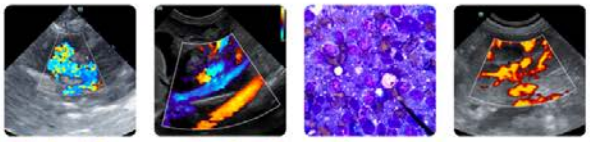


PATIENT

Blue Huynh

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4.5 Years

WEIGHT

3.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. M. Valencia

INVOICE

72887

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Ongoing anemia of unknown cause Meds: Prednisolone 10mg/ml - 0.6ml every 72 hrs, Solensia – monthly.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.53 x10^12/L (6.54 - 12.20) - was 6.01 in Oct HCT 0.287 L/L (0.303 - 0.523) - was 0.293 in Oct HGB 87g/L (98 - 162) -was 94 in Oct

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 (3.31 cm). Overall echogenicity is normal with adequate 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 (3.79 cm). Overall echogenicity is normal with adequate 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 0.21 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 0.49 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.

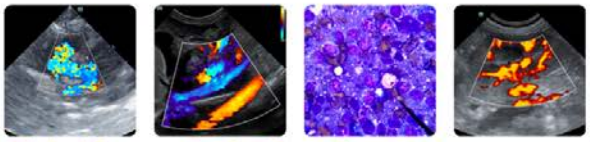
Spleen

The spleen is subjectively normal in size (0.72 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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The vasculature appears normal. There are some hyperechoic lesions in the parenchyma most consistent with intrahepatic biliary mineralizations.

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 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 0.18 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. The muscularis layer appears somewhat prominent in some segments of small intestine.

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 as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. Prominent pancreatic duct noted. There is mild inflammation in the right cranial abdomen around the right limb of the pancreas.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. Some prominent lymph nodes are visualized around the ileocecal junction. Examples measure 0.19 cm and 0.18 cm. The omentum is mildly hyperechoic in the right cranial abdomen around the right limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling and mild chronic pancreatitis (right limb).
- Intrahepatic biliary mineralizations – This is likely incidental at this time but can be seen with chronic inflammation.
- Diffusely prominent muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's exam are relatively mild and non-specific. No large focal mass lesions or significant lymphadenopathy is noted, and there is no evidence of free fluid that would be consistent with blood loss.

The right limb of the pancreas is prominent and somewhat mottled with some mild reactive mesentery. Correlate with PLI level. If this is significantly elevated, this could be consistent with mild chronic pancreatitis.

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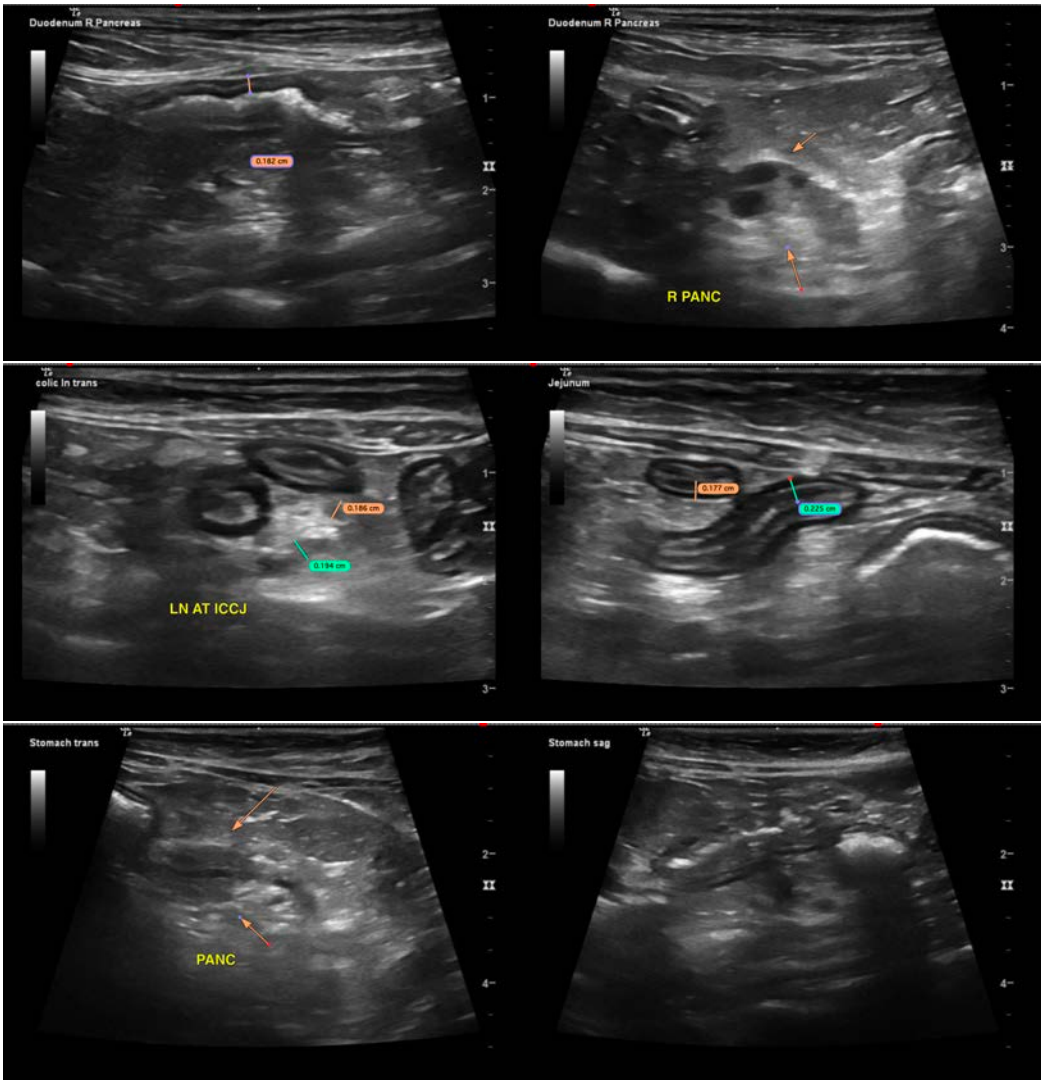
Subjectively, some areas of the small intestine appear slightly "ropey" with a prominent muscularis layer. These changes could be consistent with mild inflammatory type change. The significance of this in the absence of underlying gastrointestinal symptoms is uncertain.

Correlate findings with a CBC and a pathologist review of the CBC to better assess if this is a regenerative anemia, if other cell lines are affected, etc. You could considered screening for vector borne diseases and potentially bone marrow aspiration if clinically appropriate. Correlate these findings with a full chemistry panel, looking for any evidence of concurrent illness.



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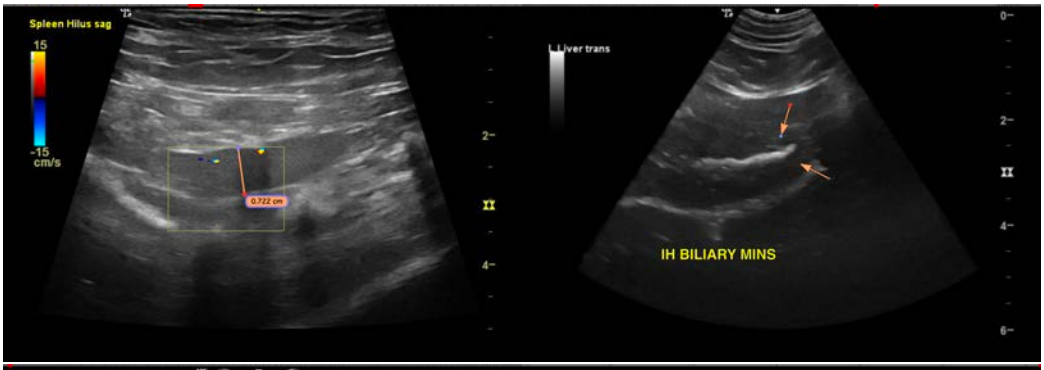

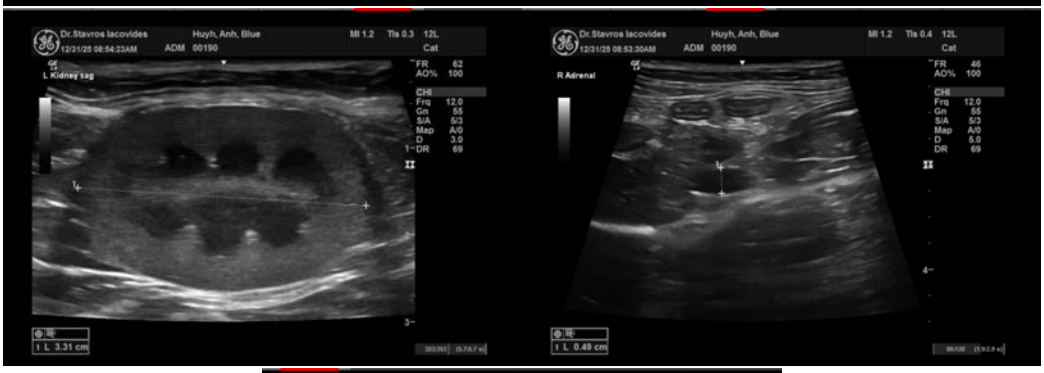

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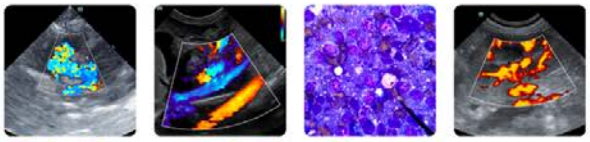

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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