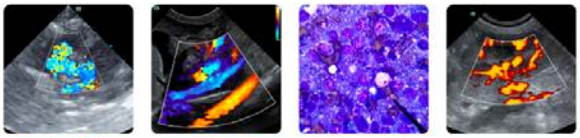


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Sweetheart Miles

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Calvise

INVOICE

72743

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Since last visit, appetite is wavering * not really any vomiting. *Drinking and urinating like crazy. * lost 0.5 kg in 6 months or so. Not sure about bm but doing well. *stage 2 renal disease; may be falsely decreased due to muscle mass loss; suspect this should be worse. *thyroid normal. *Globulins up. *Potassium mildly low. *Total protein up. * ALT mildly elevated *Suspect something else is causing this weight loss; worried about neoplasia. Current Medications Jamp Ondansetron 4 mg tablet, Semintra 4mg/ml oral, Mirataz 2% ointment

Abnormal PE/Chem/CBC/UA Results: Dec. 19/25 Urea 14.5 (5.7-12.9) TP 91 (57-89) Glob 55 (28-51) ALT 140 (12-130) ALKP < 10 (14-111) k 3.4 (3.5-5.8) Primary Question to Be Answered in This Exam what is causing the weight loss?

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 (2.77 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.

The right kidney has a normal shape and size (3.1 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 0.47 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.

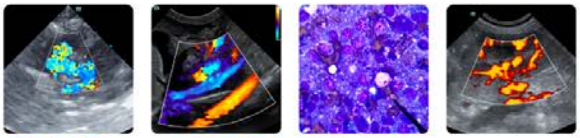
The right adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.67 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. There is a moderate amount of non-organized echogenic debris. The proximal bile duct is visible/mildly dilated, measuring at 0.25 cm. It is lost to visualization distally.

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 0.33 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 right limb of the pancreas is mildly prominent and mottled.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes most consistent with mild chronic renal disease.
- Visible/mildly mottled right limb of the pancreas, most consistent with mild pancreatic remodeling.
- Moderate gallbladder debris with a prominent bile duct – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- 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).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys have changes consistent with chronic renal disease. If not already done, recommend a blood pressure, urinalysis, culture +/- a urine protein to creatinine ratio to establish a baseline.

There is a moderate amount of debris visualized associated with the gallbladder, but no evidence of wall thickening or surrounding inflammation. The bile duct is slightly prominent. Changes could be incidental or consistent with mild cholecystitis, given the elevation in ALT reported. Chronic Ursodiol therapy could be considered and continued monitoring of the gallbladder.

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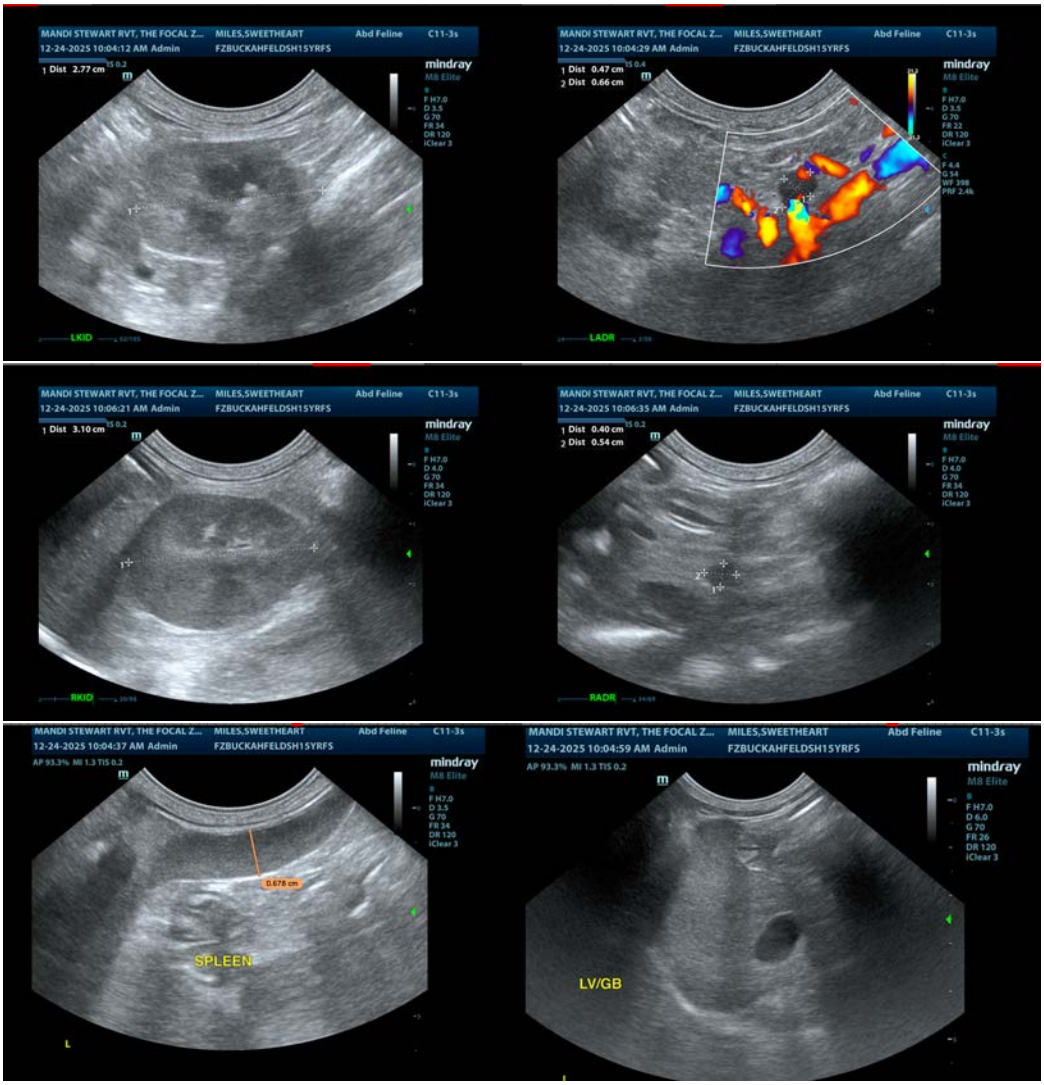
The small intestine appears mildly diffusely thickened with normal intact wall layering. These changes could be consistent with mild inflammatory type change. Further evaluation for a concurrent enteropathy could include a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If there is additional evidence of underlying small intestinal disease, further workup could be considered. No focal lesions were visualized associated with the GI tract.



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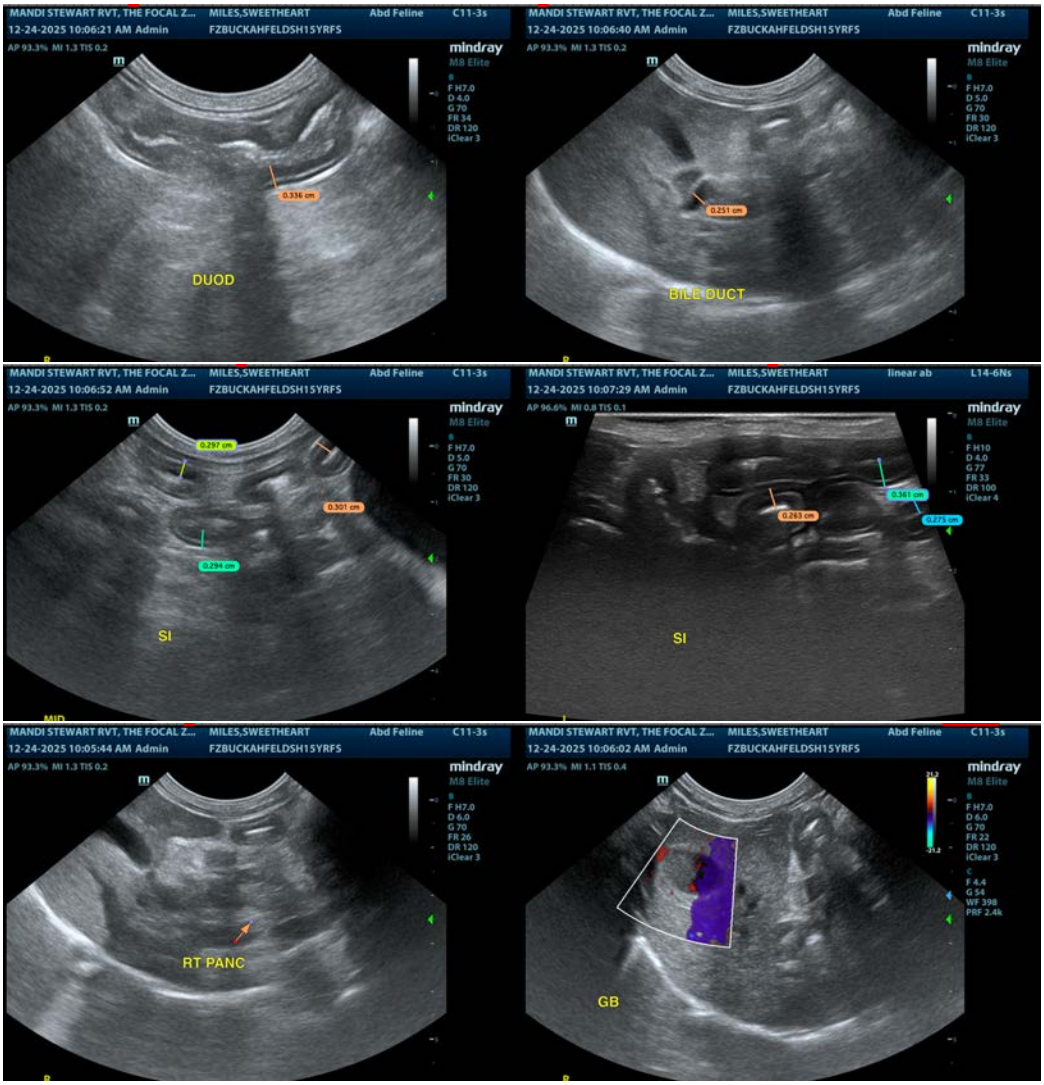

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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