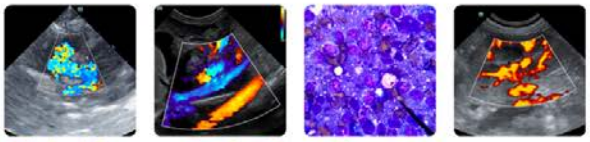


PATIENT

Peaches Stampfer

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11 Years

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Madison Wilson, DVM

INVOICE

72354

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History of diabetes mellitus and persistent hyperglycemia with recent nausea and elevated liver enzymes. Previously went into remission after weight loss. Recent hyperglycemia noted again with resurgence of liver enzyme elevations. Improved appetite and decreased nausea noted following anti-emetic administration. Internist recommendations reviewed. Diagnostics proposed include fructosamine measurement, FreeStyle Libre application at the lateral thorax for continuous glucose monitoring, home glucose checks and feeding time correlation, recheck abdominal ultrasound for hepatobiliary and pancreatic evaluation, and GI panel (Texas A&M) for cobalamin/B12 and maldigestion. Gallbladder-specific medications and antibiotics considered but deferred pending ultrasound findings due to risks of inappropriate therapy

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 (3.68 cm) with pyelectasia at 0.25 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.13 cm) with pyelectasia at 0.32 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring XX 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.

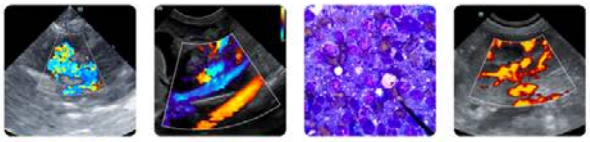
The right adrenal gland is normal in size measuring 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.07 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional poorly defined hyperechoic nodules, an example measures 0.41 cm and 0.18 cm.

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



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normal. There is a small, slightly cystic appearing lesion visualized towards the periphery of the liver lobe measuring 0.49 cm x 0.49 cm.

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 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. Jejunum wall measures 0.25 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 left limb of the pancreas is 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 no evidence of a diffuse lymphadenopathy. There are occasional prominent lymph nodes. One lymph node visualized just cranial to the stomach measures 0.49 cm in diameter. A lymph node near the left kidney measured 0.39 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Poorly defined hyperechoic lesions/nodules visualized in the spleen – These have the appearance most consistent with benign lesions. Recommend continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Large, hyperechoic liver with a small cystic lesion – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The small cystic lesion has the appearance most consistent with a small cystadenoma, cystadenocarcinoma. Recommend continued monitoring.

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- Diffusely mildly thickened small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Occasional prominent mesenteric lymph nodes – At this time, these could represent reactive lymph nodes. Recommend continued monitoring and aspiration if there is further enlargement.

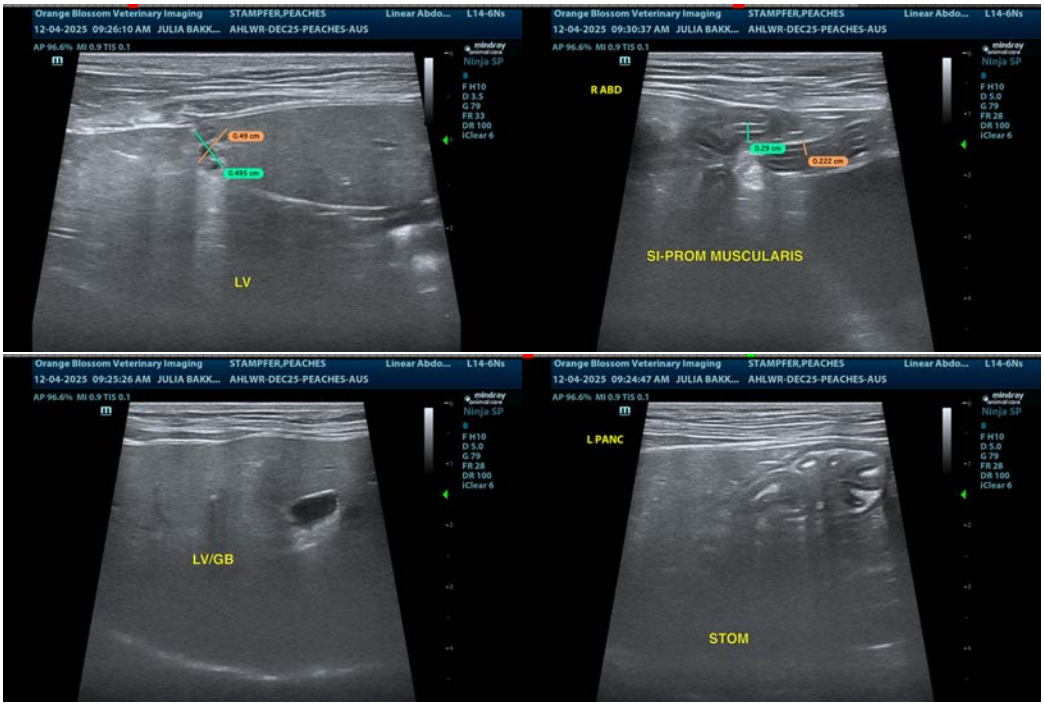
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is visible and hypoechoic, but active inflammation is not readily visualized. Findings are most consistent with pancreatic remodeling. If a PLI level is elevated, there could be chronic active pancreatitis present.

There is mild pyelectasia visualized associated with both kidneys. Correlate with a urine culture. This could be secondary to PU/PD.

No significant focal lesions are visualized associated with the liver. It generally appears somewhat large and hyperechoic. If further evaluation is desired, you could consider a fine needle aspirate (provided coagulation parameters are normal) and liver function testing.

The small intestine appears diffusely mildly "ropey" with some areas exhibiting a prominent muscularis layer. If an underlying enteropathy is strongly suspected, you could consider a GI panel to Texas A&M for a PLI, TLI, cobalamin and folate for initial further evaluation.



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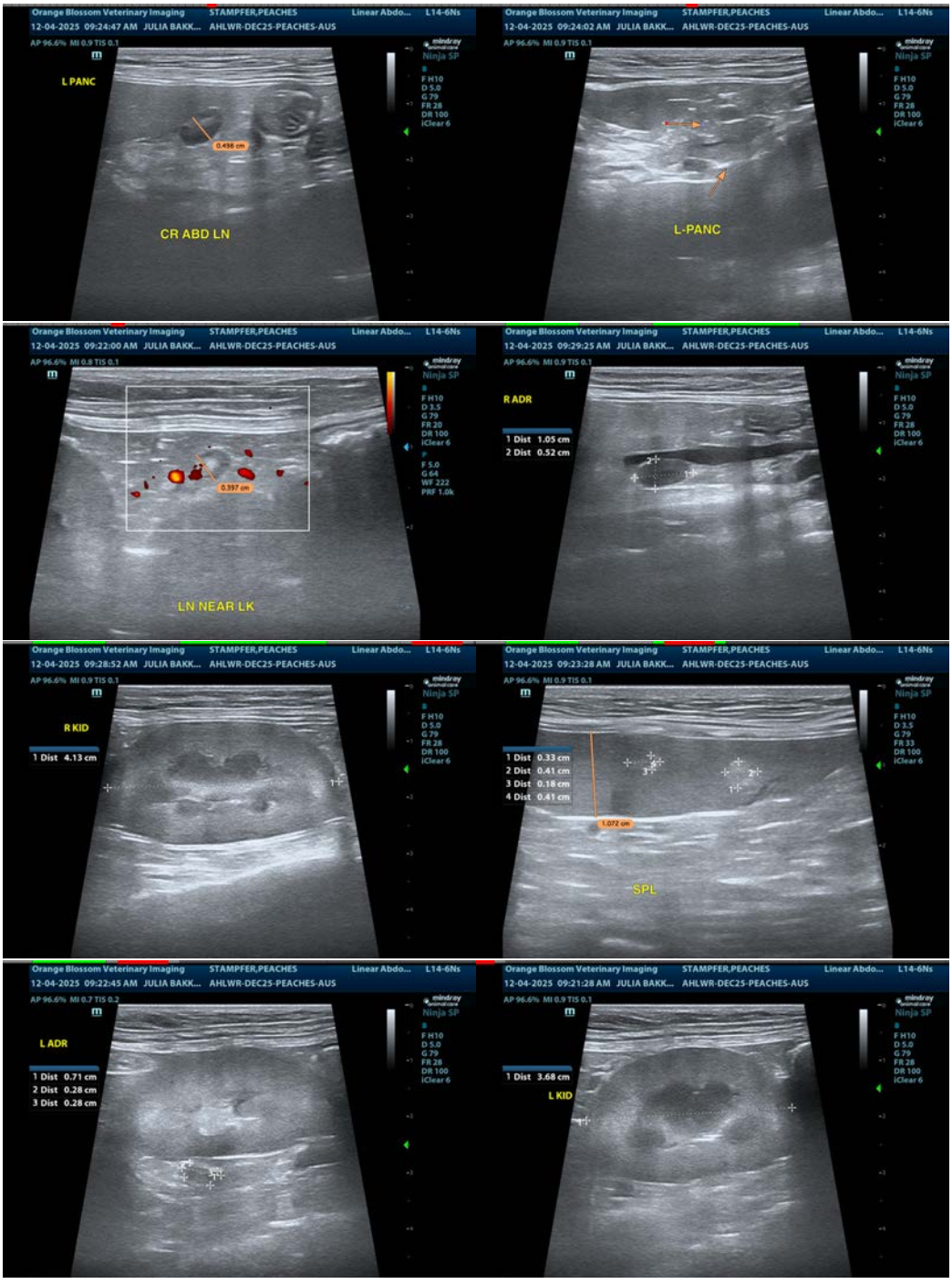

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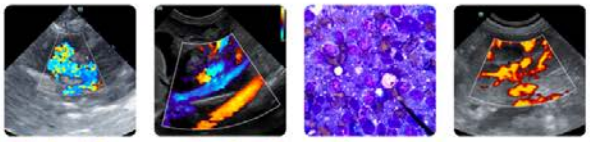

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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