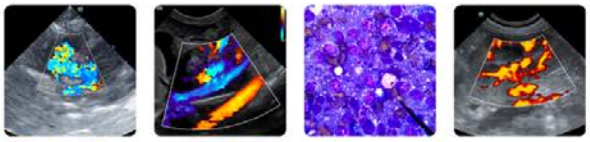


PATIENT

Cleo Johnson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

7.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

73254

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Weight loss, Hyperthyroidism (chronic), Kidney disease (chronic), INCREASED FREQUENCY OF REGURGITATION, VOMITING LARGE HAIRBALL. Differentials: For weight loss and GI signs: progression of hyperthyroidism, progression of chronic kidney disease, gastrointestinal neoplasia (e.g., lymphoma), inflammatory bowel disease, malabsorption/maldigestion.

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 (2.78 cm) with mild pyelectasia at 0.17 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.98 cm) with mild pyelectasia at 0.18 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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.

The right adrenal gland is normal in size measuring 0.22 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.

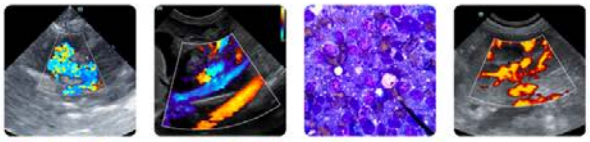
Spleen

The spleen is subjectively normal in size (1.0 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.



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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. Jejunum wall measures 0.20 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 non-formed fecal material and gas shadowing distally. The descending colon appears slightly prominent. The wall measures at 0.21 cm with prominent submucosal layer.

Pancreas

The pancreas is visible and mottled with a prominent pancreatic duct in both limbs. 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 a significant lymphadenopathy with a cluster of large, hypoechoic, rounded, cystic lymph nodes cranial to the urinary bladder. Examples measure 0.80 cm x 1.11 cm, 1.4 cm x 0.76 cm, and 0.84 cm x 0.94 cm. Additionally, there are some prominent lymph nodes near the ileocecal junction measuring 0.42 cm x 0.38 cm. The omentum is hyperechoic around the enlarged lymph nodes and slightly reactive around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia – Findings are most consistent with chronic renal disease. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, mottled pancreas with mild reactive mesentery in the region – Findings are most consistent with chronic pancreatic remodeling and mild chronic pancreatitis.
- Large, cystic, rounded, hypoechoic mesenteric lymph nodes – Findings could be consistent with highly reactive or early neoplastic lymph nodes.
- Prominent colon wall with prominent submucosal layer – Findings could be consistent with inflammation/colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the gastrointestinal tract to explain the regurgitation and hairballs reported. Unfortunately, you can still have an enteropathy despite relatively normal appearing ultrasonographic findings. Recommend thoracic radiographs to evaluate the esophagus, and potentially upper GI endoscopy to further evaluate this region and to obtain biopsies from the proximal

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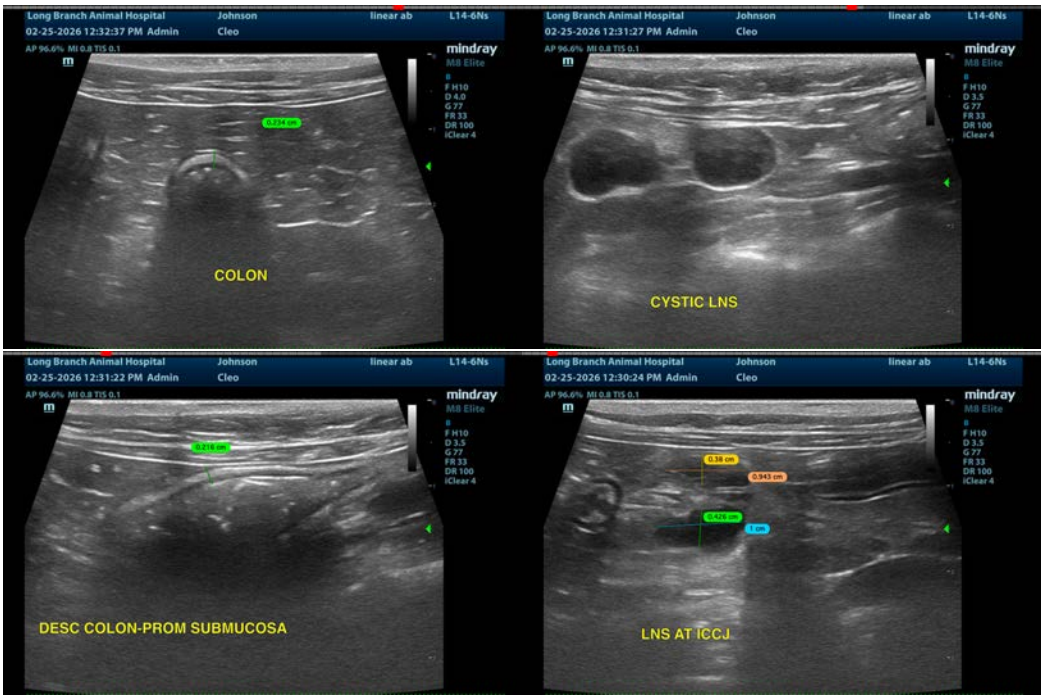
GI tract.

Both limbs of the pancreas are somewhat prominent, particularly in the region of the body of the pancreas, with some mild generalized inflammation in the region. Correlate with PLI level and consider empirical treatment for chronic pancreatitis.

Both kidneys have changes consistent with chronic renal disease and mild pyelectasia. If not already done, recommend a blood pressure, urinalysis, culture +/- urine protein to creatinine ratio as a baseline.

There are several large, hypoechoic, rounded, cystic lymph nodes in the abdomen, particularly craniodorsal to the urinary bladder. A definitive source of inflammation or a primary neoplasm is not clearly identified. Consider a fine needle aspirate (if a safe window for sampling is available) for cytologic evaluation.

Additional evaluation could include a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence of concurrent gastrointestinal disease, which may warrant further evaluation.



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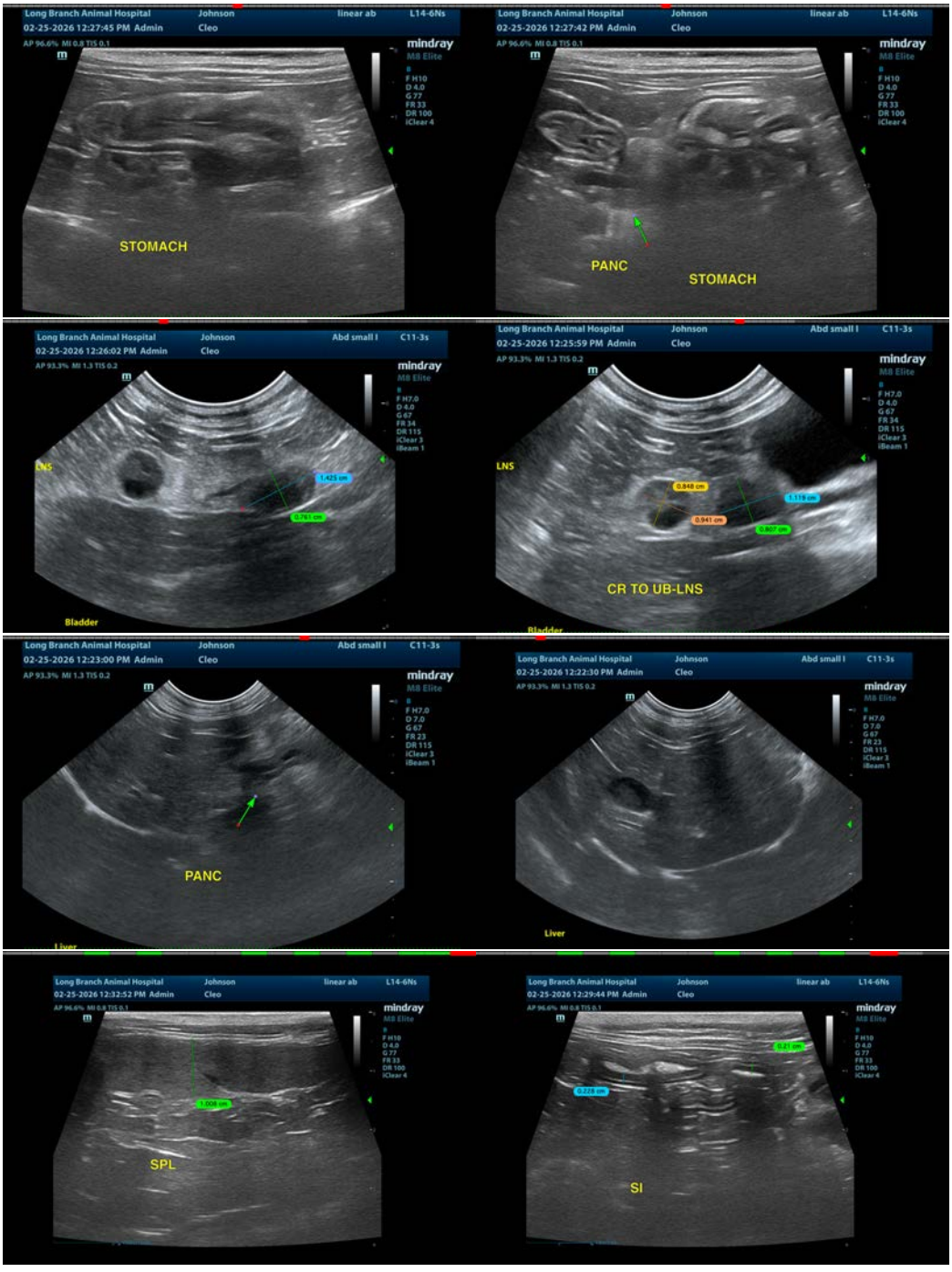

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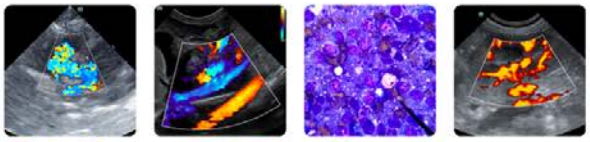

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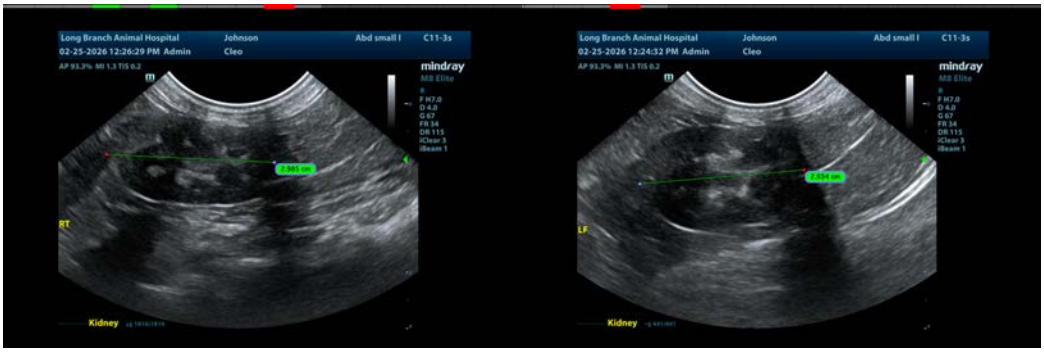

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com