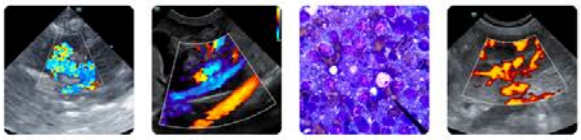


DATE

4/17/26

PATIENT

Saphire Kellis

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

8/17/13

WEIGHT

13.1 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Schaupp

INVOICE

74555

PRESENTING CLINICAL SIGNS

Patient History: Off and on chronic vomiting. Lost 4 lbs since Aug 2025. Used to weigh 17 lbs. Vomit is partially digested food, sometimes brown liquid. Appetite is moderately good. PE - other than weight loss nothing stands out to explain symptoms. Mild to moderate dental tartar, no painful teeth.

Current Medications: Maropitant 24 mg 1/2 tab PO QD
Labwork Results: Labwork attached, reported as WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torb/Val.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 (4.45 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 (4.21 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 0.34 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 0.48 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 (0.87 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.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.27 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.

Most of 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 0.30 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is a section of jejunum I the mid right cranial abdomen that appears more profoundly thickened, measuring up to 0.37 cm, with a very prominent muscularis layer. There is a section of wall that appears thickened with focal loss of layering, creating somewhat of a "kinked" appearance. When viewed in the transverse view, this section of bowel exhibits focal wall thickening and loss of layering, most concerning for a small focal mass effect. The bowel in this area measures 0.96 cm and measures 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. Descending colon measures 0.16 cm.

Pancreas

The pancreas is mildly prominent and hypoechoic in the right limb. 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. Cluster near the ileocecal junction measure 0.33 cm and 0.35 cm. The omentum is hyperechoic around the lymph node clusters and the abnormal focal thickening of the jejunum.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Diffusely thickened small intestine with a prominent muscularis layer and a focal section of small intestine with more severe thickening and loss of layering, most consistent with a very focal small bowel mass lesion.
- Mild reactive lymphadenopathy.

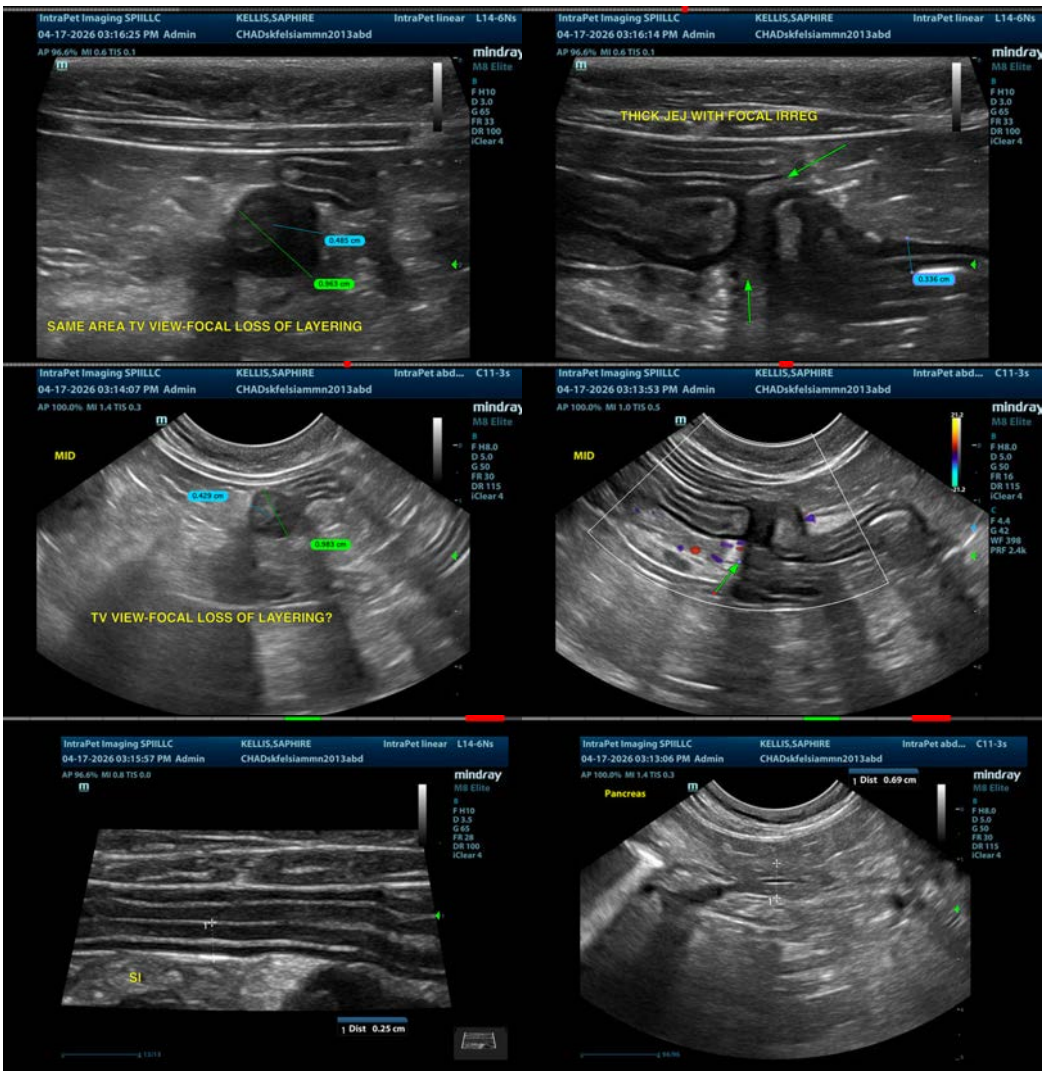
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

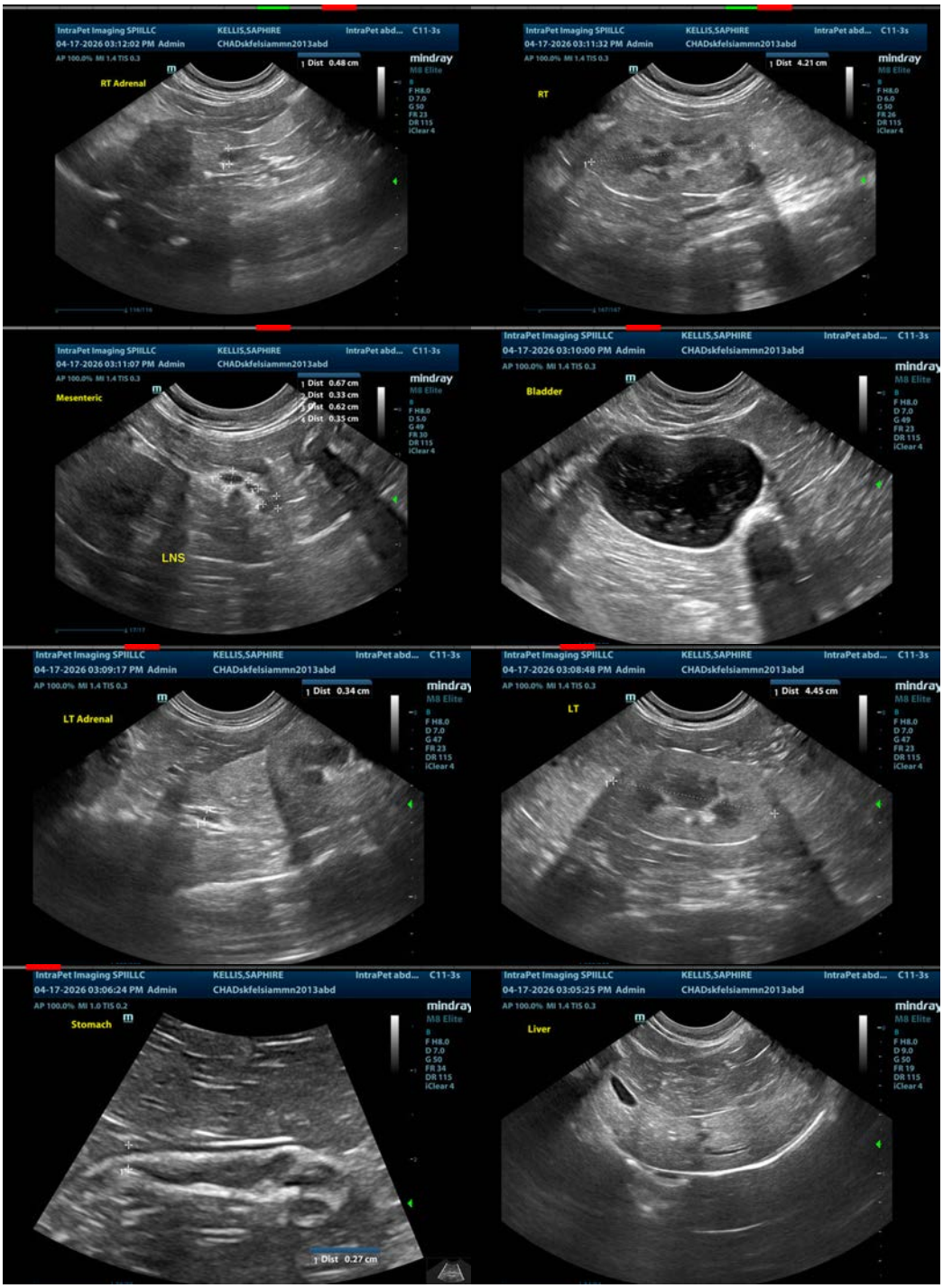
The small intestine appears diffusely thickened with a prominent muscularis layer. These changes could be consistent with significant inflammatory or early neoplastic change. There is a focal section of jejunum that exhibits more significant thickening and focal loss of layering, creating a somewhat "kinked" appearance. This

is highly concerning for an early mass lesion, increasing my concern for early round cell neoplasia. If this area can be reached for sampling, recommend a fine needle aspirate. Otherwise, consider surgical evaluation with the intention to obtain biopsies of the GI tract and to evaluate this lesion for possible removal.

Additionally, you could consider a hydrolyzed protein prescription diet and a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional contributing factors to the symptoms observed. If surgery is not pursued, you could consider repeat imaging in 6-8 weeks (sooner if not doing well) to reassess this area for progression, persistence, etc.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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RT Adrenal
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mindray
M8 Elite
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Mesenteric
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2 Dist 0.33 cm
3 Dist 0.62 cm
4 Dist 0.35 cm
LNS
mindray
M8 Elite
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LT Adrenal
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mindray
M8 Elite
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KELLIS,SAPHIRE
IntraPet abd... C11-3s
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CHADskfelsiammn2013abd
Liver
mindray
M8 Elite

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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