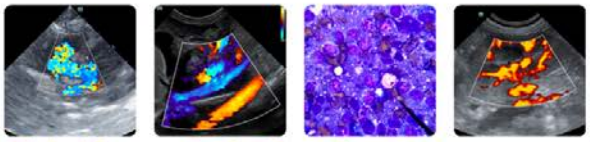


PATIENT

Teddy Stein

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

12 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Falmouth Animal Hospital

REFERRING VET

Jennifer Switzer, DVM

INVOICE

73818

DATE

3/19/26

PRESENTING CLINICAL SIGNS

History pancreatitis (resolved) and weight loss over the past 4-5 months. Arrhythmia noted on auscultation; no murmur detected. BP: 122, 124, 130 mmHg. Current medications: B12 supplement, fortiflora. *Sedated with torb/alfaxalone. Having bi-cavity ultrasound exams

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 (4.35 cm) with mild pyelectasia at 0.16 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 (3.46 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 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 0.39 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.

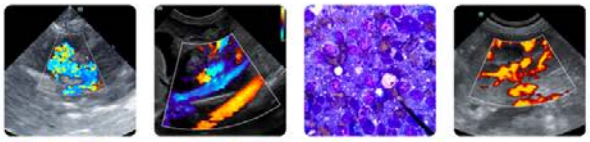
Spleen

The spleen is subjectively normal in size (0.84 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 thickened and hyperechoic, measuring 0.14 cm. There is a moderate amount of non-organized echogenic debris. The bile duct is dilated and tortuous with mildly thickened wall, measuring at 0.29 cm.



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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 uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.31 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened. Some areas exhibit mucosal fogging and reduced detail of wall layering. There are some focal sections that appear more hypoechoic with more significant loss of layering, concerning for early neoplastic change. These focal thickened areas measure up to 0.43 cm in thickness.

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

The left limb of the pancreas is prominent and mottled 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 a mild to moderate mesenteric lymphadenopathy with hypoechoic, rounded lymph nodes. A cluster at the mesenteric root measures 0.71 cm and 0.66 cm. Another mesenteric lymph node is visualized measuring 0.62 cm. The omentum is diffusely hyperechoic, more severe in the mid abdomen around the thickened bowel loops and lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Age related changes and pyelectasia visualized associated with both kidneys – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Gallbladder wall thickening and a dilated/tortuous bile duct – Findings could be consistent with mild cholecystitis or early neoplastic change.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Diffusely thickened small intestine with some areas exhibiting more severe thickening and reduced detail of wall layering – Findings are most consistent with severe inflammatory or early neoplastic change.

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- Moderate diffuse lymphadenopathy – Findings are concerning for metastatic lymph nodes, although highly reactive lymph nodes are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with some areas exhibiting more severe thickening and significantly reduced wall layering. Findings are concerning for severe inflammatory disease transitioning to a neoplastic process, although this could represent severe IBD. Additionally, there are large, hypoechoic, prominent lymph nodes in the region. If there is a safe window for sampling and a lymph node is large enough, a fine needle aspirate could be considered.

The gallbladder is somewhat thickened and hyperechoic with a dilated tortuous bile duct and wall thickening. Consider empirical treatment for cholecystitis with a course of Ursodiol, Denamarin, and antibiotics.

Current lab work should be performed if not already done, looking for evidence of liver enzyme elevations, hypoalbuminemia, etc.

Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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 chronic probiotic therapy.

If symptoms are persistent, ultimately biopsies of the GI tract and lymph nodes should be considered.

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

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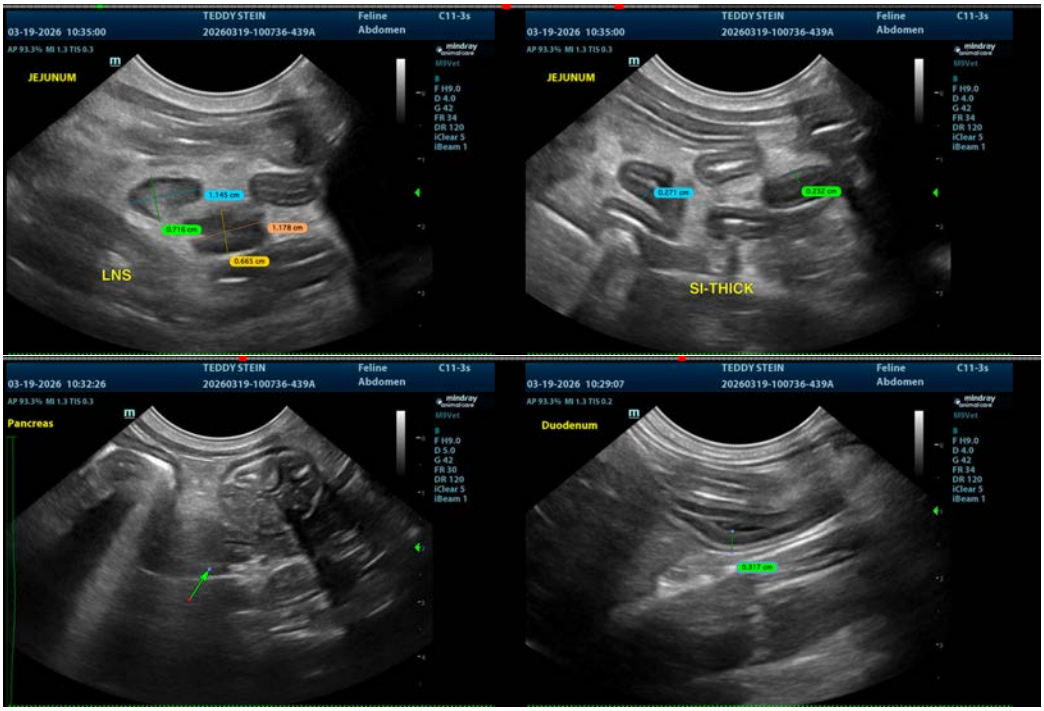

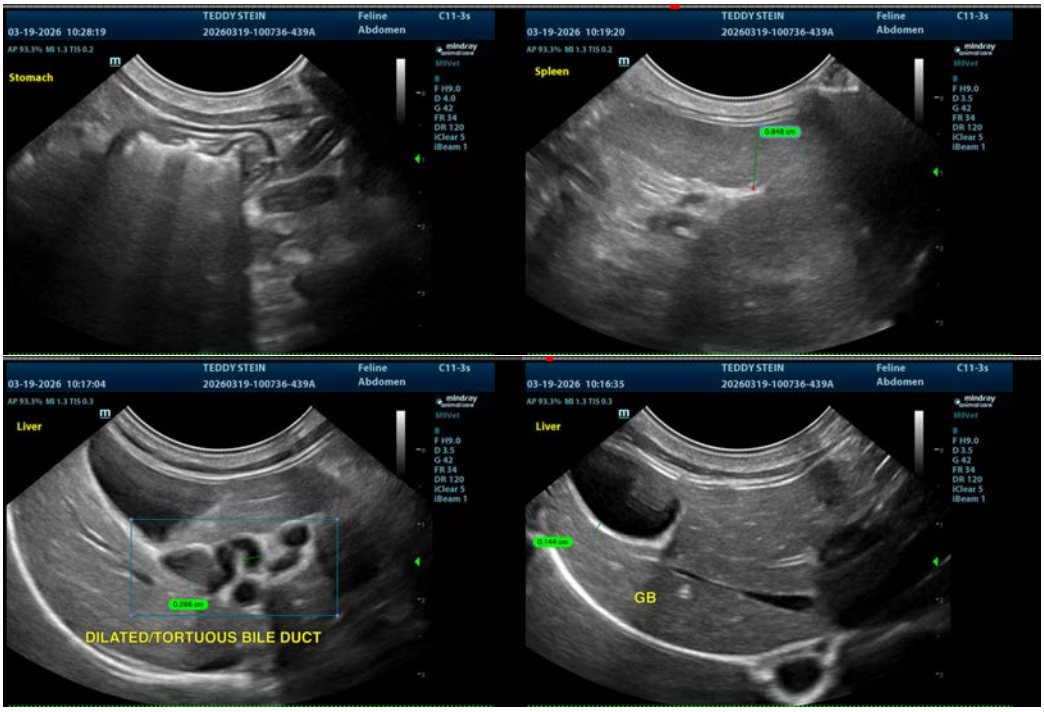

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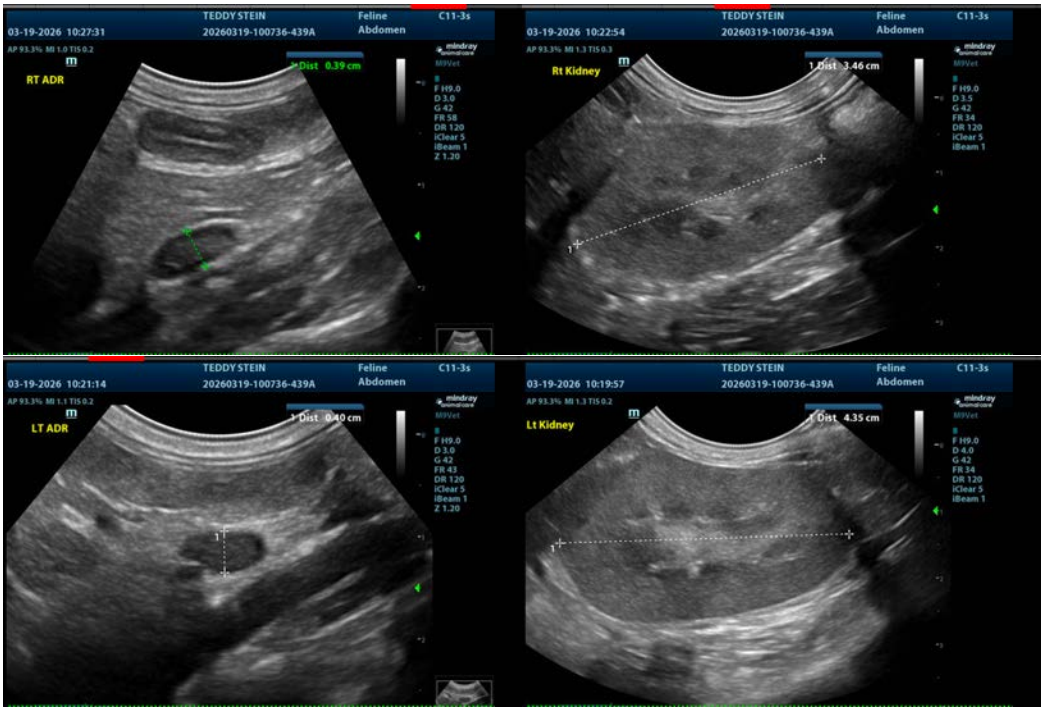

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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