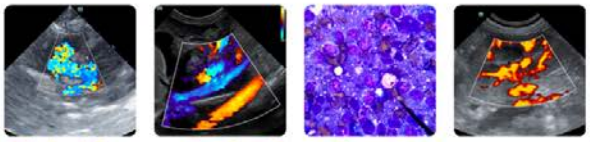


PATIENT

Morris Exclusa

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Nahiomie Rodriguez

INVOICE

74843

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Presented for evaluation of 1 month history of intermittent vomiting and anorexia with some diarrhea. PT doesn't drink much water as eats wet urinary diet due to his renal calculi. A recent vomit had blood tinged fluid. Currently taking probiotics and sucralfate. DDX gastritis

Abnormal PE/Chem/CBC/UA Results: Blood work and radiographs report attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a moderate amount of suspended echogenic debris and some dependent mineralized sandy debris. The bladder wall appears of normal thickness with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appeared free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.12 cm). There is a shadowing nephrolith visualized within the renal pelvis measuring at 0.51 cm. Pyelectasia is noted at 0.38 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.18 cm) with pyelectasia at 0.20 cm and occasional pinpoint non-obstructive nephroliths. 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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.

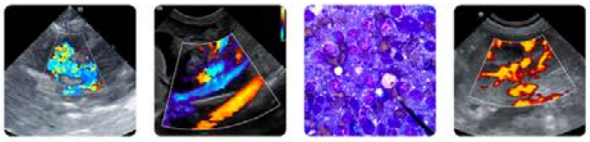
The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.93 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.



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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 minimal luminal contents. Some sections of gastric wall appear slightly more pronounced, possibly consistent with mild gastritis, measuring 0.45 cm. 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. Jejunum wall measures 0.25 cm. Duodenum wall measures 0.29 cm. Visualized peristalsis appears appropriate. The muscularis layer of the small intestine appears prominent and mildly thickened. There is a focal section of proximal duodenum with asymmetrical wall thickening involving the muscularis layer. This area of thickening measures 0.58 cm x 1.1 cm. The duodenal papilla is not clearly visualized, so it is uncertain if this structure is associated with the duodenal papilla.

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 normal and isoechoic to surrounding 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. A lymph node at the ileocecal junction measures 0.48 cm x 0.88 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris and dependent mineralized/sandy debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Bilateral renal pyelectasia with a nephrolith visualized in the left renal pelvis – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Diffusely thickened small intestine with a prominent muscularis layer and focal asymmetrical wall thickening of the proximal duodenum – Findings could be concerning for significant inflammatory disease, although early neoplastic change cannot be ruled out. The asymmetrical wall thickening could represent an early mass effect or an atypical duodenal papilla.
- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes, although early neoplastic change cannot be ruled out.

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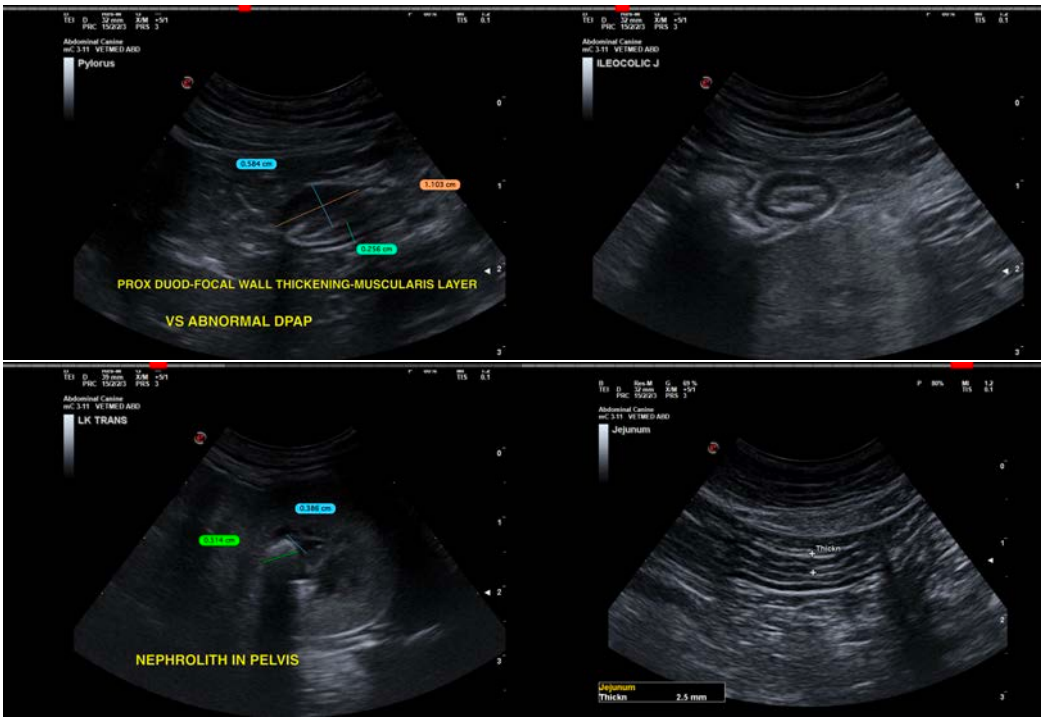
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely mildly thickened with a prominent muscularis layer. These changes could be consistent with significant inflammatory change, although early neoplastic change cannot be ruled out. Additionally, there is focal thickening of the proximal duodenum either consistent with an early mass effect or an atypical duodenal papilla. If a safe window for sampling is available, consider a fine needle aspirate of this hypoechoic region. Additionally 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, ultimately biopsies of the GI tract may be warranted. Consider surgical biopsies so that the focal wall thickening/atypical duodenal papilla can be further revaluated and sampled if necessary. Additionally, you could consider repeat imaging of this region of the proximal duodenum in 4-6 weeks to see if there has been significant change.

Both kidneys have moderate pyelectasia and there is a partially obstructive nephrolith in the left renal pelvis. Recommend a urinalysis and culture with continued monitoring of the left kidney for progressive renal dilation. If the nature of the stone visualized can be determined, dietary therapy could be considered, looking for the intent to dissolve the stone or try to prevent progression (Royal Canin has a combination hydrolyzed protein/stone diet).



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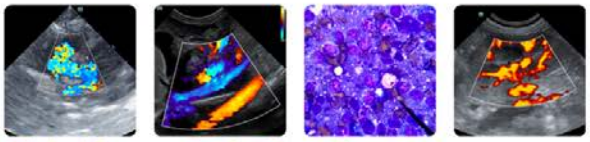

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SonoPath.com | info@sonopath.com | 1.800.838.4268

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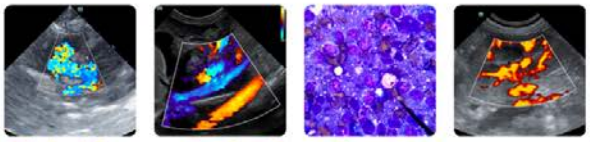

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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