



DATE PRESENTING CLINICAL SIGNS

03/10/26 Patient History: Weight loss, inappetence, vomiting and diarrhea.

PATIENT Current Medications: Currently starting methimazole 5mg SID. Also, Mirataz past several days to encourage appetite. Convenia given 3/7/26

Max Jones Labwork Results: Labwork not attached, reported as: superchem/cbc wnl. elevated t4 (8)

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torb/Telazol

SPECIES Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH **Urinary System**

The urinary bladder is moderately distended with suspended echogenic debris. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Neutered Male

The left kidney has irregular shape and normal size (4.14 cm). Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Renal vasculature is normal. There is focal irregularity at both poles most consistent with previous infarcts and there is some nonobstructive cortical mineralizations.

AGE

04/07/14

WEIGHT

10.1 pounds

The right kidney has a normal shape and size (4.28 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. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal in size measuring 0.53 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 0.46 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.

HOSPITAL NAME

Honeygo Animal
Hospital

Spleen

REFERRING VET

Dr. Weichert

The spleen is subjectively normal in size, 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. The spleen measured 0.95 cm.

Liver

INVOICE

14208

The right 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.7 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 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. The duodenum measured 0.29 cm in diameter, and the jejunum measured 0.27 cm in diameter. 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 pancreas is prominent and slightly hypoechoic in both limbs (left greater than right) compared to the surrounding isoechoic 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 is diffuse lymphadenopathy present with particularly irregular hypoechoic lymph nodes visualized near the mesenteric root with an example measuring 0.63 cm x 2.3 cm and 1.08 cm x 1.76 cm.

Pancreaticoduodenal lymph nodes were prominent measuring 0.54 cm x 1.31 cm.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with previous left renal infarcts- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Segmental areas of mildly 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.
- Mesenteric lymphadenopathy- findings can be consistent with highly reactive lymph nodes or early neoplastic process.

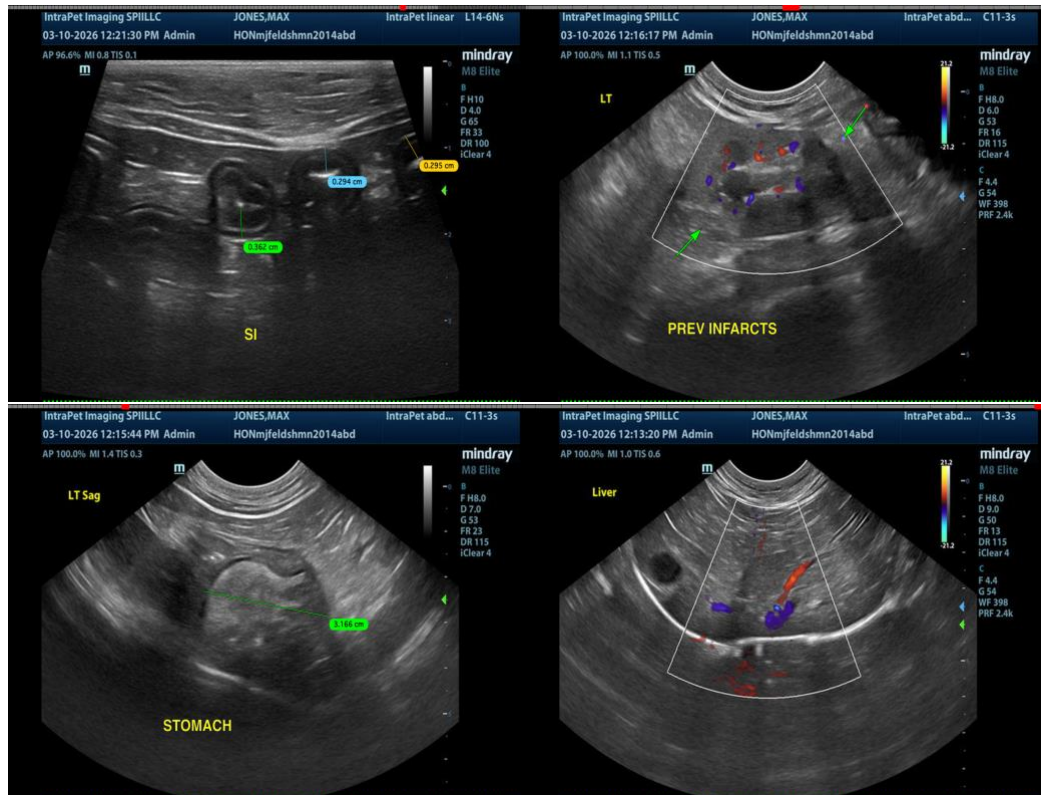
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

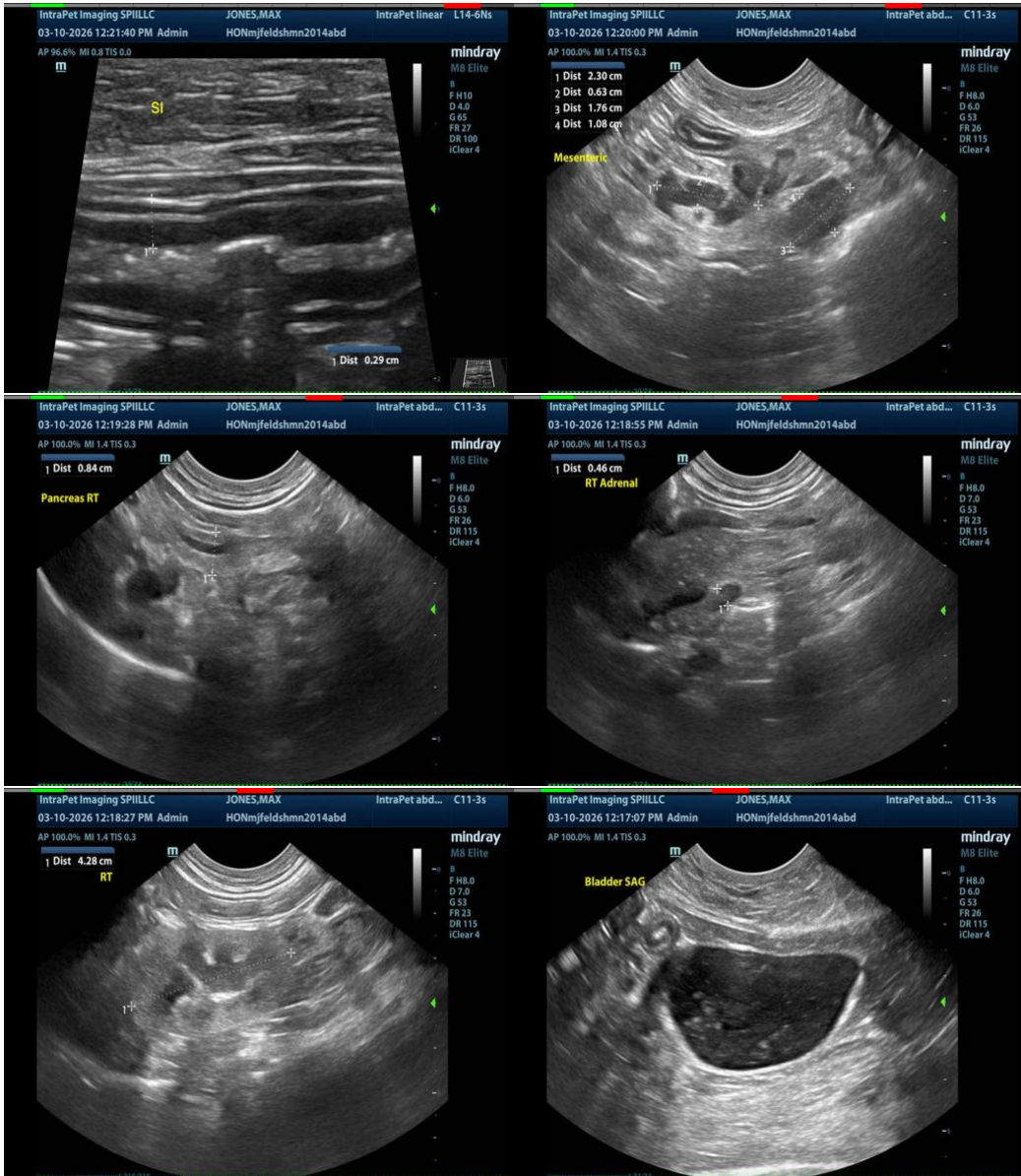
No focal mass lesions are observed. Although the mesenteric lymph nodes appear large, hypoechoic and somewhat irregular. If a safe window for sampling is available, consider a fine needle aspirate. There are mild segmental changes to the small intestine, possibly consistent with mild inflammatory type disease. If underlying small intestinal disease is suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If this is significantly abnormal, further evaluation for underlying gastrointestinal disease may be warranted.

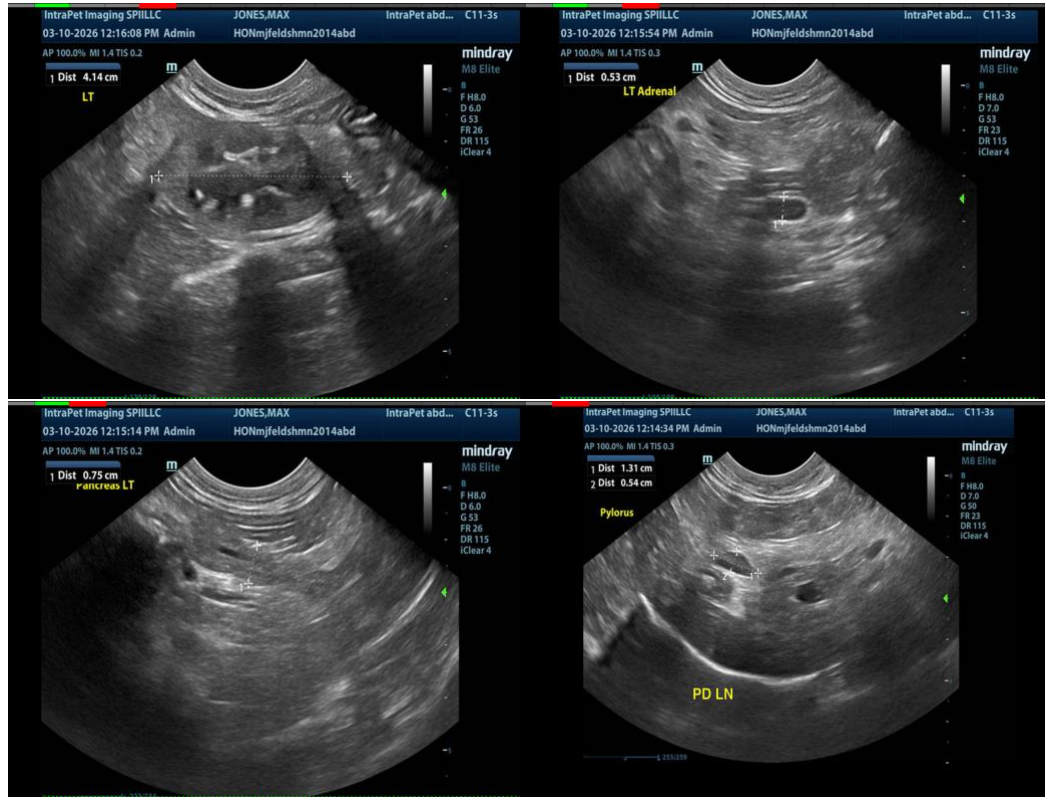
Both kidneys have changes consistent with chronic age-related renal disease. Correlate with renal values and urine concentrating ability. Close monitoring of renal values is warranted when starting methimazole, as this can unmask renal disease.

The pancreas appears somewhat prominent but not overtly inflamed. Correlate with a PLI level. If this is significantly elevated, consider empirical treatment for chronic pancreatitis.

If symptoms are persistent and additional workup is not helpful, consider repeat imaging in the future looking for the progression of the lymphadenopathy or other changes.







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