



DATE PRESENTING CLINICAL SIGNS

4/14/26

Patient History: Heart murmur noted on annual exam 4/2025. Opted to monitor at home. Murmur progressed to 3/6 this year. Noted weight loss and muscle mass at home. Labs show elevation in BNP and kidney dz.

PATIENT

Snow Wheelberger

Current Medications: None. P will be on gabapentin 100mg prior to the scan
Labwork Results: Labwork attached, reported as: BNP 889, low USG, elevation in SDMA

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.59 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.

AGE

10/20/12

WEIGHT

9.6 lbs

The right kidney has a normal shape and size (3.59 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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.

HOSPITAL NAME

Fallston Veterinary
Clinic

The right adrenal gland is normal in size measuring 0.33 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.

REFERRING VET

Dr. Gates

Spleen

The spleen is subjectively normal in size (0.75 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.

INVOICE

74437

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 proximal bile duct appears mildly prominent and tortuous, measuring at 0.17 cm.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.21 cm 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 0.27 cm. Jejunum wall measures 0.22 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. The descending colon wall appears slightly prominent measuring 0.25 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. Examples measure 0.33 cm and 0.45 cm. Prominent lymph nodes near the ileocecal junction measure 0.28 cm x 0.35 cm. The omentum is slightly hyperechoic in the region of the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Slightly prominent/mildly tortuous bile duct – The significance is uncertain at this time. Findings could be seen with mild cholecystitis.
- Mildly “ropey” small intestine with segmental areas with a 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.
- Mildly prominent/thickened distal colon wall with intact wall layering – Findings are most consistent with mild colitis.
- Lymph node changes most consistent with reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

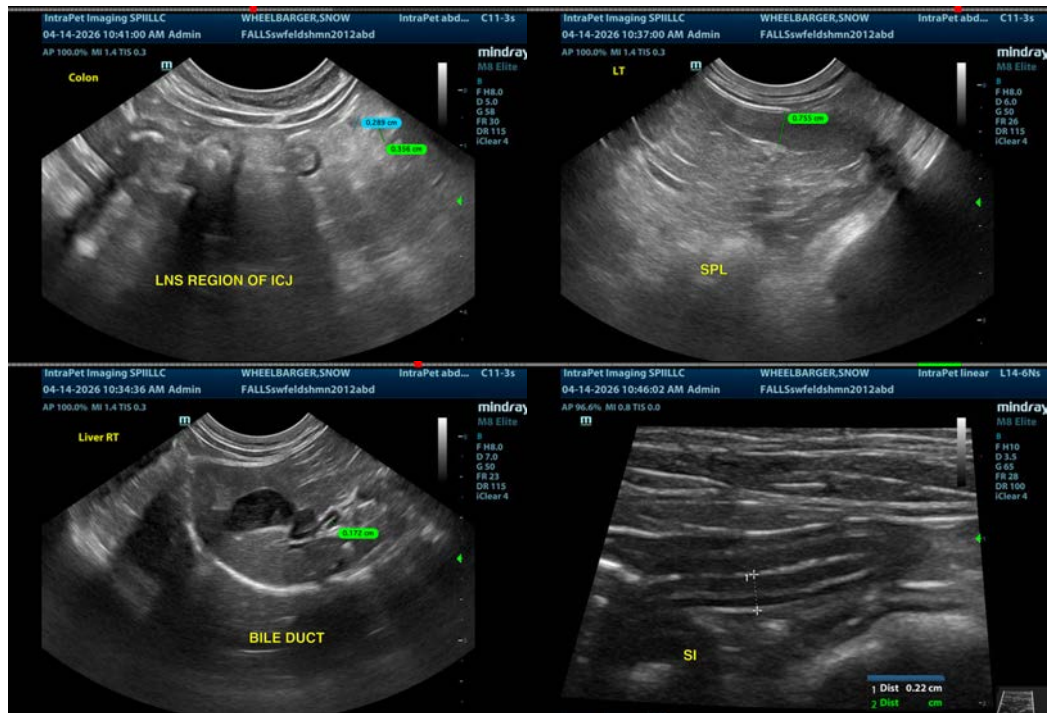
The changes observed on today's scan are relatively mild. Some areas of small intestine appear slightly "ropy" with a prominent muscularis layer. These changes could be consistent with mild inflammatory type change, possibly consistent with a mild enteropathy causing weight loss. Consider the following:

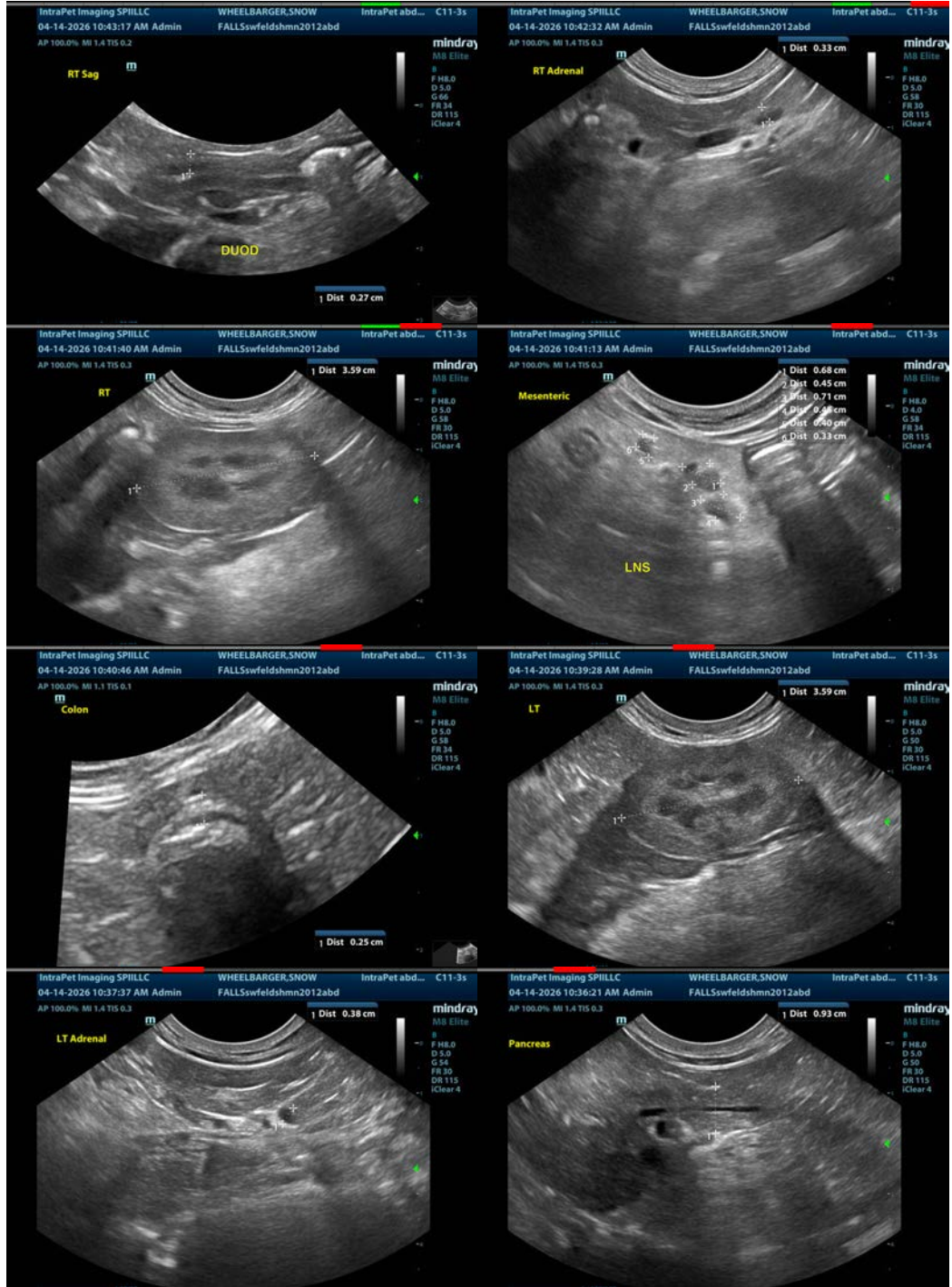
- Recommend a combination renal diet/hydrolyzed protein prescription diet (Royal Canin has this combination).
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Recommend chronic probiotic therapy.

Additionally, there is evidence of early renal disease. Recommend a blood pressure, urinalysis, +/- culture and a urine protein to creatinine ratio as a baseline.

The pancreas is slightly prominent, likely consistent with remodeling. Correlate with a PLI level, looking for any evidence of active chronic pancreatitis.

If symptoms are progressive, consider reevaluation, looking for progression of changes observed on today's scan. Ultimately, biopsies of the GI tract may be warranted to further evaluate.







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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