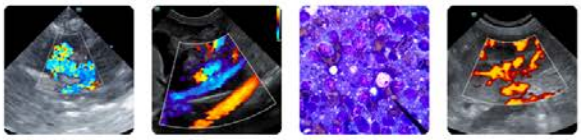




**DATE**

3/17/26

**PATIENT**

Boo Hauschild

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6/30/18

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Pleasantville Animal Hospital of Fallston

**REFERRING VET**

Dr. Gounaris

**INVOICE**

73757

## PRESENTING CLINICAL SIGNS

**Patient History:** Weight loss over about a year, but as of 2/17 has developed diarrhea and poor appetite, occasional vomiting. Periodontal disease present and dental performed 2/25 - one diseased canine removed along with 3 premolars. Triamcinolone and convenia administered at time of dental. Post dental, patient's appetite somewhat improved, but is still poor per owner, and patient is still having diarrhea. We have treated w/ panacur, metronidazole, proviable, and recently prescribed RC hydrolyzed + urinary SO(patient also has history of of FLUTD). Giardia negative.

**Current Medications:** Just completed panacur 50mg/kg PO deworming 5 day course. Also have tried metronidazole 15mg/kg and proviable. Received convenia/triamcinolone on 2/25 post dental
**Labwork Results:** Labwork attached, reported as: No BW abnormalities noted in Sept 2025 or Feb 2026.
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** Alfax/Torb
**Stat Report:** Not requested.
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with mild suspended and dependent 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, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.27 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.19 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.47 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 0.42 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 mildly distended. The wall of the gall bladder appears isoechoic and somewhat thickened, measuring at 0.26 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains a large amount of shadowing ingesta. 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 to moderate fluid/chyme 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 0.25 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely mildly to moderately fluid/chyme distended.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The proximal ascending, transverse, and descending colon are significantly distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

### *Pancreas*

The right cranial limb of the pancreas is 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 scant free fluid noted. There are clusters of prominent hypoechoic mesenteric lymph nodes. Examples measure 0.57 cm x 1.53 cm and 0.86 cm and 0.72 cm in diameter. Additionally, there are some small lymph nodes visualized around the ileocecal junction measuring 0.47 cm and 0.39 cm. The mesentery is mildly diffusely hyperechoic, particularly in the region around the ileocecal junction and the prominent lymph nodes.

## PRIMARY FINDINGS

- Pancreatic changes most consistent with mild pancreatitis in the right cranial abdomen.
- Large, fluid/ingesta distended stomach, small intestine and colon – Findings are suggestive of diffuse ileus. Findings are suggestive of diffuse ileus and current diarrhea. Correlate with current feeding history.
- Scant free fluid and prominent mesenteric lymph nodes with surrounding reactive mesentery – Findings are most consistent with highly reactive or early neoplastic lymph nodes.

## SECONDARY FINDINGS

- Mild suspended and dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Minimally distended, mildly thickened gallbladder wall – Findings could be consistent with mild inflammation or a non-distended gallbladder. Correlate with current lab work.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine, stomach, and colon all appear diffusely distended with fluid and ingesta. If the patient was adequately fasted, this likely represents diffuse ileus. This is most commonly associated with primary gastrointestinal disease. No focal lesions are observed, although the right cranial portion of the pancreas appear very prominent. Correlate with a PLI level and consider empirical treatment for pancreatitis. Additionally consider the following:

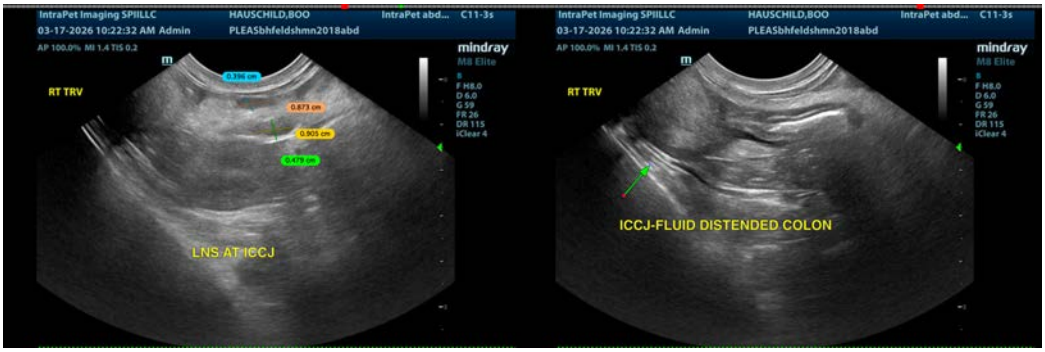
- Recommend the current hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend probiotic therapy.

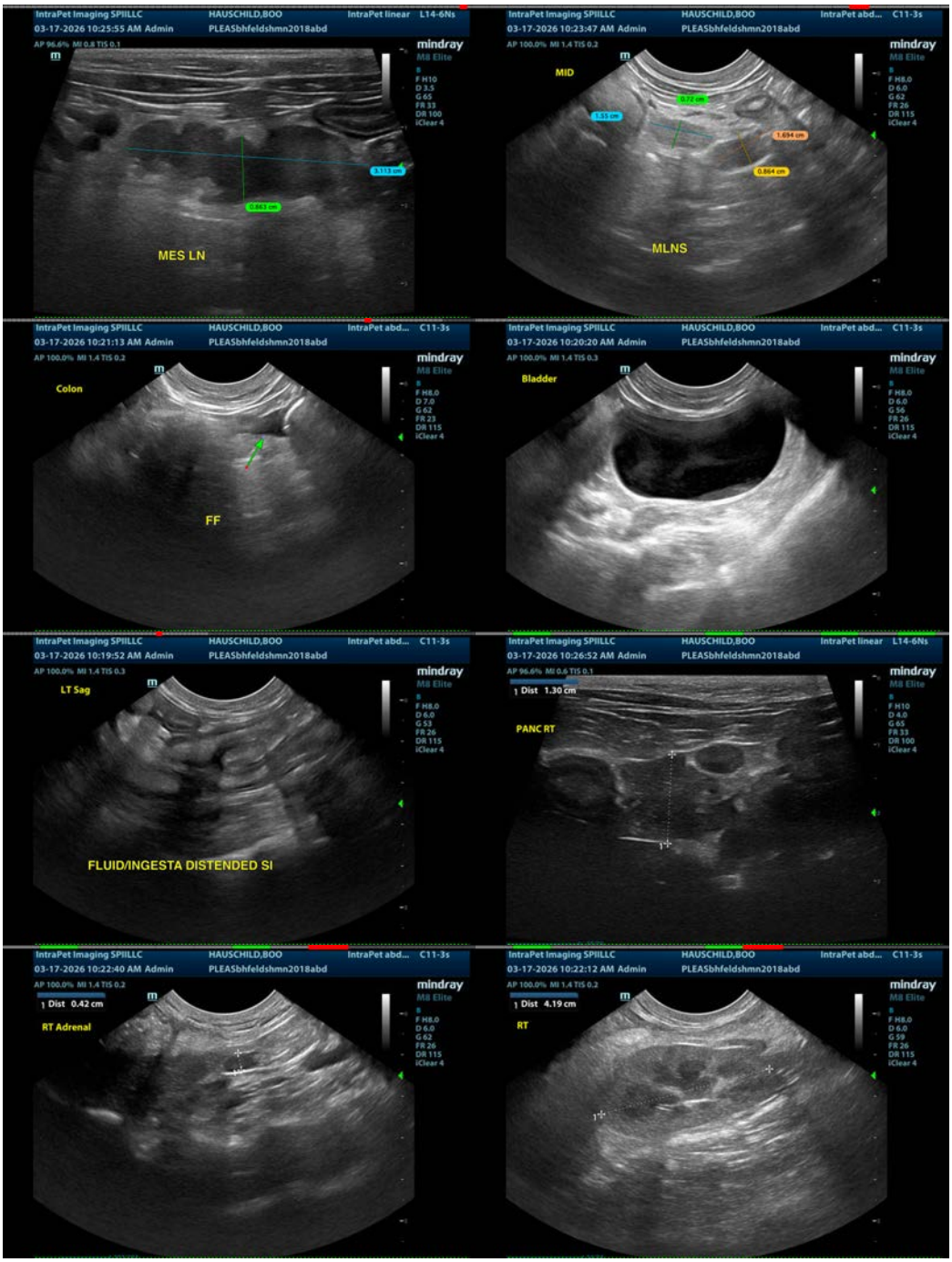
If symptoms are persistent despite taking these measures, ultimately biopsies of the GI tract may be warranted.

There are numerous prominent mesenteric lymph nodes. If there is a large enough lymph node in a good spot for a fine needle aspirate, this could be considered.

If symptoms are persistent despite taking these measures, you could consider repeat imaging in the future, looking for progression of today's lesions or the development of new lesions.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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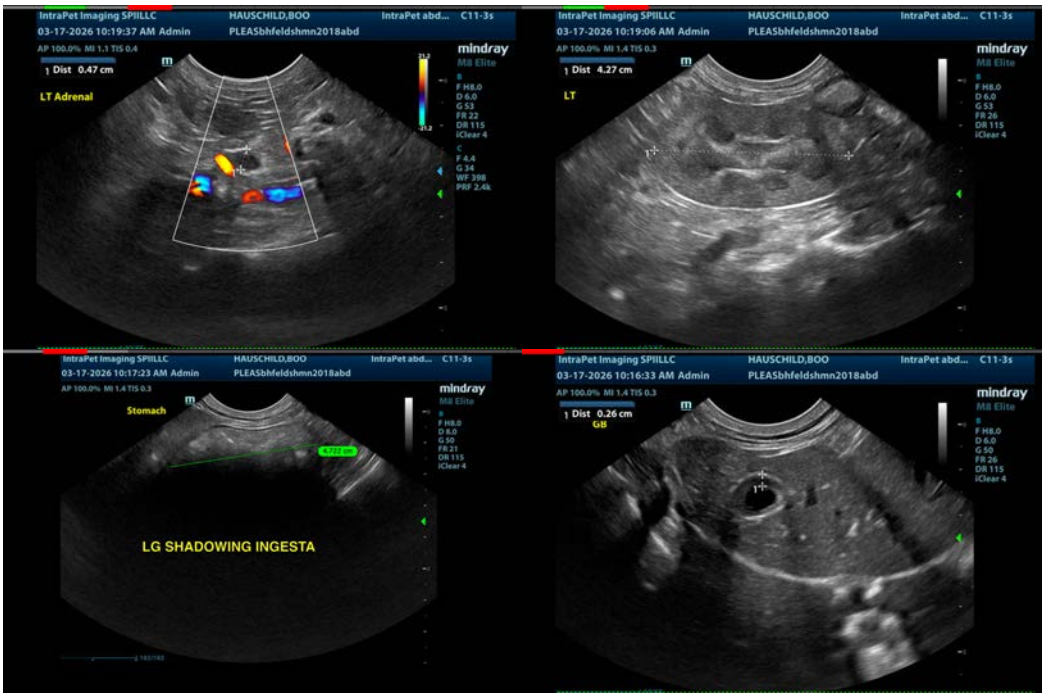


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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