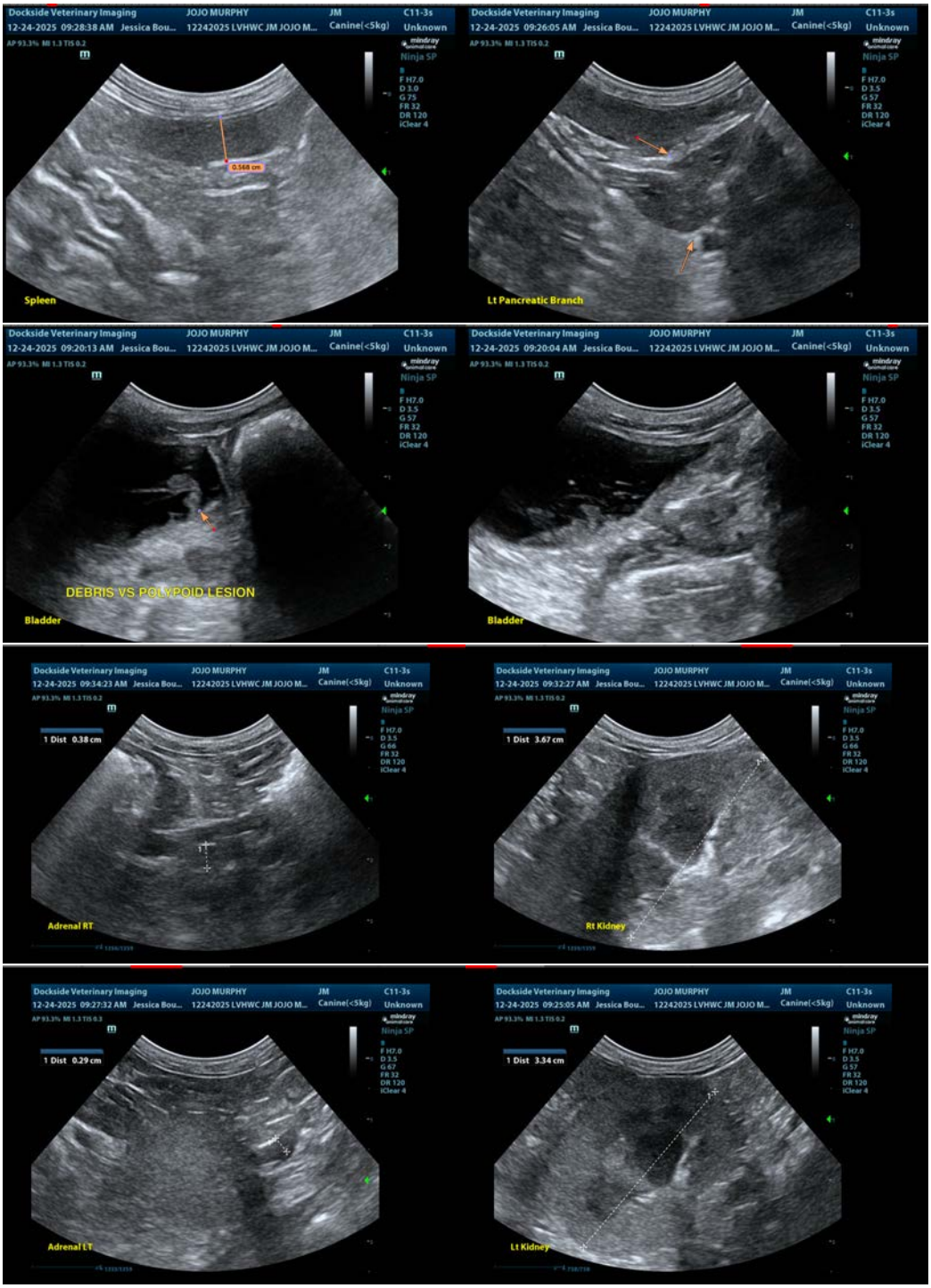

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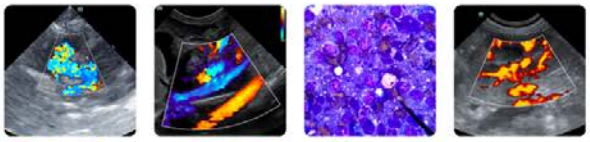

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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