



PATIENT

Pearl Vanderburgh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

4.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Plains Animal
 Hospital

REFERRING VET

Dr. Hindle

INVOICE

74187

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Presented for two month history of decreased appetite and progressive weight loss. History of vomiting about 1x per week, normal stools. Known diabetic, is on Senvelgo since Jan 2025. Recent full BW WNL including Fructosamine, BG TT4 and spec fPL and proBNP. PE unremarkable aside from grade 3/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: Please see attached results

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 (3.76 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.68 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 0.49 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 0.39 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 normal in size and shape, measuring 0.84 cm. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional hyperechoic foci visualized in the parenchyma, most consistent with benign myelolipomas. Recommend continued monitoring.

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.



PATIENT

Pearl Vanderburgh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

4.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Plains Animal
 Hospital

REFERRING VET

Dr. Hindle

INVOICE

74187

DATE

4/2/26

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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. The muscularis layer appears diffusely thickened.

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 left limb of the pancreas is prominent and mottled 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, an example measures 0.30 cm. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Mild age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Diffusely thickened small intestine with thickening of the 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened. These changes are most consistent with inflammatory type change, although early neoplastic change can have a very similar appearance. Consider 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 chronic probiotic therapy.

If symptoms are persistent and/or progressive, consider repeat imaging, looking for possible progression of today's lesions. Ultimately, biopsies of the GI tract may be necessary to further evaluate.

The pancreas is visible and mottled, most consistent with pancreatic remodeling. Correlate with a PLI level. If significant elevations are present, consider concurrent treatment for pancreatitis.



PATIENT

Pearl Vanderburgh

Recommend close monitoring of this individual. Glycemic control appears tight. It's possible that with weight loss and reduction in appetite that an insulin reduction would be needed. Recommend a glucose curve for further evaluation.

SPECIES

Feline

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

BREED

DSH

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

4.66 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Plains Animal
 Hospital

REFERRING VET

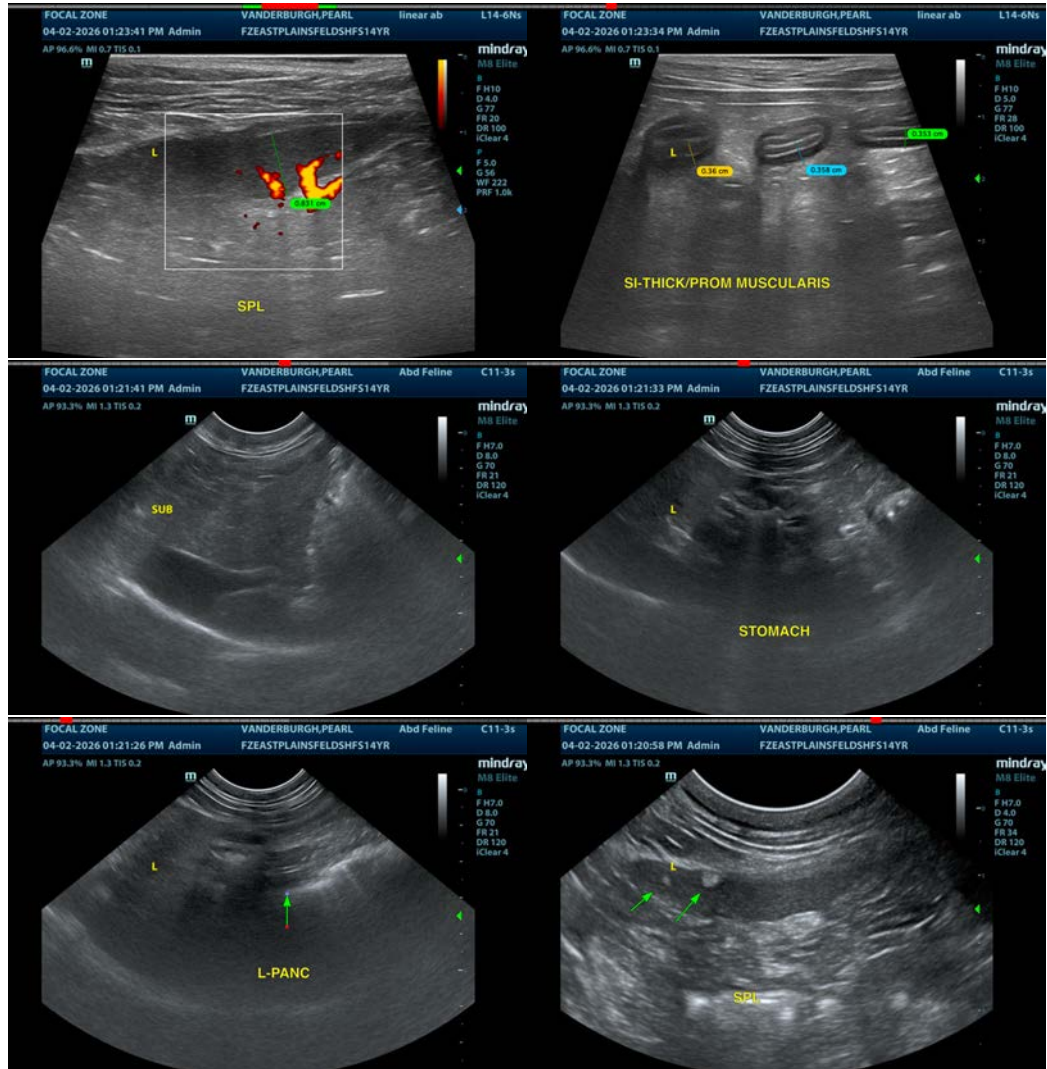
Dr. Hindle

INVOICE

74187

DATE

4/2/26





PATIENT

Pearl Vanderburgh

SPECIES

Feline

BREED

DSH

SEX

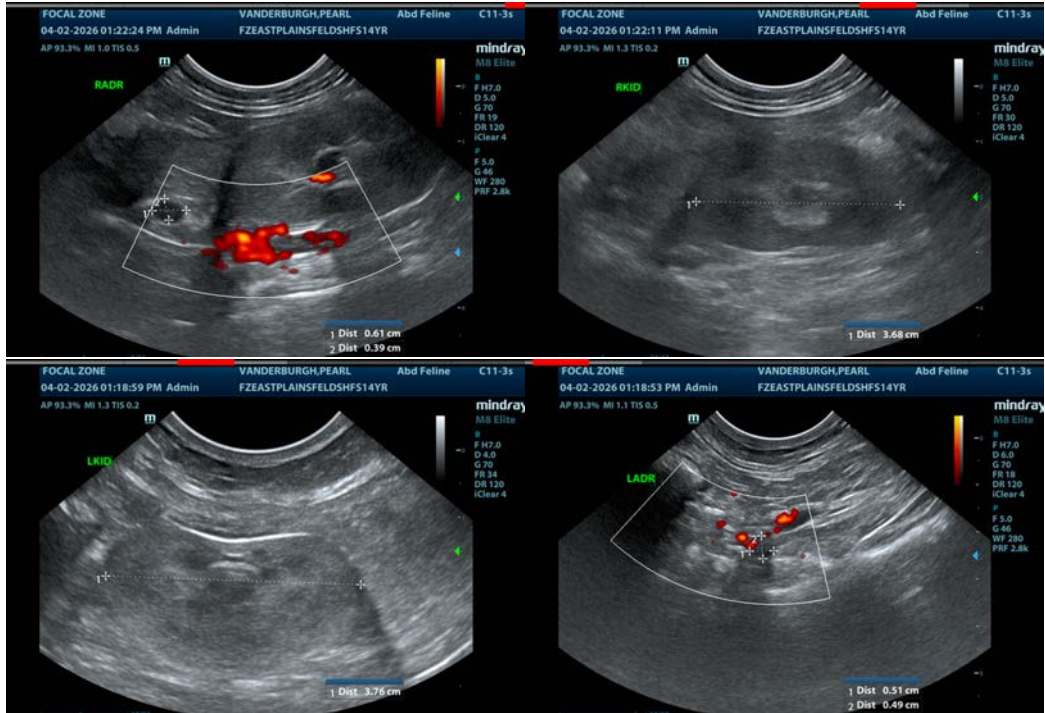
Spayed Female

AGE

13.5 Years

WEIGHT

4.66 kg



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

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

info@sonopath.com

HOSPITAL NAME

East Plains Animal
 Hospital

REFERRING VET

Dr. Hindle

INVOICE

74187

DATE

4/2/26