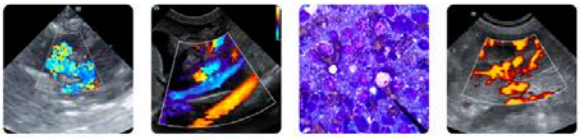


PATIENT

Betty Foley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15 Years

WEIGHT

8.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Wantage Veterinary Hospital

REFERRING VET

Dr. Bullock

INVOICE

73010

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Chronic v+, increased FPL. 2/6 systolic murmur. Current meds: Cerenia, Lysine, Gaba for AUS

Abnormal PE/Chem/CBC/UA Results: BNP 101, fPL 19.9

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 (3.59 cm) with pinpoint non-obstructive nephroliths. 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.85 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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 0.59 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.

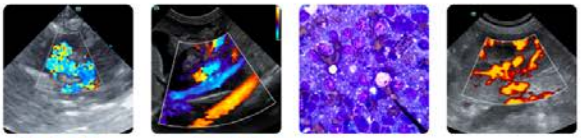
Spleen

The spleen is subjectively normal in size (0.75 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized in the caudal aspect of the mid right liver measuring 0.87 cm x 0.40 cm.

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 not clearly visualized. Distally at the level of the duodenal papilla, the bile duct is prominent measuring at 0.42 cm.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.37 cm 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 to mild 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 0.36 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely mildly thickened and "ropey" with some segments exhibiting a prominent muscularis layer. Additionally, there is segmental fluid distention and some areas exhibiting significant corrugation most consistent with enteritis.

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 large and hypoechoic to surrounding mesentery. There are numerous hypoechoic lesions throughout the pancreas (left limb > right limb), most consistent with cystic lesions or hypoechoic nodules, generally measuring approximately 0.30-0.40 cm in diameter. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is diffusely hyperechoic, particularly around the left limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic active pancreatitis, as well as focal hypoechoic lesions most consistent with hypoechoic nodules or cystic lesion.
- Large, heterogeneous liver with a hypoechoic nodule – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The nature of the hypoechoic nodule is uncertain. This could represent a benign or neoplastic lesion.
- Moderate gallbladder debris – 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.
- Mild diffuse small intestinal thickening with prominent muscularis layer and some areas exhibiting moderate fluid distention and corrugation – Findings are most consistent with inflammatory type change, possible IBD +/- acute enteritis. Additionally, a degree of ileus is possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

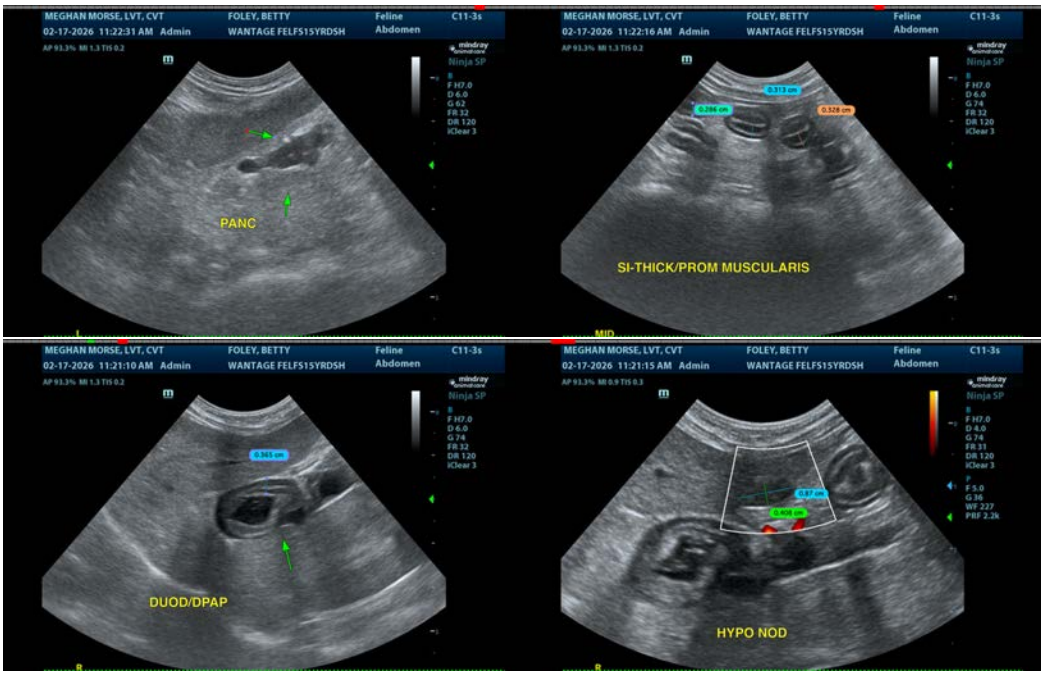
The left limb of the pancreas is very prominent and hypoechoic with numerous focal hypoechoic lesions. This could represent lymphoid hyperplasia, cystic lesions, or even an early neoplastic process. Recommend treatment for chronic active pancreatitis and continued monitoring of the pancreas. A fine needle aspirate of the hypoechoic lesions could be considered for cytologic evaluation. If the patient is not responding to therapy, consider repeat imaging to reevaluate the appearance of the pancreas.

The small intestine appears mildly thickened with some areas exhibiting prominent muscularis layer as well as fluid distention and corrugation in some regions. Findings could be consistent with a chronic enteropathy, but the enteritis type changes appear more acute in nature +/- ileus. No focal lesions are visualized, but a small focal lesion cannot be completely excluded. Consider the following in conjunction with treatment for acute pancreatitis/gastroenteritis:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent, ultimately biopsies of the GI tract and pancreas may be warranted.

The liver is large and heterogeneous. The significance of this in the absence of liver enzyme elevations is uncertain, although there could be some concern for underlying round cell neoplasia or similar. A fine needle aspirate of the liver could be considered (provided coagulation parameters are normal).



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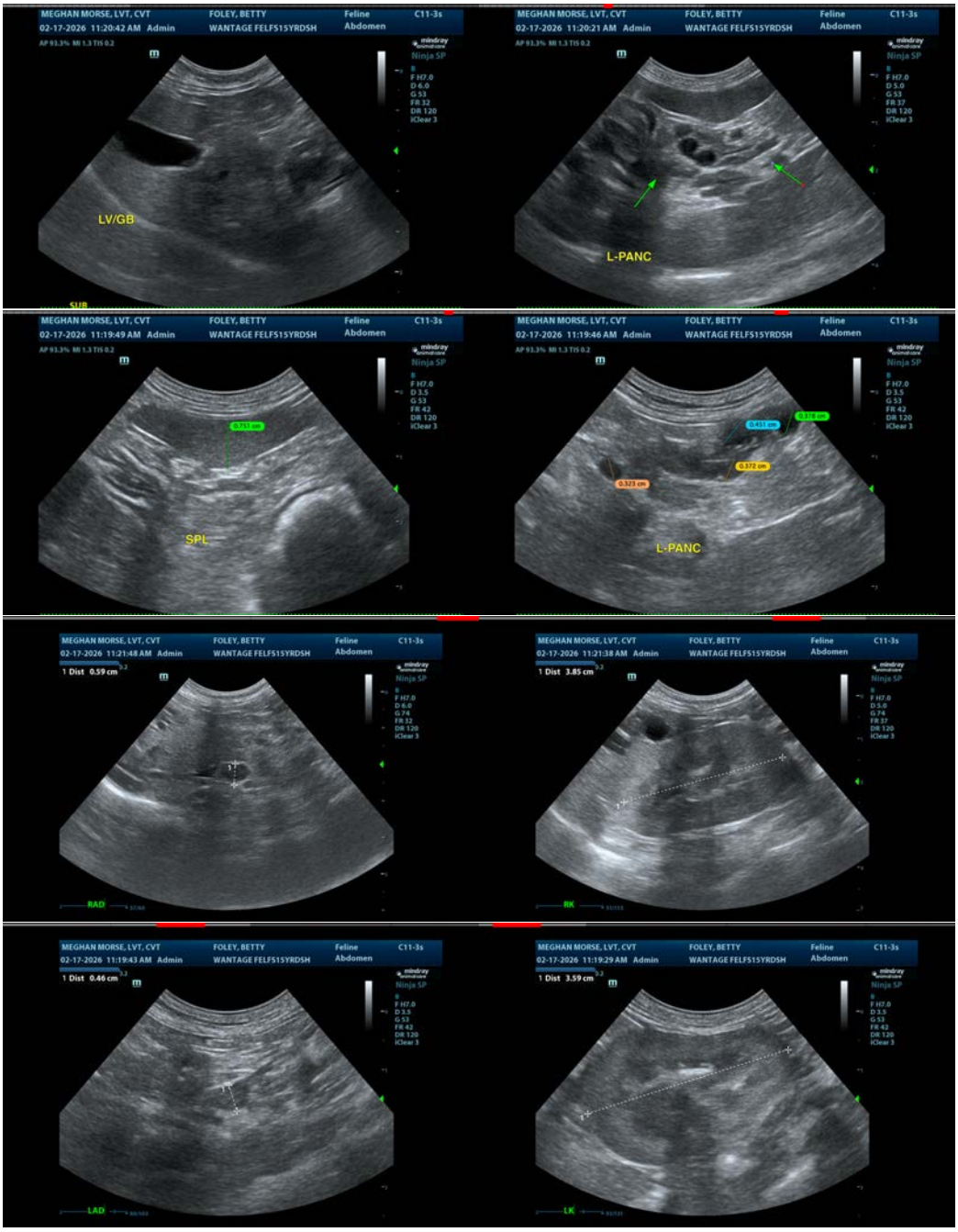

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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