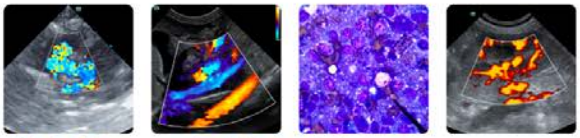


PATIENT

JC Steck

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16 Years 8 Months

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Jordan

INVOICE

73720

DATE

3/17/26

PRESENTING CLINICAL SIGNS

P has a history of weight loss with good appetite that resolved on prednisolone therapy. Now patient is having intermittent vomiting, progressive weight loss with a good appetite, strong ammonia smelling urine and poor haircoat. P very aggressive and cannot be handled without full sedation. rDVM collected bloodwork and did chest x-rays today while sedated.

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 (3.65 cm) with pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.32 cm) with pinpoint cortical mineralizations. Overall echogenicity is normal with adequate 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 0.48 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.

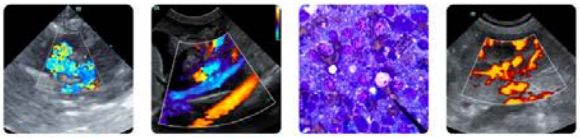
Spleen

The spleen is subjectively normal in size (0.63 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. There is a moderate amount of non-organized echogenic debris. The cystic duct appears prominent with some intraluminal debris, and the common bile duct is irregular and dilated, measuring 0.31 cm, with no visible focal obstruction observed.



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Gastrointestinal

The stomach contains mild 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 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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. No focal lesions are observed, although there are some segmental areas of small intestine with a slightly prominent muscularis layer.

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. Descending colon wall appears slightly prominent, measuring at 0.18 cm with intact wall layering.

Pancreas

The pancreas is prominent and hypoechoic as 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. Very prominent pancreatic duct (particularly the left) noted at 0.37 cm in diameter.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. A sublumbar lymph node is visualized measuring 0.44 cm. A lymph node in the cranial abdomen measures 0.53 cm x 0.68 cm. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis.
- Moderate gallbladder debris with an irregular, dilated, slightly tortuous bile duct – Findings could be consistent with cholecystitis.
- Mild enteritis type pattern associated with the small intestine – Findings are most consistent with mild inflammatory change, although early neoplastic change cannot be ruled out.
- Occasional prominent mesenteric lymph nodes – Findings are suggestive of reactive lymph nodes, although early metastatic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. Both limbs of the pancreas are large and hypoechoic with a very prominent pancreatic duct. Some areas have surrounding reactive mesentery suggestive of chronic pancreatitis. Correlate with PLI level and consider empirical treatment for pancreatitis. Some segments of small intestine have slightly prominent muscularis layer, possibly consistent with mild inflammatory type change. It is also possible that

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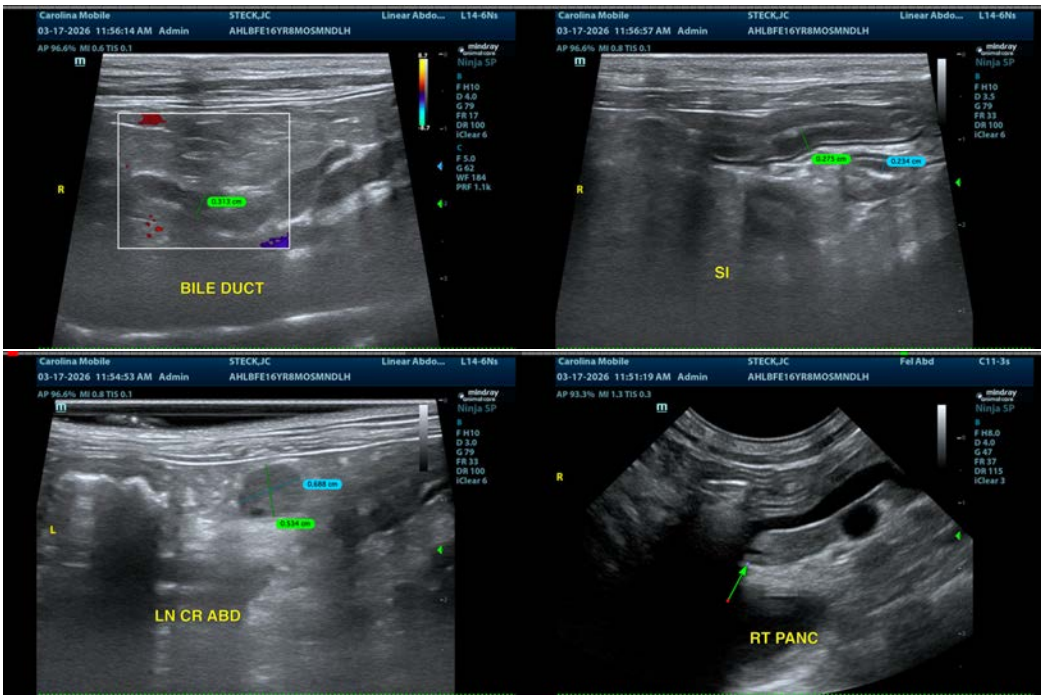
inflammatory-like lesions are being suppressed by current steroid use.

The gallbladder has a moderate amount of dependent debris. Some of this debris extends into the cystic duct, and the common bile duct appears irregular and somewhat dilated. Correlate with current liver values. Findings are concerning for possible concurrent cholecystitis. If this is a significant concern, consider Ursodiol therapy and a course of antibiotics with continued monitoring, with possible changes involving the biliary tract, pancreas, and small intestine. Early Triaditis is possible, as classic findings could be suppressed by current steroid use.

There are changes visualized associated with both kidneys possibly consistent with age related renal disease. Correlate with current lab work, urine concentrating ability, etc. If renal disease is suspected, consider a blood pressure, urinalysis and culture +/- UPC as a baseline.

If not already done, you could consider a hydrolyzed protein prescription diet as well as a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If findings are significantly abnormal, this would be supportive of underlying gastrointestinal disease, which could merit biopsies of the GI tract for further evaluation. If renal values or liver values are significantly elevated, then this could indicate concurrent renal disease as a contributing factor or even more significant cholecystitis.



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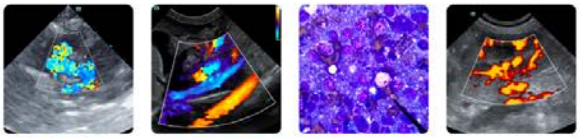

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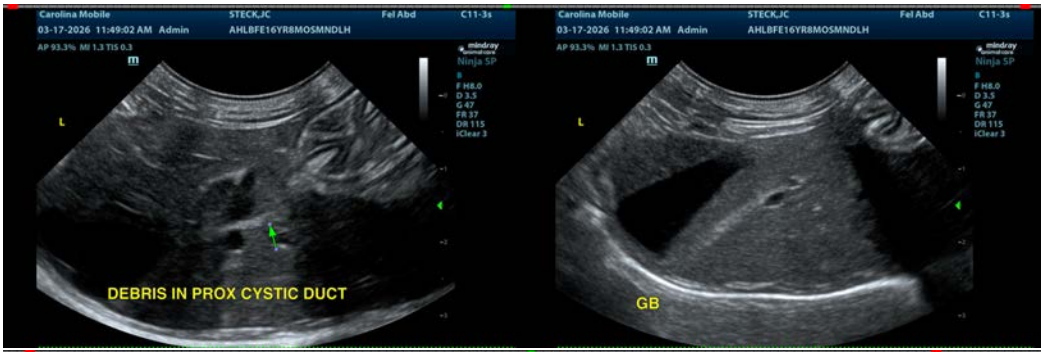

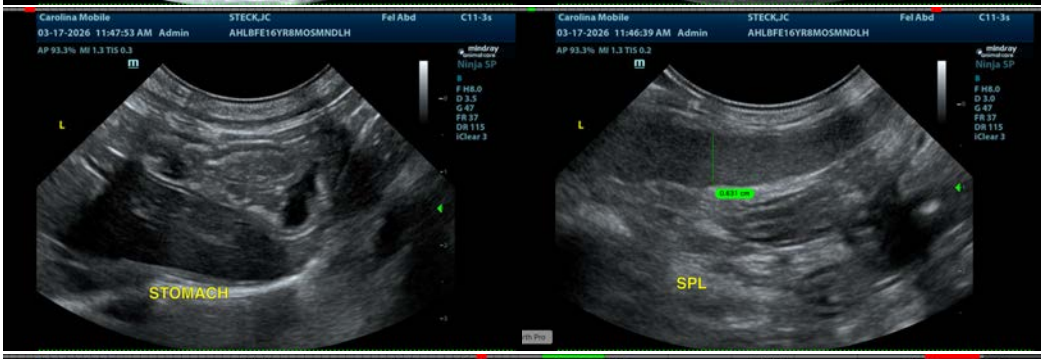

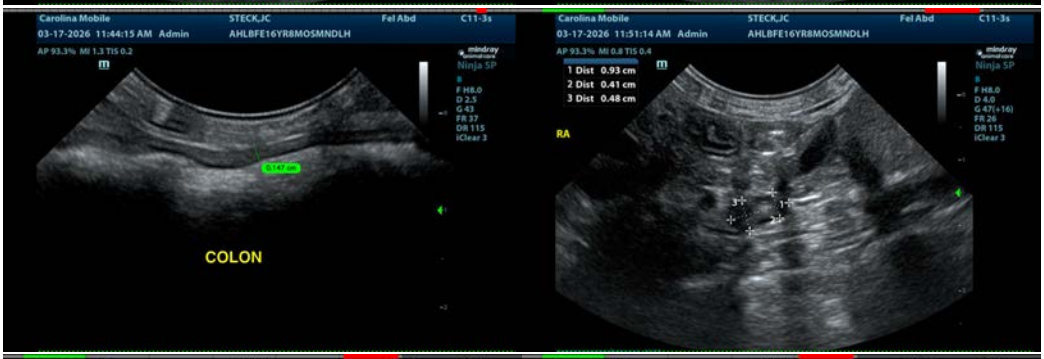

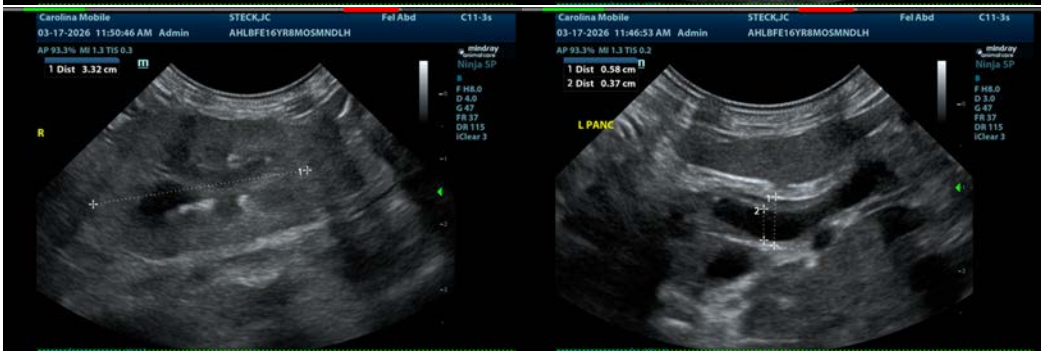

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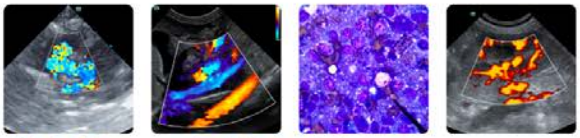

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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