


DATE PRESENTING CLINICAL SIGNS

12/9/25

PATIENT
Peppercorn Medley
Hayes

Patient History: Long-standing 2/6 systolic murmur, hyperthyroid controlled on 1.25 mg methimazole SID, asthmatic controlled on daily fluticasone, recent IBD and pancreatitis diagnosis, on Royal Canin HP + SO, B12, proviable and zyrtec. Pet is stable, gaining weight after above therapies started. Routine monitoring of echocardiogram. Follow-up monitoring of muscularis thickening and lymphadenopathy on previous ultrasound.

SPECIES

Feline

Current Medications: METHIMAZOLE 5MG TABLET 6/17/2025, VITAMIN B12 INJECTION 100ML BOTTLE 6/12/2025, zyrtec 5 mg SID, proviable SID, fluticasone inhaler daily.

Labwork Results: Labwork not attached, reported as recent labs NSF except mild eosinophilia.

Date of Previous IntraPet Ultrasound: 5/16/25. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

DSH

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

AGE

4/25/13

WEIGHT

12.8 lbs

The left kidney has a normal shape and size (3.83 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydronephrosis. Renal vasculature is normal.

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

The right kidney has a normal shape and size (4.1 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME
Everhart Veterinary
Hospital Cross Keys
Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

REFERRING VET

Dr. Notarangelo

The right adrenal gland is normal in size measuring 0.32 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 (0.96 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

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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. There is a

small cystic irregular lesion visualized at the tip of the caudoventral liver in the mid right region measuring 0.58 cm x 0.78 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. The muscularis layer appears diffusely thickened and prominent, similar to the previous exam on 5/16/25.

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 area of the pancreas is normal and isoechoic to surrounding 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 are occasional prominent mesenteric lymph nodes, an example of which measures 0.52 cm x 2.72 cm. The omentum is mildly hyperechoic in the cranial abdomen.

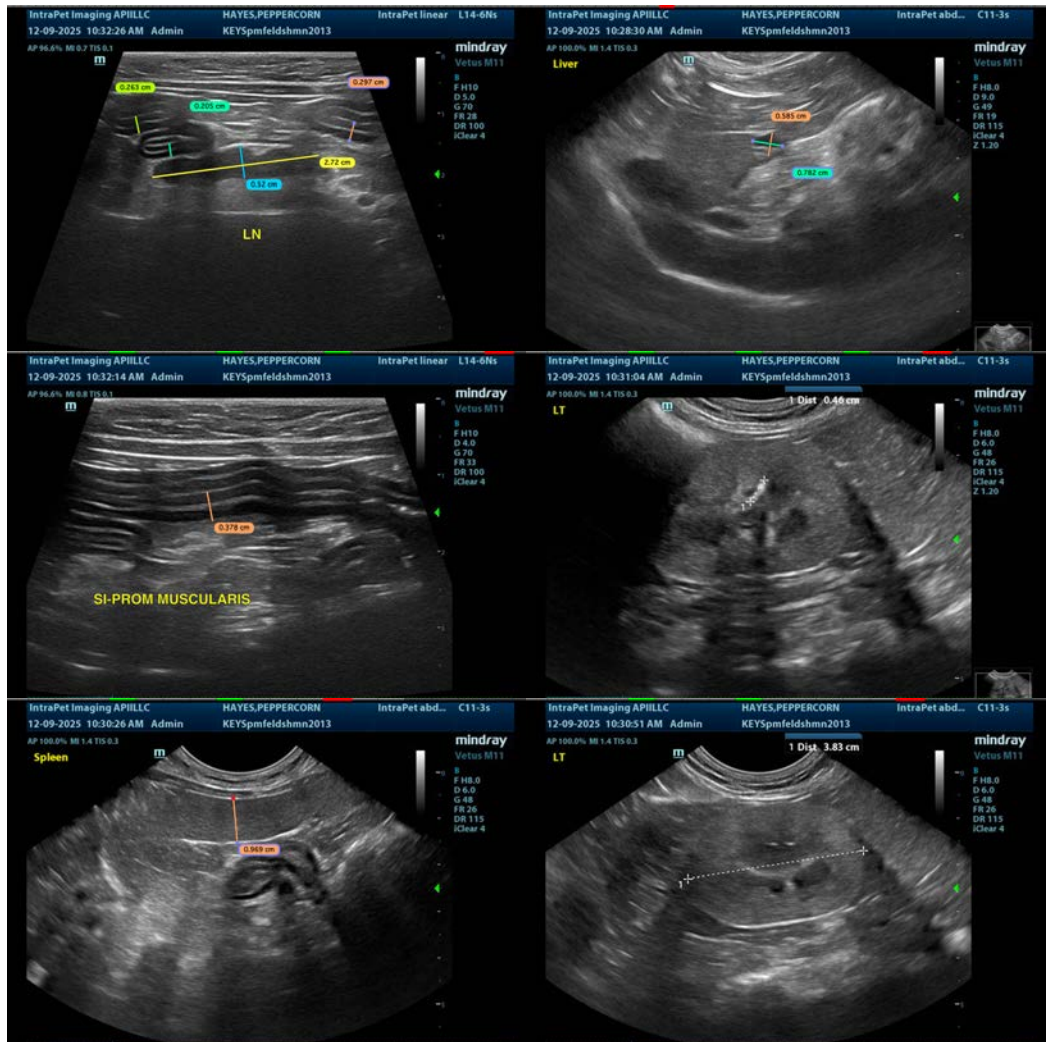
ULTRASONOGRAPHIC FINDINGS

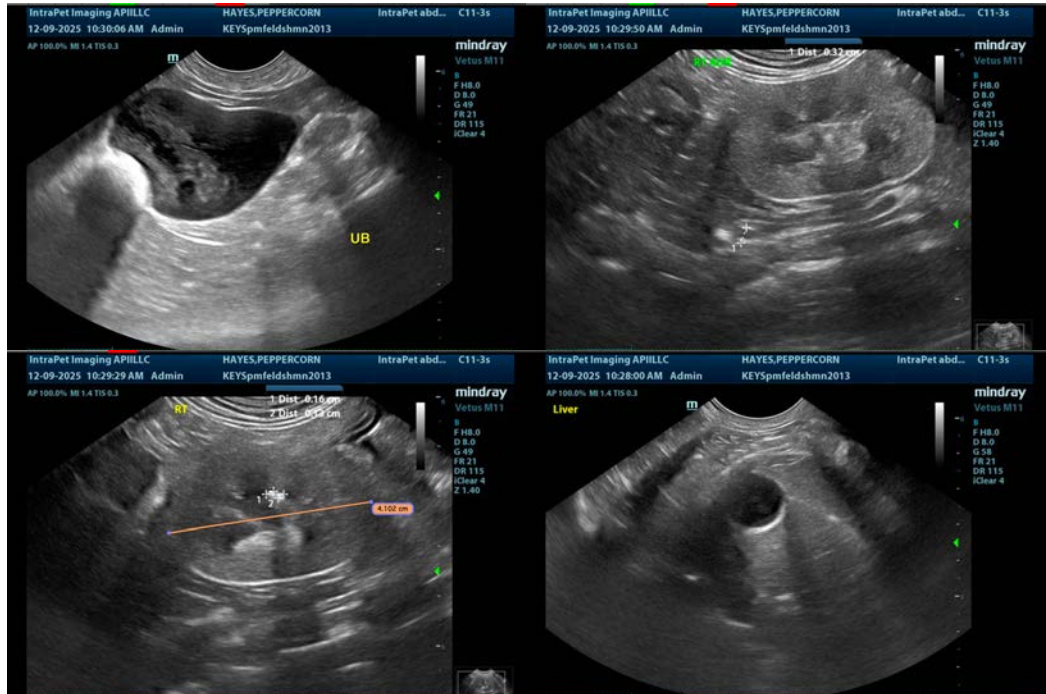
- Large amount of suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mildly reduced corticomedullary distinction in both kidneys with small pinpoint non-obstructive mineralizations – Findings are most consistent with age related chronic renal disease.
- Small cystic/irregular appearing lesion at the caudoventral aspect of the mid right liver- Findings could be consistent with a benign cystic lesion. Recommend continued monitoring for further evaluation (recheck in 3-4 months).
- Diffusely 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.
- Mild/moderate mesenteric lymphadenopathy – Findings are most consistent with significantly reactive lymph nodes. Early neoplastic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's clinical response to therapy has been very good. The ultrasonographic changes have not significantly improved, although they could be slightly improved. There has been no progression of these lesions. The appearance currently favors an inflammatory type process. If the response to therapy is unsatisfactory or previous symptoms start to reoccur, then biopsies of the GI tract would be recommended for further evaluation. Prior to this you could consider repeat imaging, looking for the development of a focal lesion.

There is a new small cystic lesion that appears to be associated with the liver. I suspect this represents a benign lesion, although a cystic neoplastic lesions (cystadenocarcinoma or similar) cannot be ruled out. Recommend continued monitoring with ultrasound.





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.

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