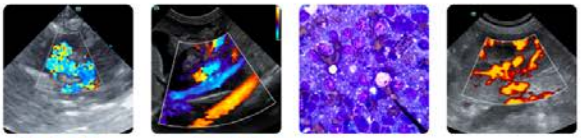


PATIENT

Rebe Jable

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

9.95 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Packanack Animal Hospital

REFERRING VET

Dr. Gonzaga

INVOICE

74469

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Chronic hyporexia, recent vomiting/ diarrhea. Meds: Convenia inj. 3/31/26
Abnormal PE/Chem/CBC/UA Results: ALP 112 (6-102) Mg 2.8 (1.5-2.5) Urine: PH 8.0, Cocci >100, USG 1.029

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears of normal thickness. There is a small irregularity along the bladder wall that is rounded and isoechoic, possibly consistent with soft tissue polypoid like lesion or similar, measuring 0.27 cm x 0.53 cm. Adhered debris cannot be ruled out. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (3.54 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 (3.66 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 0.28 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 0.37 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.

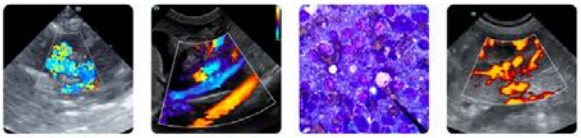
Spleen

The spleen is subjectively normal in size (0.62 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 bile duct appears dilated and tortuous, measuring 0.26 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 0.33 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. Many areas of small intestine exhibit segmental thickening with reduced detail of wall layering to the extent where there is a poorly defined mass effect with complete loss of wall layering, and a bowel section measuring 0.48 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 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. The omentum is diffusely hyperechoic around the thickened bowel loops.

ULTRASONOGRAPHIC FINDINGS

- Focal suspected soft tissue structure visualized associated with the bladder wall – Findings are most consistent with a polypoid like lesion, although a neoplastic lesion or adhered debris cannot be ruled out.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Moderate to severe wall thickening of the small intestine with some ares exhibiting significant loss of layering and focal thickening suggestive of an early mass effect – Findings are concerning for neoplastic change, although severe inflammatory change cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with reduced detail of wall layering. This is evident at the level of the duodenum as well as in the mid jejunum where some of the areas are so thickened there is the impression of a poorly defined "mass effect".

The bile duct appears dilated and tortuous. No obvious obstruction is noted, but it does abut the thickened duodenum, which could be somewhat impeding bile flow at the level of the duodenal papilla.

The liver is hyperechoic. This is a non-specific finding but given the history there would be concern for either early lipidosis or possible neoplastic infiltration. Consider fine needle aspirate of the liver (provided coagulation parameters are normal).

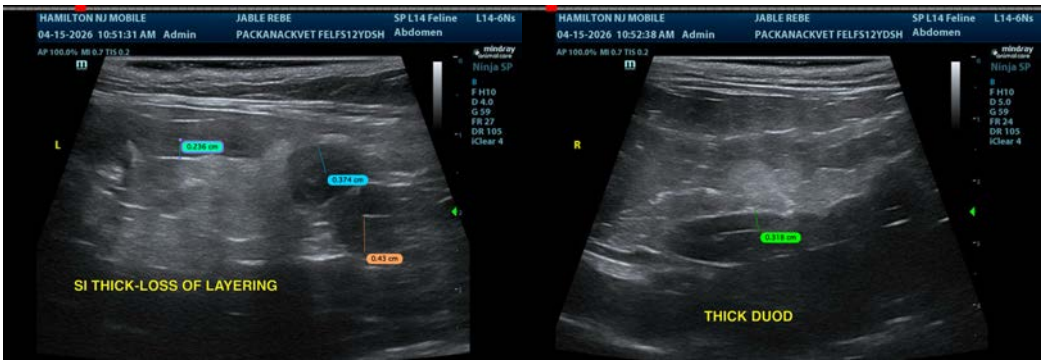
Both limbs of the pancreas are somewhat prominent and mottled, likely consistent with chronic pancreatic remodeling, although mild chronic pancreatitis is also possible.

Based on the above findings, underlying round cell neoplasia would be a significant concern. It is likely that biopsies of the GI tract would be necessary to diagnose. You could consider a fine needle aspirate of the liver or possibly try to aspirate one of the thicker bowel loops, although this can be challenging without a true "mass effect".

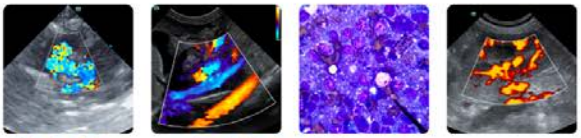
Additionally consider the following therapy:

- 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.

There is a focal irregularity of the bladder wall. This has an appearance most consistent with a polypoid like lesion, although a neoplastic lesion or adhered debris cannot be ruled out. Given the urinalysis findings, recommend urine culture and reassessment of this area after treatment of the suspected urinary tract infection to see if it is persistent.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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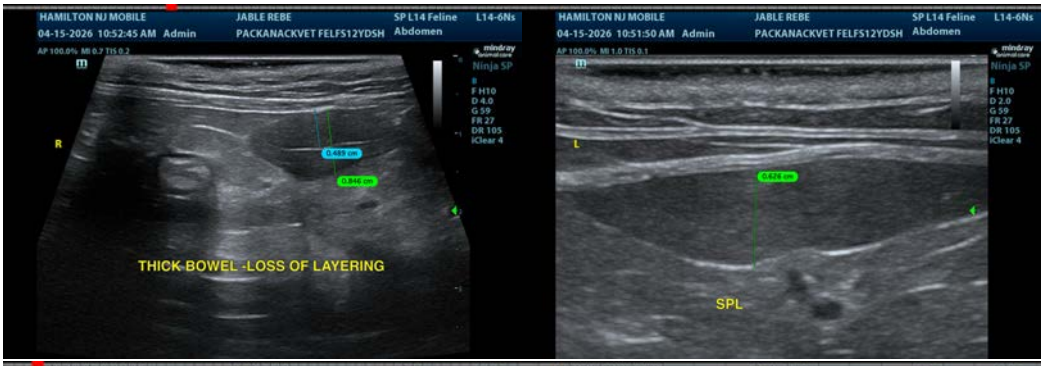

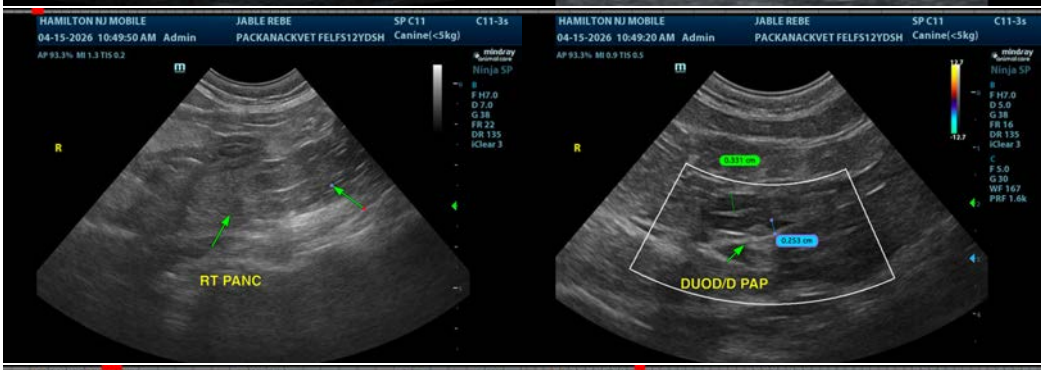

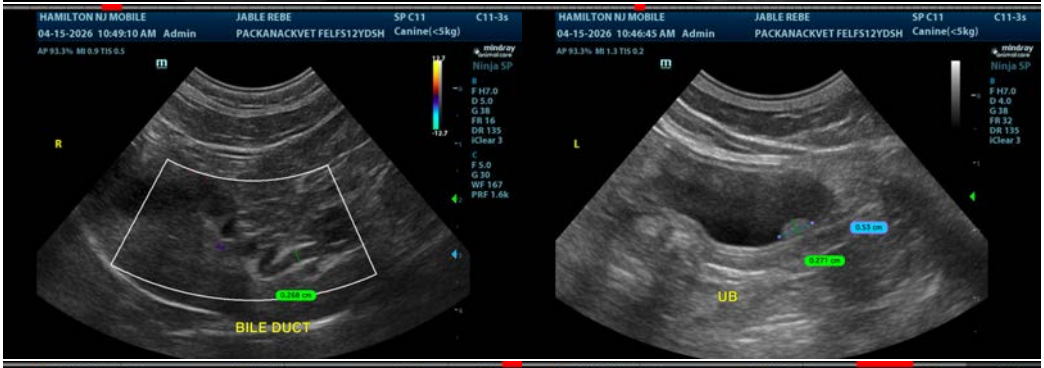

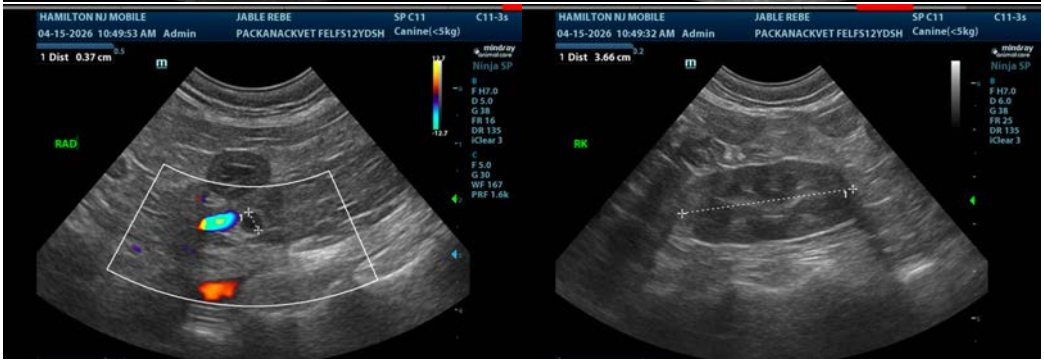

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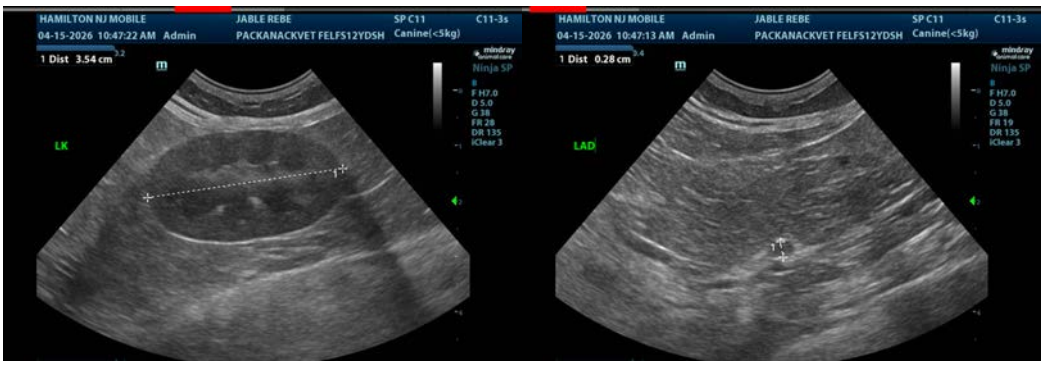

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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