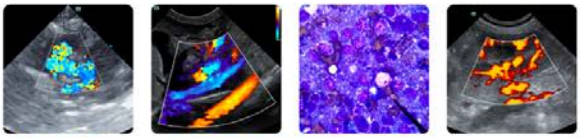


PATIENT

Jasper Collins

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Years

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Otterkill Animal Hospital

REFERRING VET

Dr. Sahni

INVOICE

74168

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Progressive/ persistent proteinuria. Previous dz of acromegaly, treated w/ radiation. Challenges regulating diabetes mellitus. Current meds: Vetsulin 7U BID

Abnormal PE/Chem/CBC/UA Results: UPC 3.7, USG 1.034

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (4.48 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.

The right kidney has a normal shape and size (4.12 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 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 0.51 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.

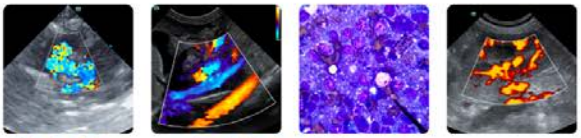
Spleen

The spleen is subjectively normal in size (0.85 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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. There is a moderate amount of non-organized echogenic debris. Some of the debris appears slightly irregular, potentially with a solid consistency. Power doppler would be necessary to differentiate abnormal tissue from debris. The common bile duct is visualized and slightly dilated, measuring 0.36 cm near the duodenal papilla.



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Gastrointestinal

The stomach contains mild/moderate fluid/shadowing 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. The patient is a diabetic and was not fasted for the exam. There is mild interference with full visualization of some areas of the stomach.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/chyme/gas 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 0.31 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are distended with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic, mottled left limb of the pancreas – Findings are most consistent with chronic active pancreatitis.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate gallbladder debris with a dilated 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).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is large, hypoechoic and mottled. The appearance is consistent with chronic pancreatic remodeling and likely concurrent chronic pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis. The common bile duct is slightly prominent. No evidence of a definitive obstruction is visualized at this time. Correlate with current lab work. If no symptoms consistent with liver disease are present, you could consider continued monitoring or possible Ursodiol therapy and

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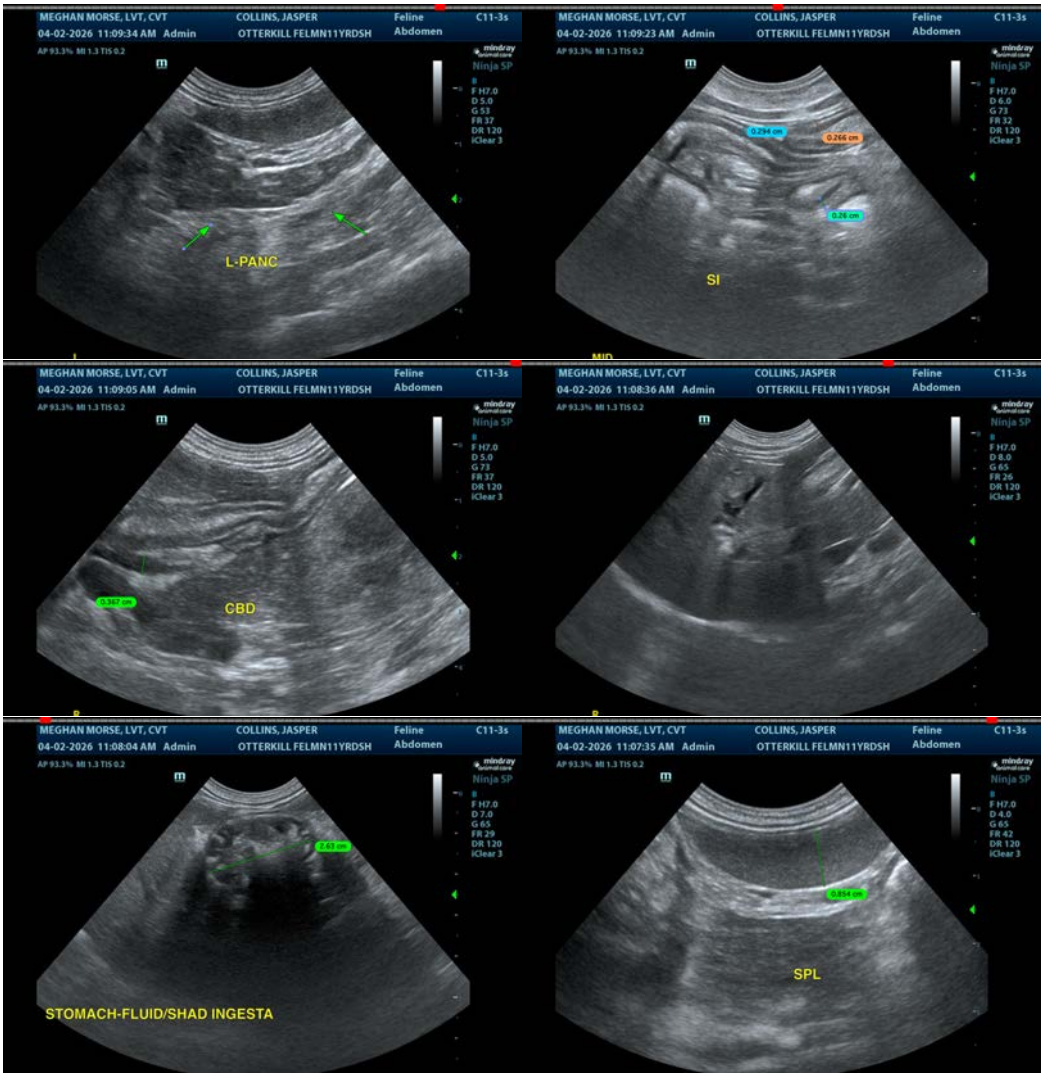
continued monitoring of the gallbladder.

The pancreas has significant changes consistent with chronic active pancreatitis. Additionally, there are some changes visualized associated with the bile duct and gallbladder. Assessment of the GI tract is somewhat challenging due to intraluminal ingesta/fluid, etc. No definitive small intestinal lesions are observed. Findings could be consistent with typical pancreatitis, but there could be a mild Triaditis type process going on as well. It is likely that culture of the bile and biopsies of the GI tract and pancreas would be necessary to know definitively. If there is concern about possible cholangiohepatitis or similar, you could consider Ursodiol therapy +/- a course of antibiotics and continued monitoring of the gallbladder. Additionally, a hydrolyzed protein prescription diet may be helpful.

There are likely many potential sources of inflammation/concurrent disease that could be contributing to the proteinuria reported. If not done recently, recommend a blood pressure evaluation to assess for hypertension. Correlate with current albumin levels. It is likely that medical management for proteinuria should be considered.



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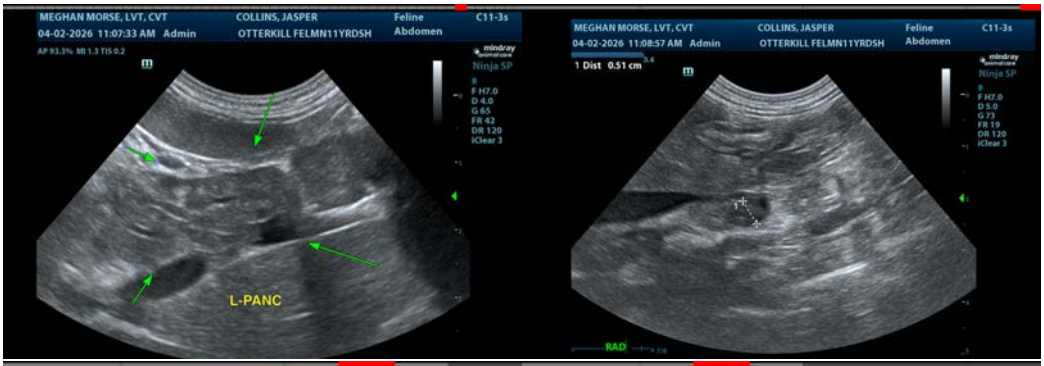

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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