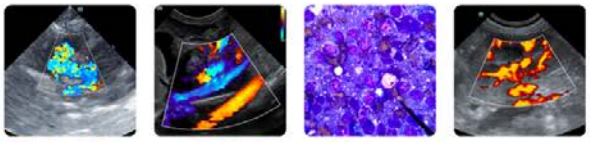


PATIENT

Hanako Miller

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years 10 Months

WEIGHT

9.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Lindsay Bohling, DVM

INVOICE

73400

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Patient presents for weight loss and vomiting. Patient weighed 11.2 lbs in August --- down to 9.9 lbs. He originally was on Purina UR -- but stopped eating that food. Owner tried to mix in Hills C/D -- he started vomiting. No diarrhea. Went back to Purina UR. Patient does not vomit through cerenia. Senior bloodwork - unremarkable. Hanako vomits when not on cerenia.

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 (3.86 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.3 cm). 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, 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 0.46 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.

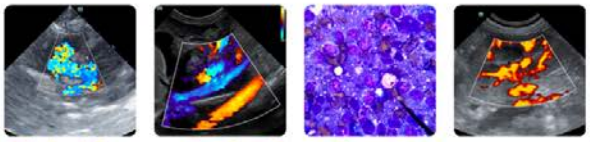
Spleen

The spleen is subjectively normal in size (1.02 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild/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 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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that appear more significantly thickened, measuring up to 0.31 cm, with a prominent muscularis layer.

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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy with clusters of lymph nodes near the mesenteric root and the ileocecal junction. Examples measure 0.43 cm and 0.41 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with pancreatic remodeling/mild pancreatitis.
- Mildly fluid distended stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying. No evidence of a partial outflow tract obstruction is visualized, but this cannot be definitively ruled out.
- Segmental thickening of the small intestine with some areas exhibiting a 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.
- Occasional clusters of prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes. An early neoplastic process cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. There is segmental thickening of some areas of small intestine with a slightly prominent muscularis layer possibly consistent with inflammatory type change. Additionally, the left limb of the pancreas is prominent. Correlate with a quantitative PLI level. If this is significantly elevated, consider empirical treatment for mild pancreatitis.

Consider the following for further evaluation of a possible primary enteropathy:

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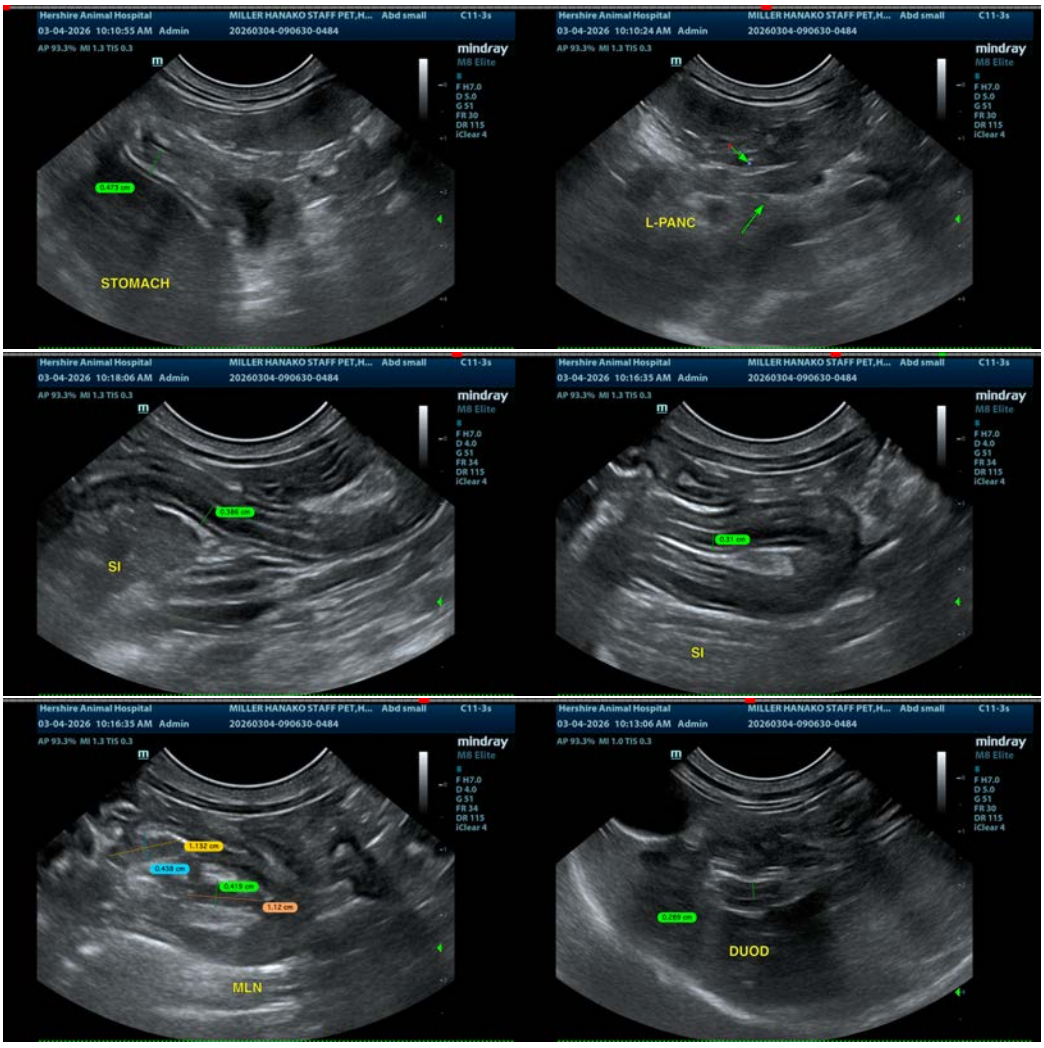
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent despite taking these measures, ultimately biopsies of the GI tract may be warranted. Additionally, you could consider repeat imaging, looking for the possible progression of today's lesions.



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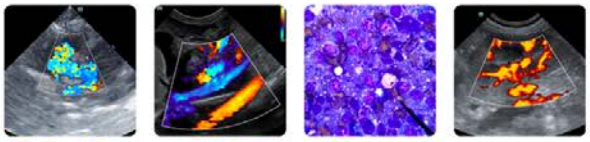

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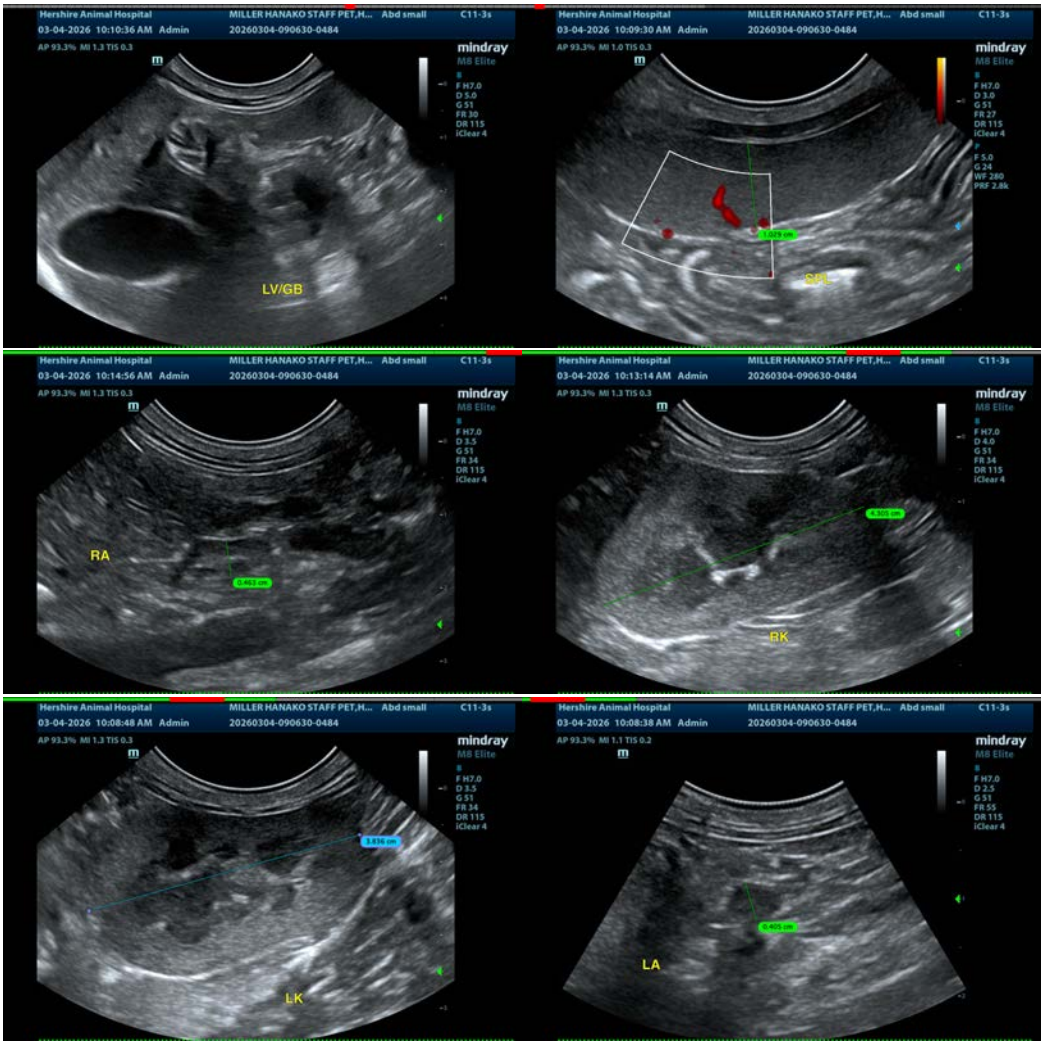

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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