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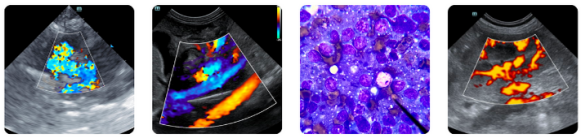

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
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PATIENT

Pudge Maciel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

4.18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley Veterinary Hospital

REFERRING VET

Dr. Kristi Cortright

INVOICE

11365

DATE

2/24/2026

PRESENTING CLINICAL SIGNS

- Owner mentioned concerns about patient continuing to lose weight. O expressed patient seems like he is developing dementia and not knowing where he is at most of the time and forgetting quickly about her whereabouts. O also expressed it seems like he is unable to settle himself, especially at night. Patient is indoor only.
- Working diagnosis: Thyroid dz / Renal dz.

Abnormal PE/Chem/CBC/UA Results: BUN 37 HIGH Cholesterol 229 HIGH Amylase 1934 HIGH Platelet Count 193 LOW Lymphocytes 18 LOW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears normal thickness with a smooth mucosal surface. In the region of the ventral apex there is a small amount of hyperechoic tissue. This could be consistent with adherent debris or a small urachal cyst. The region of the trigone, ureteral papillae and proximal urethra appear within normal limits.

The left kidney has a normal shape and size (3.9 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 has a normal shape and size (4.11 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 0.44 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 (0.93 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.

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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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.21 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 pancreas is prominent and mottled in the left limb. 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. Small cluster near the ileocecal junction measure 0.33 cm and 0.41 cm. Additionally, there's a large mottled hypoechoic mesenteric lymph node visualized measuring 0.5 cm x 1.8 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

PRIMARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, hypoechoic mesenteric lymph node and occasional clusters of prominent mesenteric lymph nodes. Findings could be consistent with highly reactive or early neoplastic lymph nodes.

SECONDARY FINDINGS

- Small irregularity at the apical ventral region of the urinary bladder. Findings could be consistent with some adhered debris, a small urachal cyst, etc. This is likely not significant in the absence of lower urinary tract symptoms.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal mass lesion responsible for the weight loss and abnormal behavior is not clearly identified.

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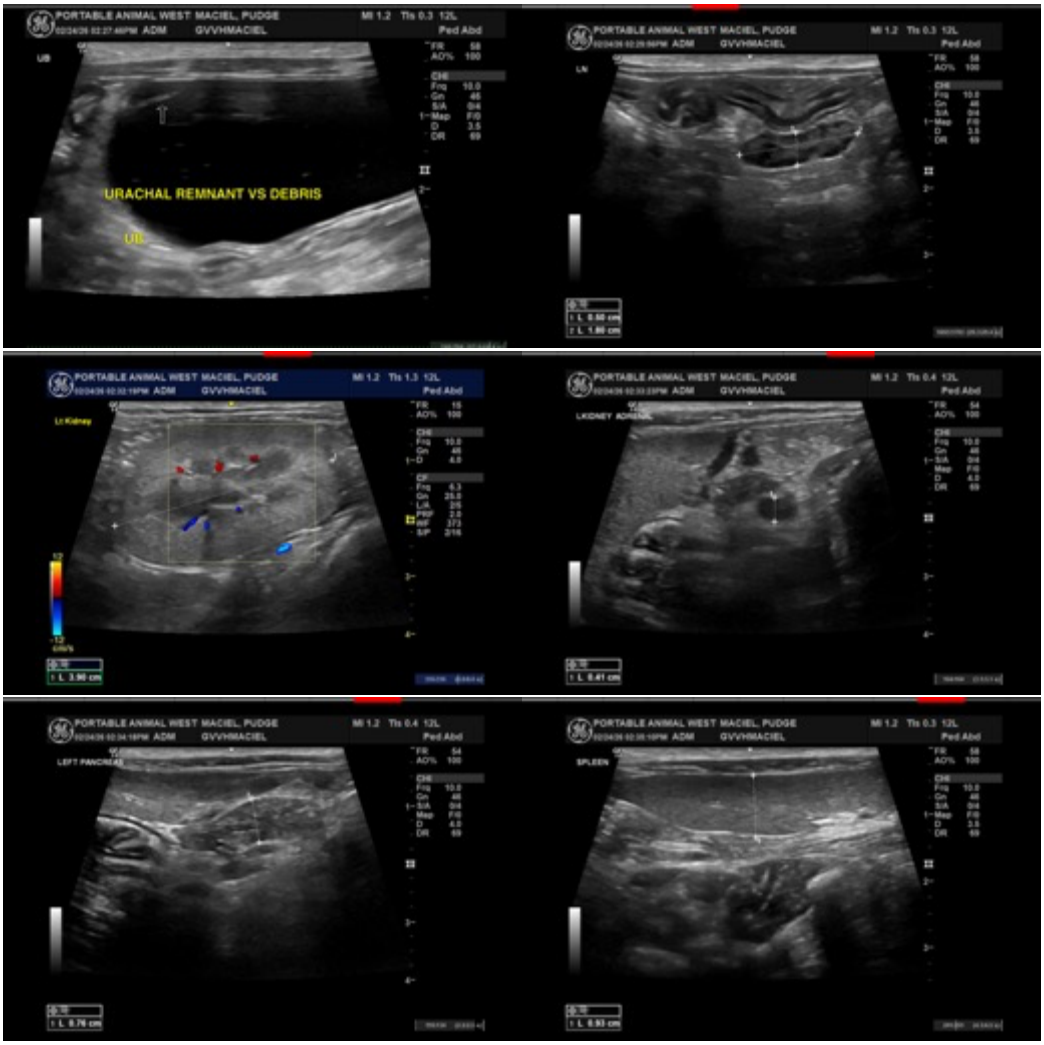
Both kidneys are hyperechoic with decreased corticomedullary distinction suggestive of possible early renal disease. Correlate with a urinalysis, culture, and a blood pressure evaluation (+/- urine protein-creatinine ratio.)

The left limb of the pancreas is somewhat mottled and hypoechoic. Correlate with PLI level. If this is significant elevated, consider treatment for chronic pancreatitis.

Theres a large, hypoechoic mesenteric lymph node and occasional clusters of prominent mesenteric lymph nodes. If a safe window for sampling of the larger lymph node is available, you could consider a fine needle aspirate.

The small intestine appears relatively normal with no evidence of definitive thickening. This does not rule out the possibility of a primary enteropathy. If this is a significant concern, consider a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate. If this is suggestive of underlying small intestinal disease, further workup may be warranted.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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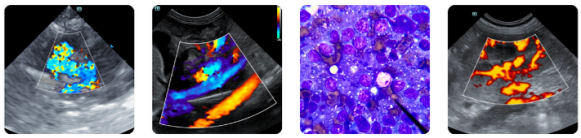

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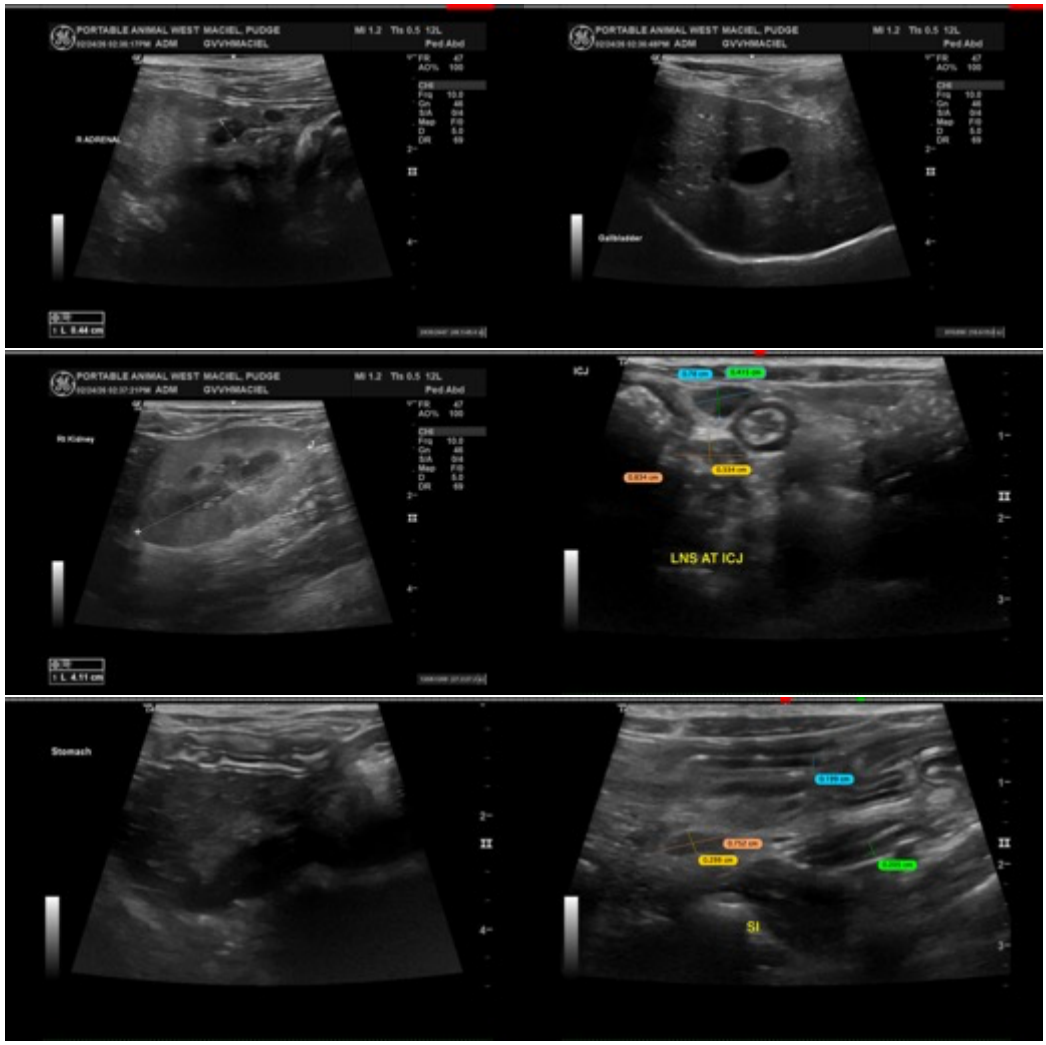

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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