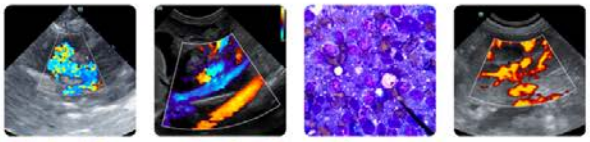


PATIENT

Neil Corrigan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

4 Years

WEIGHT

7.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary Clinic

REFERRING VET

Dr. Becky Corrigan

INVOICE

74281

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Acute inappetence and vomiting starting April 1st. Improved with symptomatic tx. CBC/chem: mild increase in SDMA and GGT; mild eosinopenia, mildly increased MPV and plateletcrit.

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 (4.52 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 (4.68 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 0.44 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 0.26 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.

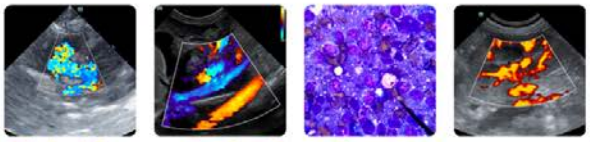
Spleen

The spleen is normal/borderline “plump” (1.1 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 hyperechoic and slightly prominent, measuring at 0.22 cm. Luminal contents are mild and likely incidental at this time. The bile duct appears mildly dilated and tortuous, measuring at 0.23 cm.



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Gastrointestinal

The stomach contains mild fluid. 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 0.19 cm. Jejunum wall measures 0.27 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. Descending colon wall appears slightly prominent with intact wall layering, measuring at 0.17 cm.

Pancreas

The body/right 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. There is no evidence of a significant diffuse lymphadenopathy. A prominent lymph node is visualized near the ileocecal junction measuring 0.59 cm, and a cranial abdominal/hepatic lymph node is visualized measuring 0.50 cm. The omentum is hyperechoic around some areas of the body and right limb of the pancreas.

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 active pancreatitis.
- Prominent, thickened/slightly hyperechoic gallbladder wall with a mildly dilated bile duct – Changes are subtle but could be consistent with mild cholecystitis.
- Mild fluid distention of the stomach – Correlate with feeding and drinking history. If the patient was adequately fasted this could represent mild delayed gastric emptying.
- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes, although early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and hypoechoic in the region of the body and right limb with surrounding reactive mesentery most consistent with pancreatitis/possibly resolving pancreatitis(?). Correlate with PLI level and recommend continued treatment for non-specific gastroenteritis/pancreatitis.

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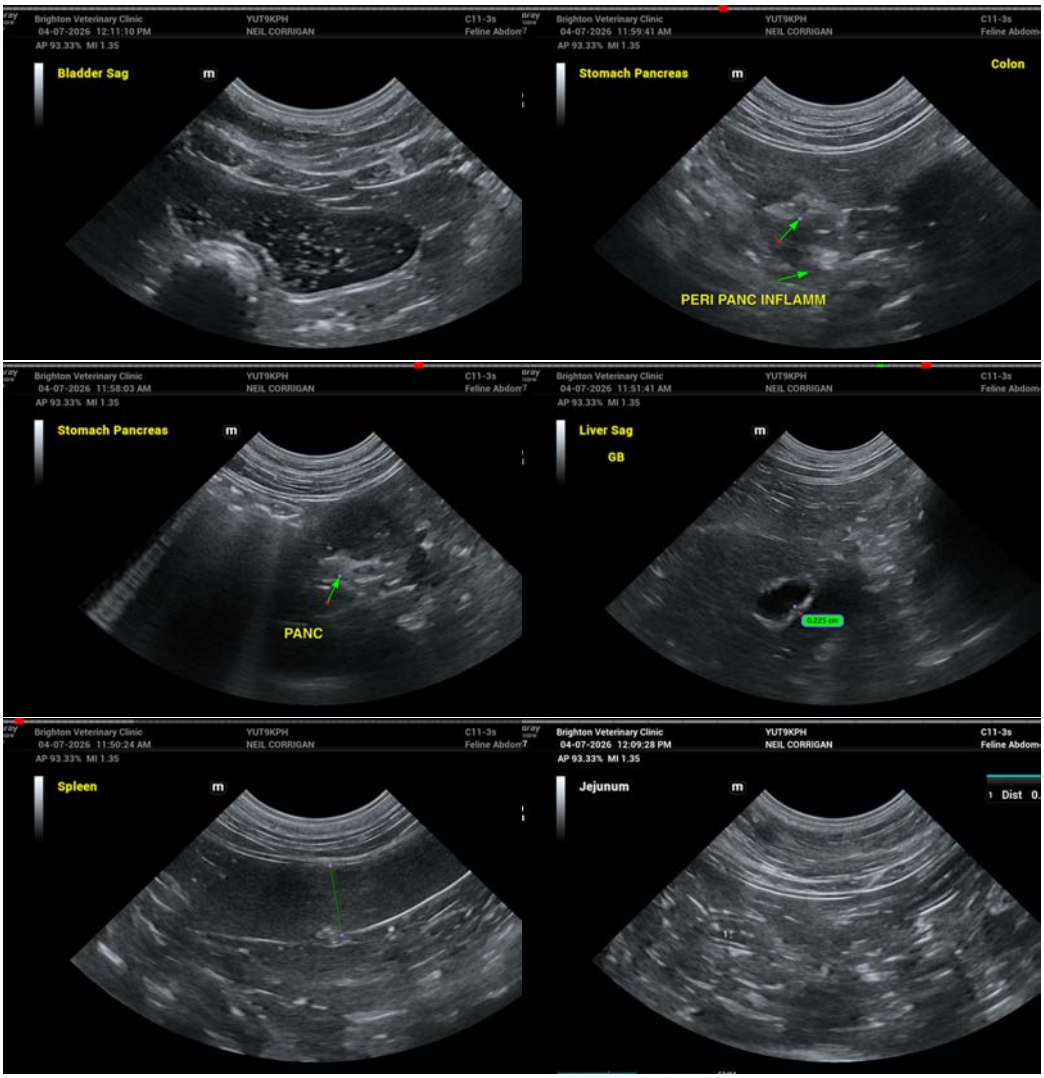
There is suspended echogenic debris visualized in the urinary bladder. Correlate with urinalysis +/- culture results.

The gallbladder appears to have a slightly thickened, hyperechoic wall with a mildly dilated/prominent bile duct. The significance of these changes is uncertain. Given the elevation in GGT, consider continued monitoring +/- chronic Ursodiol therapy +/- a course of antibiotics if liver enzyme elevations are persistently elevated. Recommend continued monitoring of the gallbladder.

If symptoms are persistent, consider repeat imaging in the future, looking to reassess the lymph nodes, pancreatic changes, etc.



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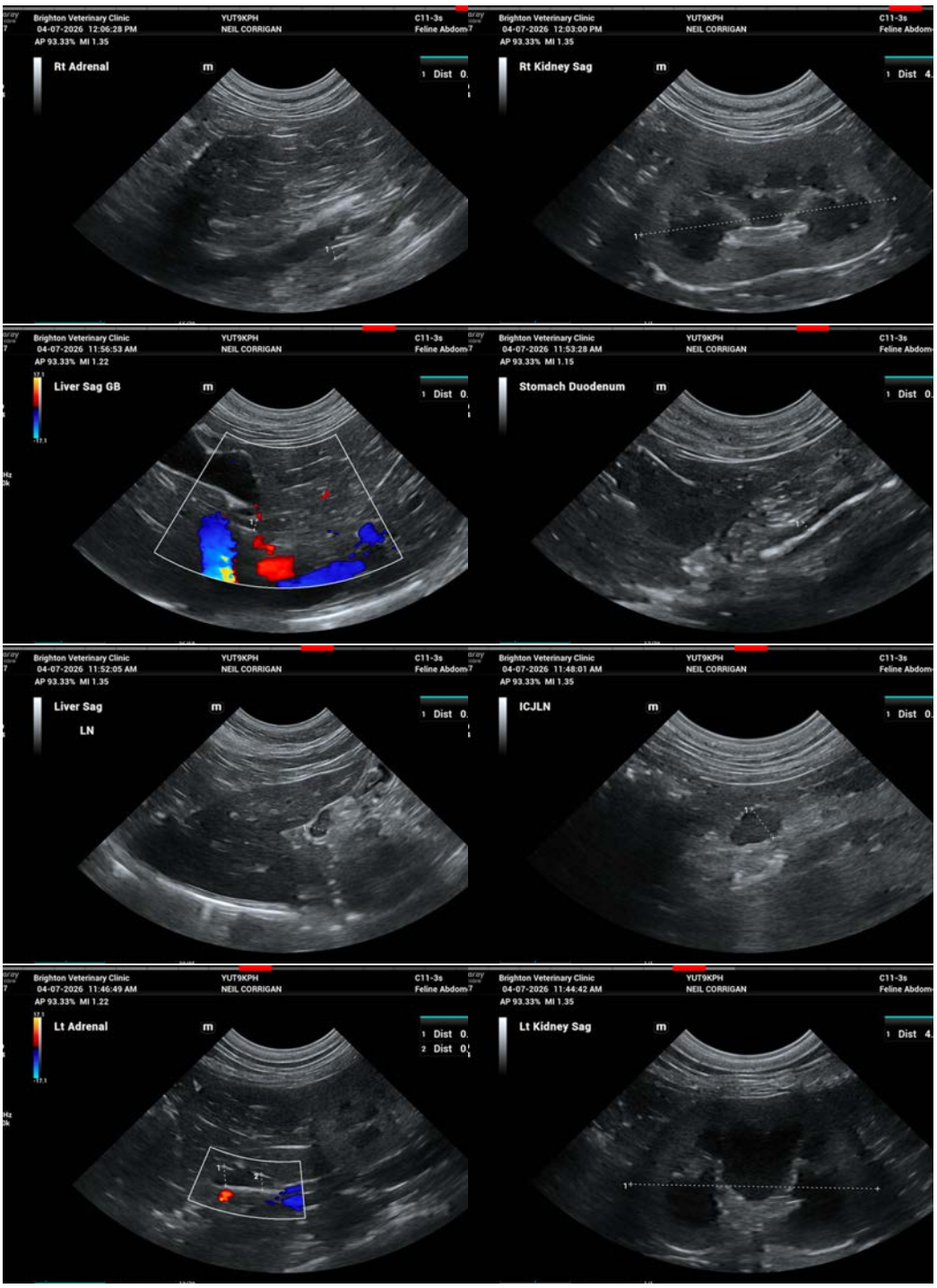

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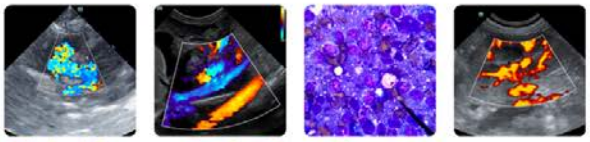

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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