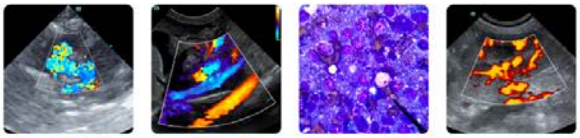


PATIENT

Rogie Chandler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

6.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Holliday Veterinary Hospital

REFERRING VET

Dr. Minardi

INVOICE

73109

DATE

2/19/26

PRESENTING CLINICAL SIGNS

QAR, friendly patient. Historically overweight. Progressive weight loss has been noted since August 2025 (approximately 2 bs) despite a normal appetite. Diagnosed with Feline Hyperthyroidism in 2021 - controlled at this time. Grade II/VI left-sided systolic HM noted - no evident cardiac signs at this time. Some increased bronchovesicular lung sounds noted. Abdominal palpation is non-diagnostic due to excessive abdominal fat. Bilateral suspected stifle OA/DJD. Advanced lenticular sclerosis - some visual deficits OU.

Current Medications: Methimazole 2.5mg PO BID, Gabapentin 25mg Tablet PO BID for pain relief, will receive a double dose of Gaba (50mg) 2 hours prior to the U/S

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam O is concerned primarily about possible abdominal neoplasia or primary GI illness that could explain the recent weight loss. Any masses? The murmur has has also slightly progressed from Grade I to II since the summer- O concerned for progressive cardiac disease and would like to know if any medications are warranted at this time See attached labwork

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, or masses. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris. In the dependent portion of the urinary bladder there is hyperechoic shadowing debris most consistent with sandy debris +/- small stones. There is a small hyperechoic foci visualized in the urethra measuring 0.19 cm.

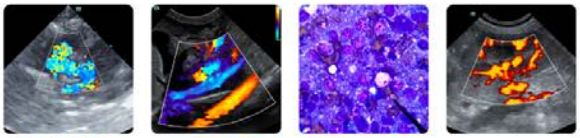
The left kidney is normal in size with irregular margins, measuring 3.79 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.87 cm) with slightly irregular margins. 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 0.53 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.



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Spleen

The spleen is subjectively normal in size (0.94 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.

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.23 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 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, 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

- Suspended and dependent echogenic debris in the urinary bladder – Correlate with urinalysis, culture and radiographs.
- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized associated with the GI tract on today's exam. This does not rule out the possibility of underlying gastrointestinal disease but makes severe disease less likely at this time.

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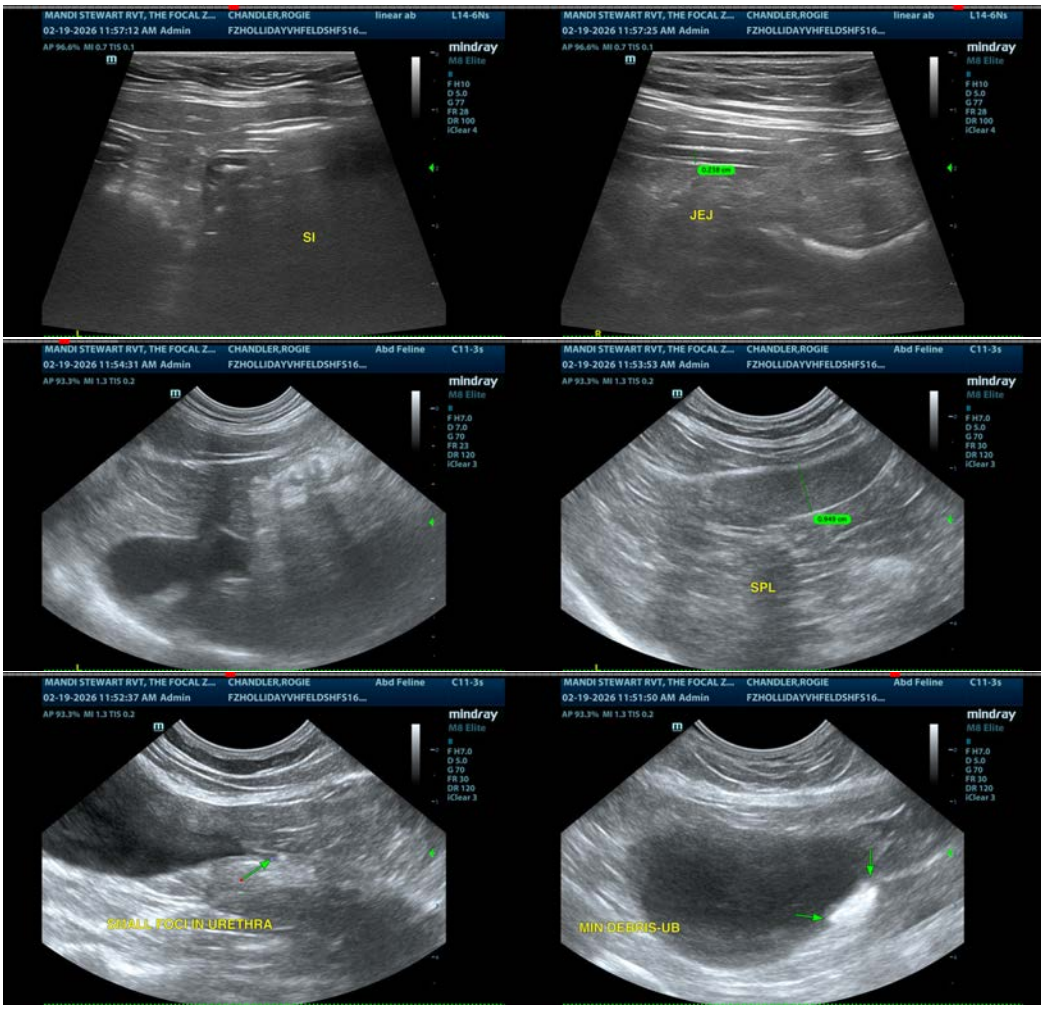
Both kidneys have changes consistent with chronic renal disease. Correlate current lab work with a urinalysis to assess urine concentrating ability. Additionally, consider a blood pressure +/- urine protein to creatinine ratio to establish a baseline.

There is some echogenic and dependent mineralized debris visualized in the urinary bladder. Correlate with the aforementioned urinalysis, culture and radiographs to determine if there are any large or radiopaque stones visualized. There is a very small hyperechoic foci in the proximal urethra, which likely is small enough to pass in a female.

Based on today's assessment, I would suspect early renal disease as a source of weight loss. If symptoms are persistent and/or more of a GI component is established, consider repeat imaging, looking for possible progression of GI changes.



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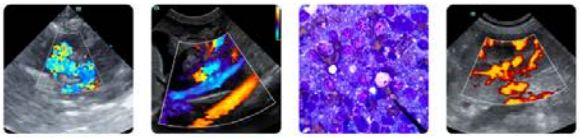

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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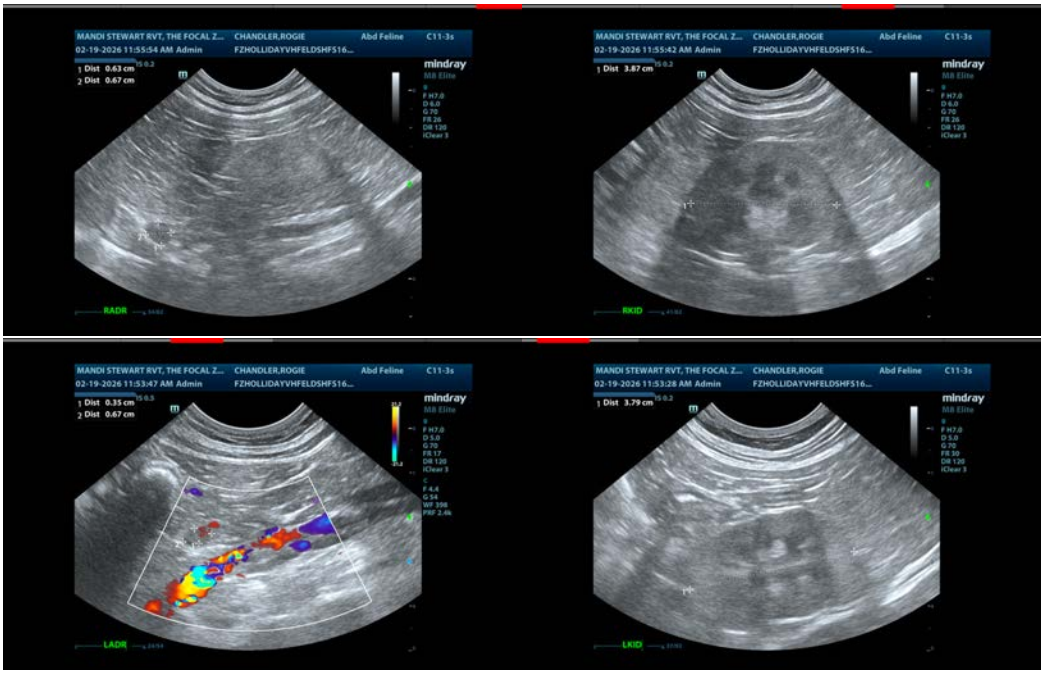

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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