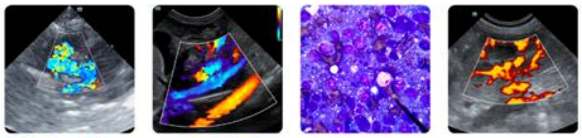


PATIENT

Delilah MASAI

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7

WEIGHT

3.74

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ilse Dedden

HOSPITAL NAME

Brighton Veterinary Clinic

REFERRING VET

Dr.Thiemann

INVOICE

24168

DATE

03/11/2026

PRESENTING CLINICAL SIGNS

- Sedation: Buprenoprhine 0.02mg/kg given PO in the morning, 10mcg/kg medetomodine prior to ultrasound.
- Fasted for about 12 hours. Has been on 6mg dexamethasone SID and 50mg Tylosin SID since Feb 24, 2026. Previously on prednisolone from September until December 2025 for chronic diarrhea. Previous diagnostics at rDVM have been unremarkable (fecal testing, diarrhea panel, GI panel, CBC/Chem). Found as a stray in 2021.
- Was seen yesterday at rDVM for painful bloated abdomen and radiographs taken showing air distention in stomach.
- Abnormal PE/Chem/CBC/UA Results: Bloodwork/UA performed in clinic today: Mild anemia, marked elevation in ALT, mild elevation in ALP, mild elevation in BUN, mild to moderate hyperglycemia, hypokalemia. USG 1.025, 3+ glucosuria, Microscopy: 2+ cocci, 10 RBC/HPF, 2-4 WBC/HPF, occasional renal tubular epithelial Cells,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine and a small amount of dependent hyperechoic debris. 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 is normal in size, slightly irregular in shape (likely due to previous infarcts) with decreased corticomedullary distinction measuring 4.08 cm with pinpoint non-obstructive mineralizations.

The right kidney is normal in size, slightly irregular in shape (likely due to previous infarcts) with decreased corticomedullary distinction measuring 3.58 cm with pinpoint non-obstructive mineralizations.

Adrenal Glands

Normal area of the left adrenals.

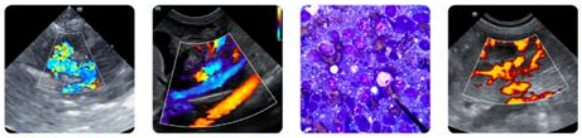
The right adrenal gland is normal in size measuring 0.45 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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 0.94 cm in width.

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



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Gastrointestinal

The stomach contains moderate fluid. 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 subjectively there is somewhat reduced progressive motility. 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 (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.24 cm width.

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

Both limbs of the pancreas are large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

There is a small amount of free abdominal fluid.

No significant lymphadenopathy.

The omentum is hyperechoic in the cranial abdomen and the region of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Mild dependent echogenic debris in the urinary bladder
- Bilateral renal changes consistent with chronic renal disease
- Pancreatic changes consistent with chronic active pancreatitis
- Heterogeneous liver
- Fluid distended stomach and mild fluid distension of the small intestine, no evidence of an obstruction is noted and no focal lesions, findings are most consistent with generalized mild ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent, remodeled and hypoechoic in both limbs, most consistent with chronic pancreatic remodeling and pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis. Based on the lab work provided, new onset diabetes is suspected. This patient is on a very high dose of steroids, consider tapering to just above a physiologic dose and initiating insulin therapy if clinically appropriate.

There is mild echogenic debris in the urinary bladder. Recommend UA and culture.

No focal lesions were visually associated with the liver. Depending on the degree in which liver enzyme elevations are elevated, you could consider a liver function test and a fine needle aspirate. If liver enzymes continue to rise despite appropriate treatment for pancreatitis and diabetes, biopsies of the liver with samples for histopathology and culture may eventually be warranted. You could consider

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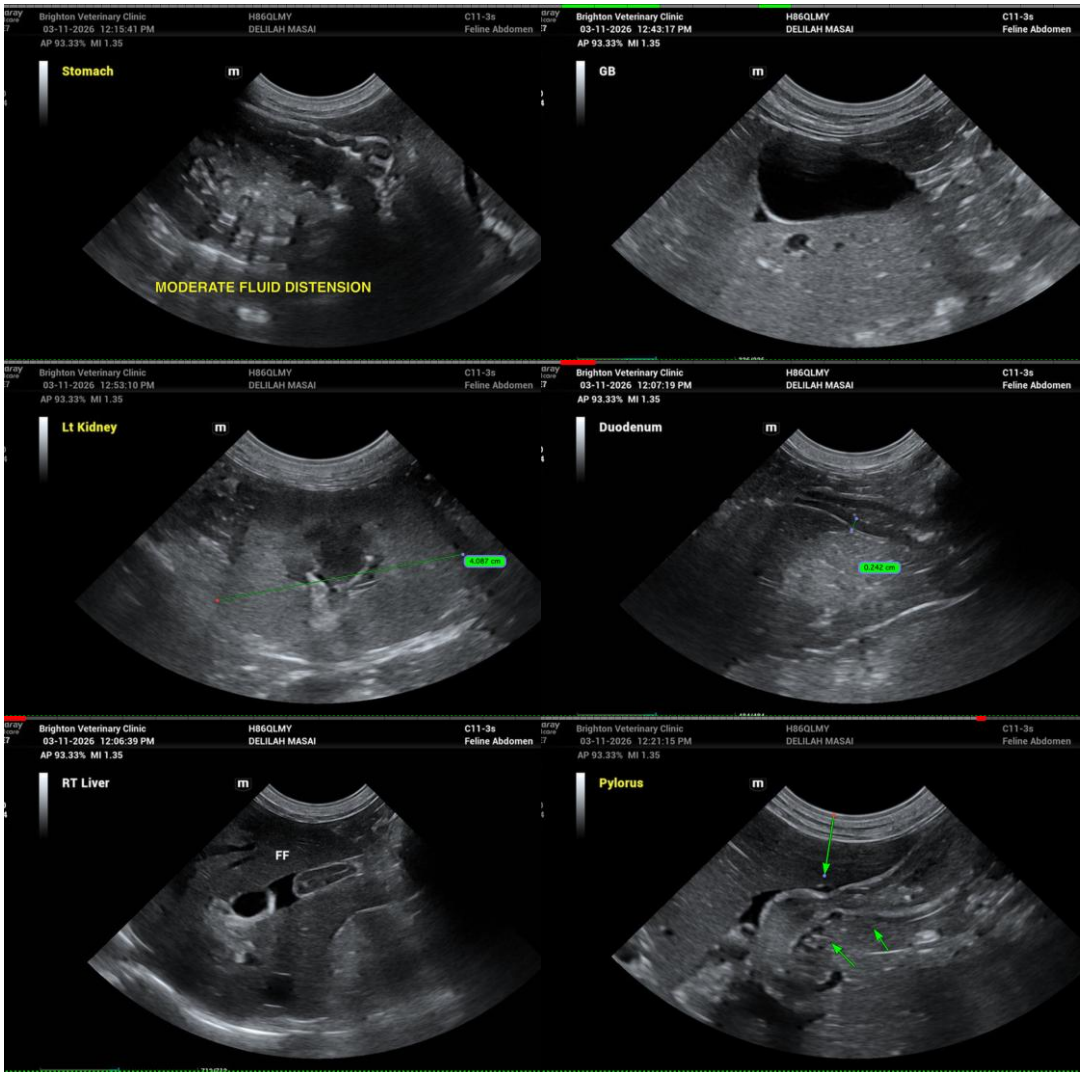
empirical treatment for acute liver injury prior to this (ursodiol, Denamarin, antibiotics, etc.)

The ileus reported could be secondary to pancreatitis, underlying gastrointestinal disease cannot be ruled out. Recommend continued monitoring and reassessment of the patient if underlying gastrointestinal disease is suspected.

An obvious cause for the free abdominal fluid is not evident, although generalized inflammation, pancreatitis etc. may be present. Recommend 3 view thoracic radiographs to evaluate for concurrent cardiopulmonary disease.

Both kidneys are somewhat irregular in shape; this is likely due to previous infarcts and chronic renal changes. If renal function is deteriorating, consider reevaluation as infiltrative disease to the kidneys cannot be ruled out.



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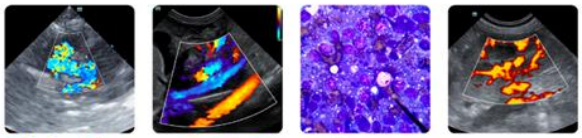

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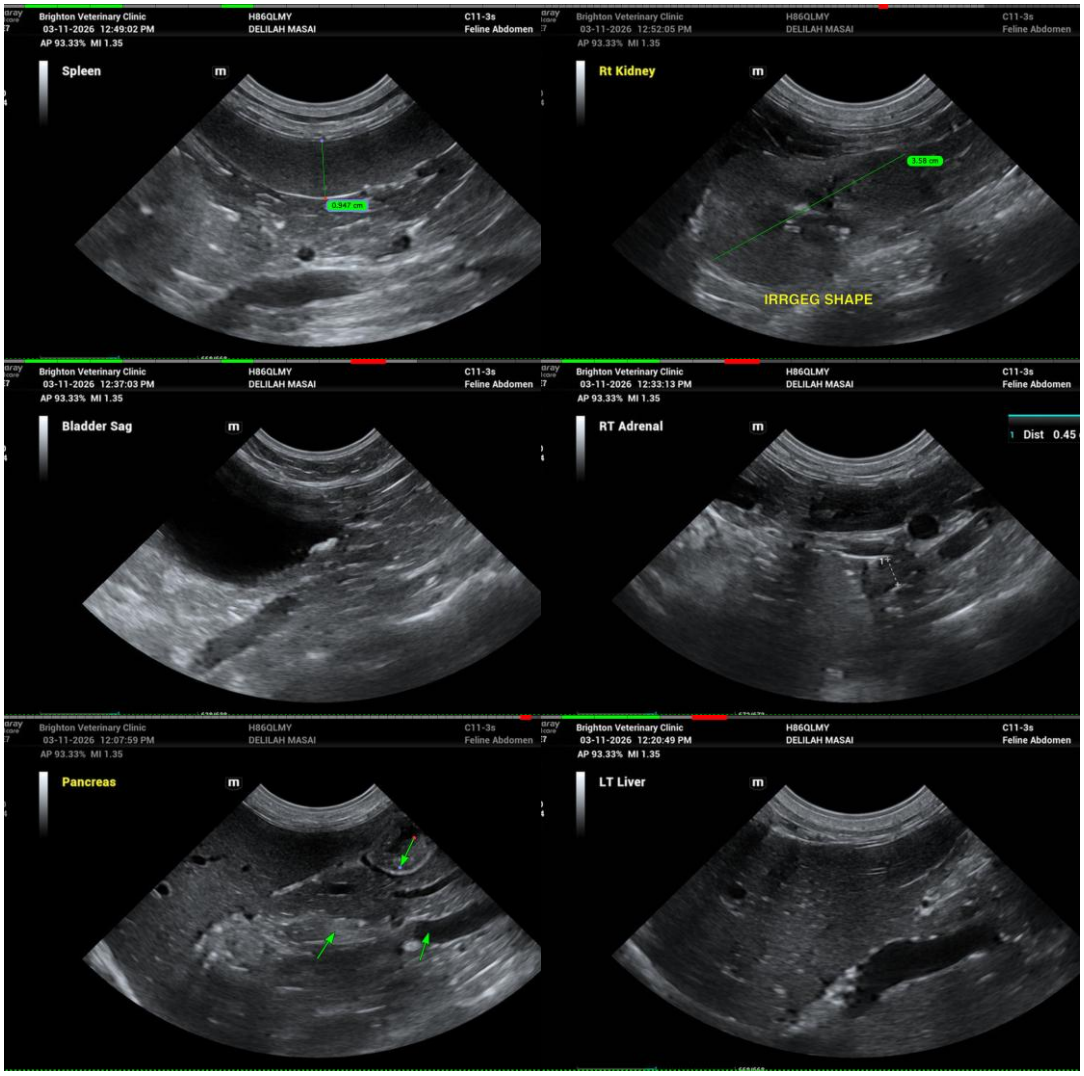

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com