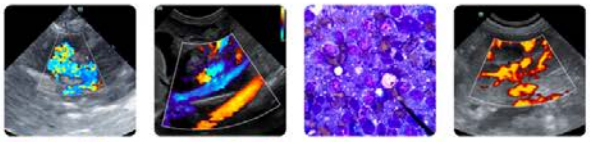


PATIENT

Pangur Ban Brown

SPECIES

Feline

BREED

Balinese

SEX

Neutered Male

AGE

3 Years

WEIGHT

3.89 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville Animal Hospital

REFERRING VET

Dr. Cassie Jackson

INVOICE

73445

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Presented for annual exam with persistent behavioral concerns (aggression with no known trigger) and chronic vomiting. Have tried Feliway and calming supplements for behavior with no improvement. Vomits if consumes more than 1 tbsp of food at a time - owner reports sometimes it appears as if he is regurgitating but majority of the time there is effort/he is actively vomiting. Previous trial on hypoallergenic food did not improve symptoms according to owner (Select Protein and Purina HA). Difficulty maintaining weight.

Abnormal PE/Chem/CBC/UA Results: BCS 3/9 - Full GI panel revealed: Mildly elevated lymphocytes Mild hypernatremia Anion gap 36 (12-25) Folate >54 (too high to read) T4 low normal Rest NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. Some of the hyperechoic debris appears adhered to the gallbladder wall in the region of the trigone. 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 (4.12 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 (4.46 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.

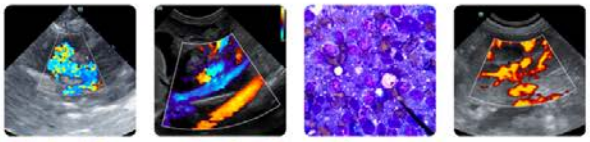
Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.35 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 (0.95 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.



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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 slightly hyperechoic and prominent/thickened at 0.20 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 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 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 0.26 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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 moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. Examples measure 0.32 cm x 1.24 cm and 0.38 cm x 0.88 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended and adhered echogenic debris in the urinary bladder.
- Prominent, hypoechoic pancreas – Findings are concerning for chronic pancreatic remodeling +/- chronic active pancreatitis.
- Prominent/mildly thickened gallbladder wall – The significance of this is uncertain. In the absence of liver enzyme elevations, mild cholecystitis is possible.
- Likely reactive lymphadenopathy. An early neoplastic process cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No definitive lesions are visualized associated with the GI tract to explain the vomiting/regurgitation reported.

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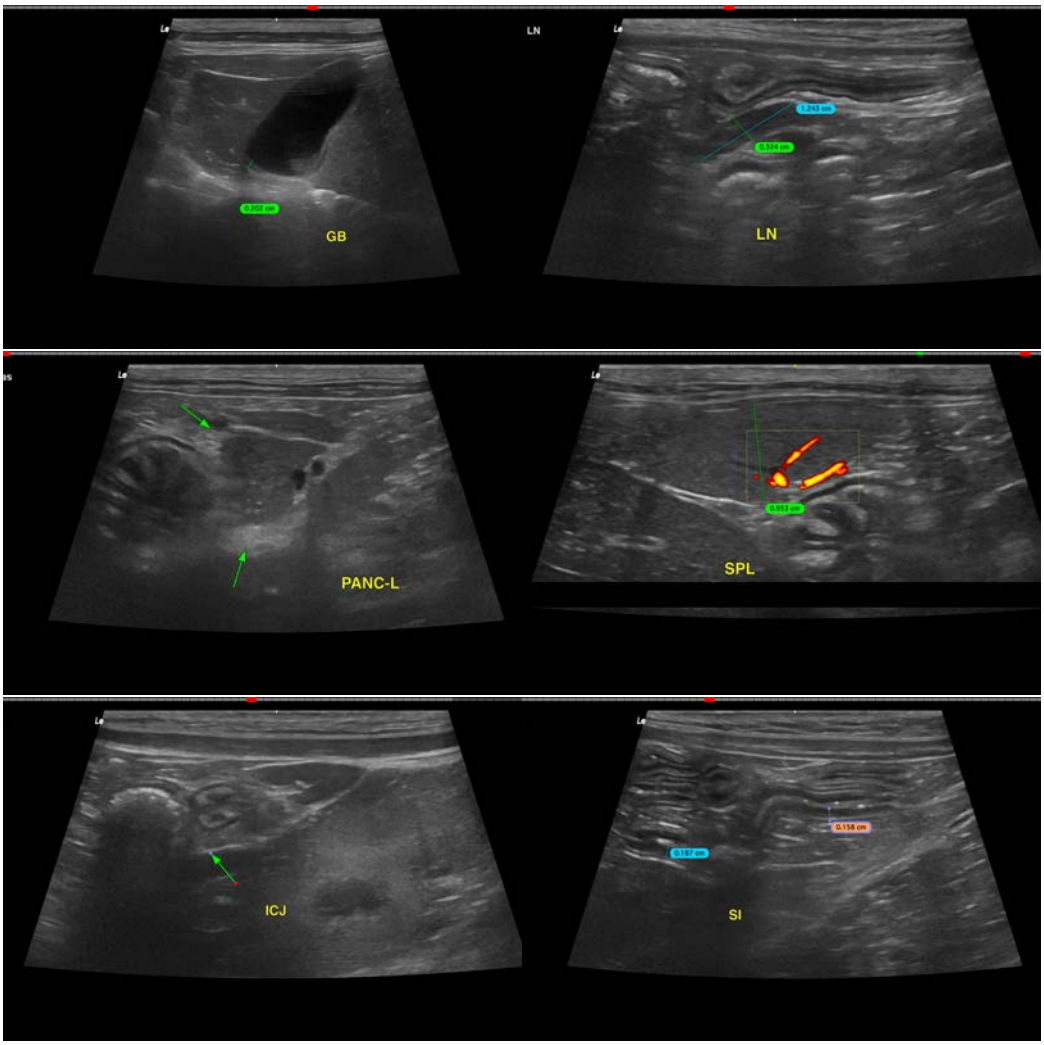
The pancreas does appear large, hypoechoic and prominent in both limbs, possibly consistent with chronic pancreatitis. Correlate with a PLI level and consider empirical therapy.

The gallbladder wall appears mildly thickened with no associated inflammation or liver enzyme elevations. Options would include continued monitoring or potentially Ursodiol therapy.

If not already done, recommend thoracic radiographs to evaluate the esophagus for any apparent dilation or abnormalities. Typically, I would recommend a hypoallergenic diet, etc., but this seems unlikely to be effective, and a GI panel has already been done. Next step for evaluation would likely be upper GI endoscopy to evaluate the esophagus, stomach and proximal GI tract and to obtain biopsies.



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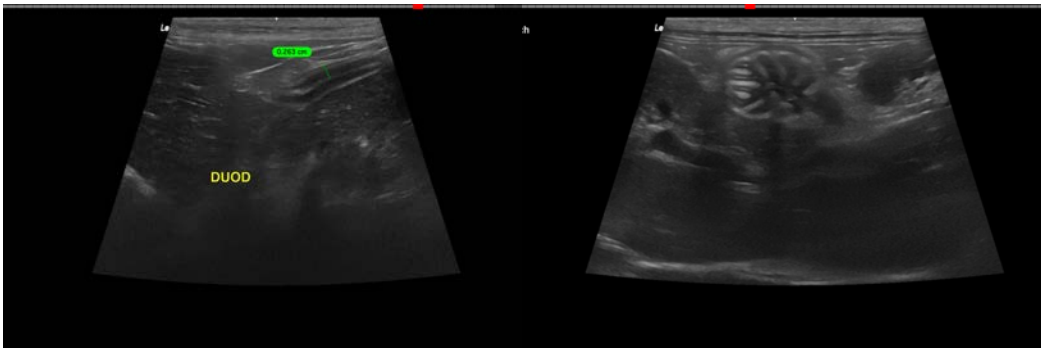

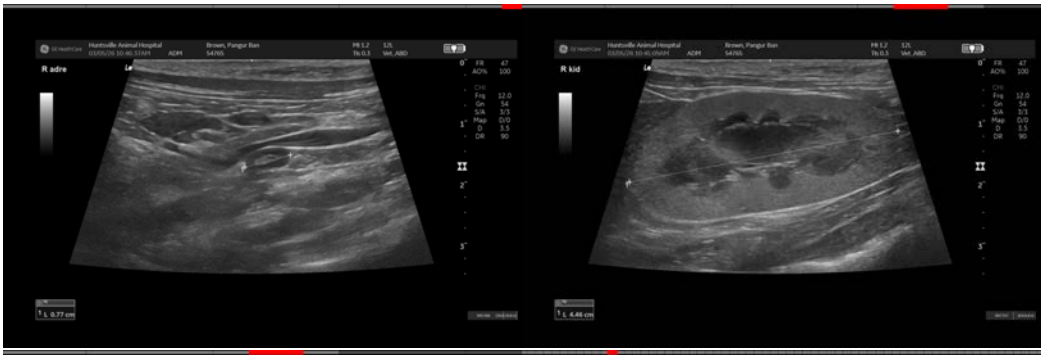

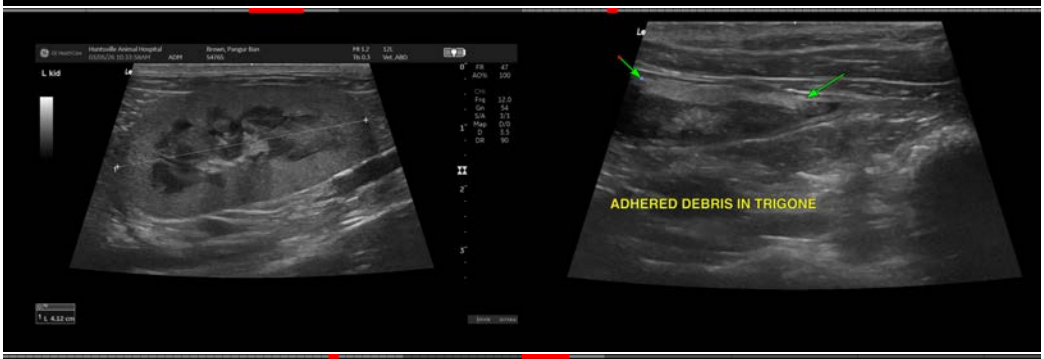

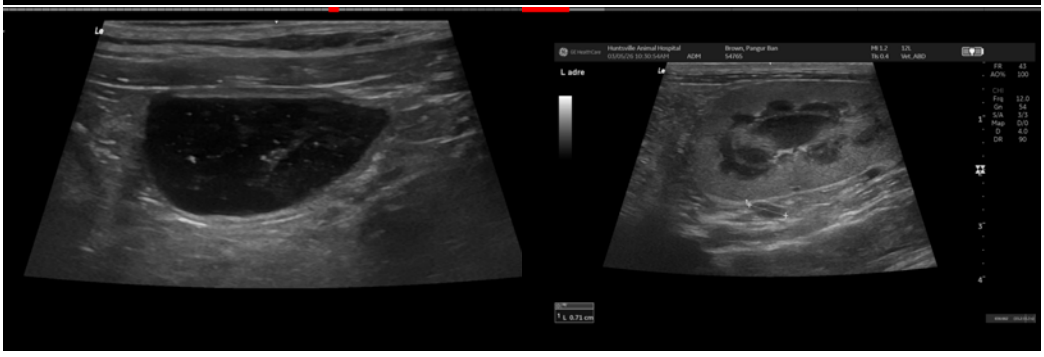

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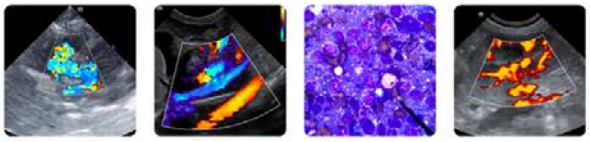

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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