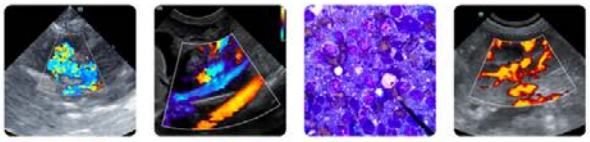

PATIENT

George Barba

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Dr. Emily Kirk

INVOICE

74533

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4/16/26

PRESENTING CLINICAL SIGNS

George has a history of very slow decline in weight and reportedly picky appetite. He has not had any vomiting or diarrhea. On physical exam he is a bcs 3.5-4/9. No pain appreciated on abdominal palpation but intestines feel slightly thicker (but also may be more prominent due to thinner bcs). The day before the ultrasound owners offered him some new canned food which he ate a lot. He was fasted for 12 hours prior to the scan.

Abnormal PE/Chem/CBC/UA Results: CBC and Chem in July 2025 unremarkable. Updated labs and GI panel collected today and pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. Some hyperechoic debris appears adhered to the bladder wall, possibly consistent with mildly mineralized debris. 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 (3.42 cm). The cortex is mildly hyperechoic 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 (3.76 cm). The cortex is mildly hyperechoic 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 0.38 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.

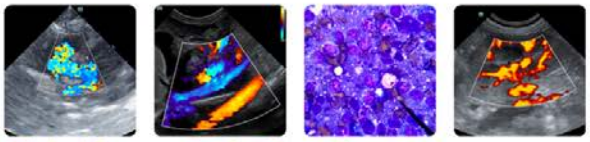
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.83 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 subjectively hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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.

Gastrointestinal

The stomach contains moderate ingesta. 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 0.24 cm. Jejunum wall measures 0.25 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 visible/mildly mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid visualized near the liver. There is no significant lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Bilateral age related renal changes.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- Subjectively hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate ingesta distention of the stomach – The patient is reported to be fasted. This likely represents delayed gastric emptying. No evidence of an outflow tract obstruction is visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changers observed on today's scan are relatively mild. Correlate with clinical findings and current lab work. No focal lesions are visualized associated with the GI tract, but this does not rule out a primary gastroenteropathy. The stomach has some retained ingesta, which is suggestive of possible delayed gastric emptying/mild ileus.

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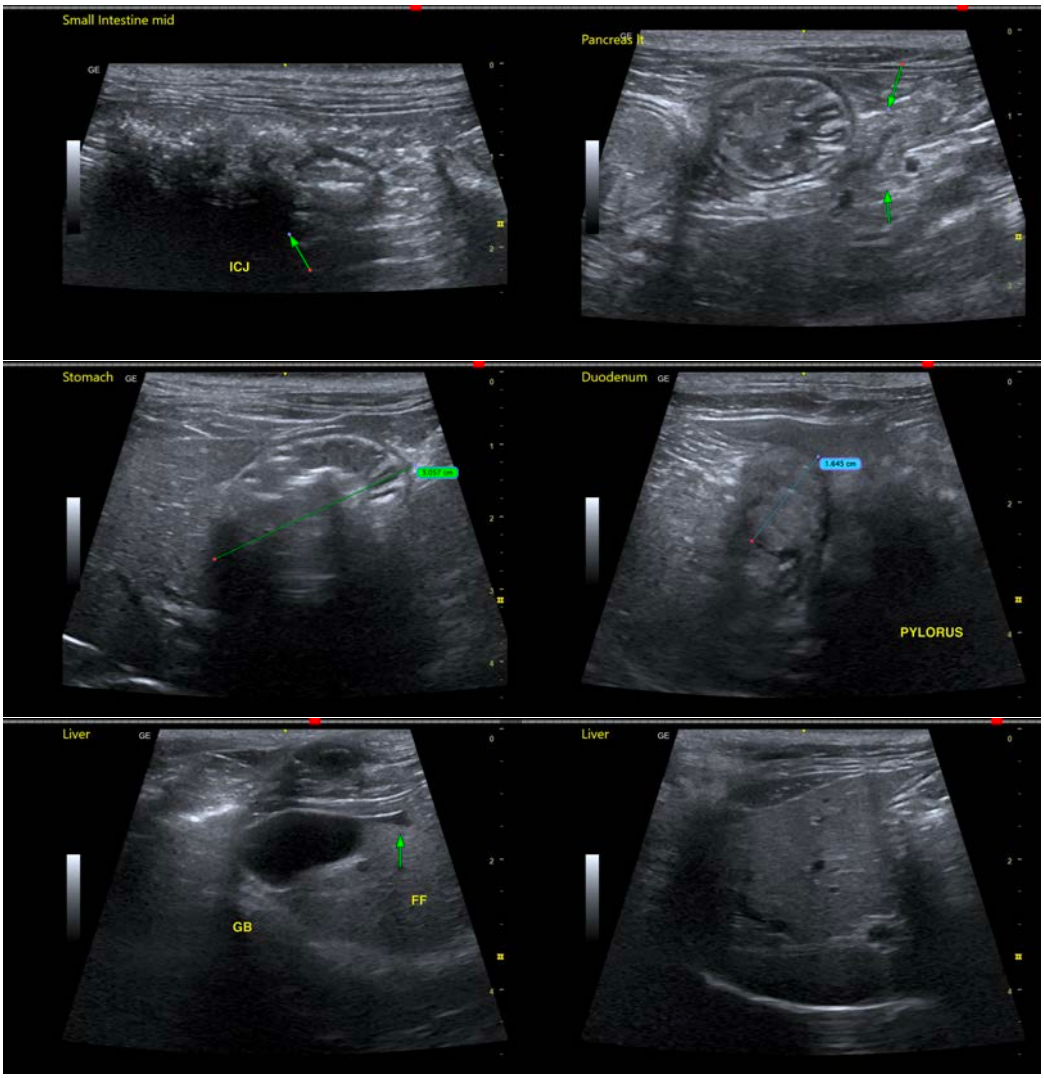
If no other causes for weight loss are identified, you could consider further evaluation for underlying gastrointestinal disease including the following:

- 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 probiotic therapy.

If symptoms are persistent despite taking these measures, and small intestinal disease is strongly suspected, biopsies of the GI tract may be necessary for further evaluation.

The liver appears somewhat hyperechoic. This is a non-specific finding. If lab work is indicative of a hepatopathy, you could consider a fine needle aspirate +/- a liver function test.



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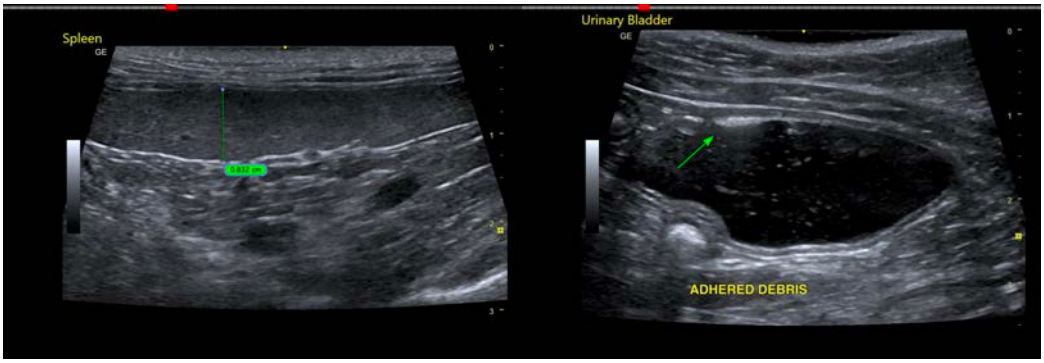

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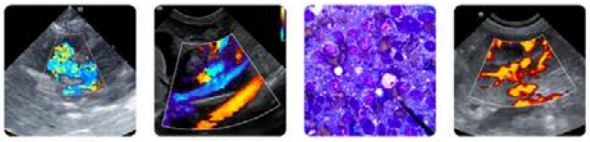

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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