


DATE PRESENTING CLINICAL SIGNS

5/12/26 **Patient History:** Presented 5/5/26 for sedated shavedown and annual PE. PE demonstrated lenticular sclerosis, mild dental calc, otherwise WNL. BW showed progressive anemia with no elevation in kidney values. ATO, doing well at home and no concerns but difficult to medicate at home.

PATIENT

Rajah Batton

Current Medications: Cobalequin - 1 cap PO q24h (started 5/6/26), pet-tinic - 1.4ml PO q12h (started 5/6/26)

SPECIES

Labwork Results: Attached, reported as: 5/5/26 *CBC/CHEM/T4: RBC 5.71, hct 26.5%, hb 8.9, SDMA 16, creat 1.5, BUN 21. 9/4/25 *CBC/CHEM/T4: RBC 6.29, hct 30.9%, hb 10.2. 3/7/25 *CBC/CHEM/T4: RBC 6.86, hct 33.3%, hb 11.5

Feline

Date of Previous IntraPet Ultrasound: No previous.

BREED

Sedation: Torbugesic/Valium

DSH

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

SEX
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male

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.

AGE

4/20/15

WEIGHT

The left kidney has a normal shape and size (3.99 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.

14.1 lbs

INTERPRETED BY

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

The right kidney has a normal shape and size (4.03 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.

HOSPITAL NAME

 Chadwell Animal
 Hospital

Adrenal Glands

The left adrenal gland is normal in size measuring 0.30 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.

REFERRING VET

Dr. Mengers

The right adrenal gland is normal in size measuring 0.38 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.

INVOICE

75086

Spleen

The spleen is subjectively normal in size (1.05 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 moderate fluid and 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. 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 normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.25 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. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon wall measures at 0.16 cm.

Pancreas

The pancreas is visible in both limbs. There is a small cystic lesion visualized medial to the spleen measuring 0.40 cm, most consistent with a small pancreatic cyst. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is normal in echogenicity.

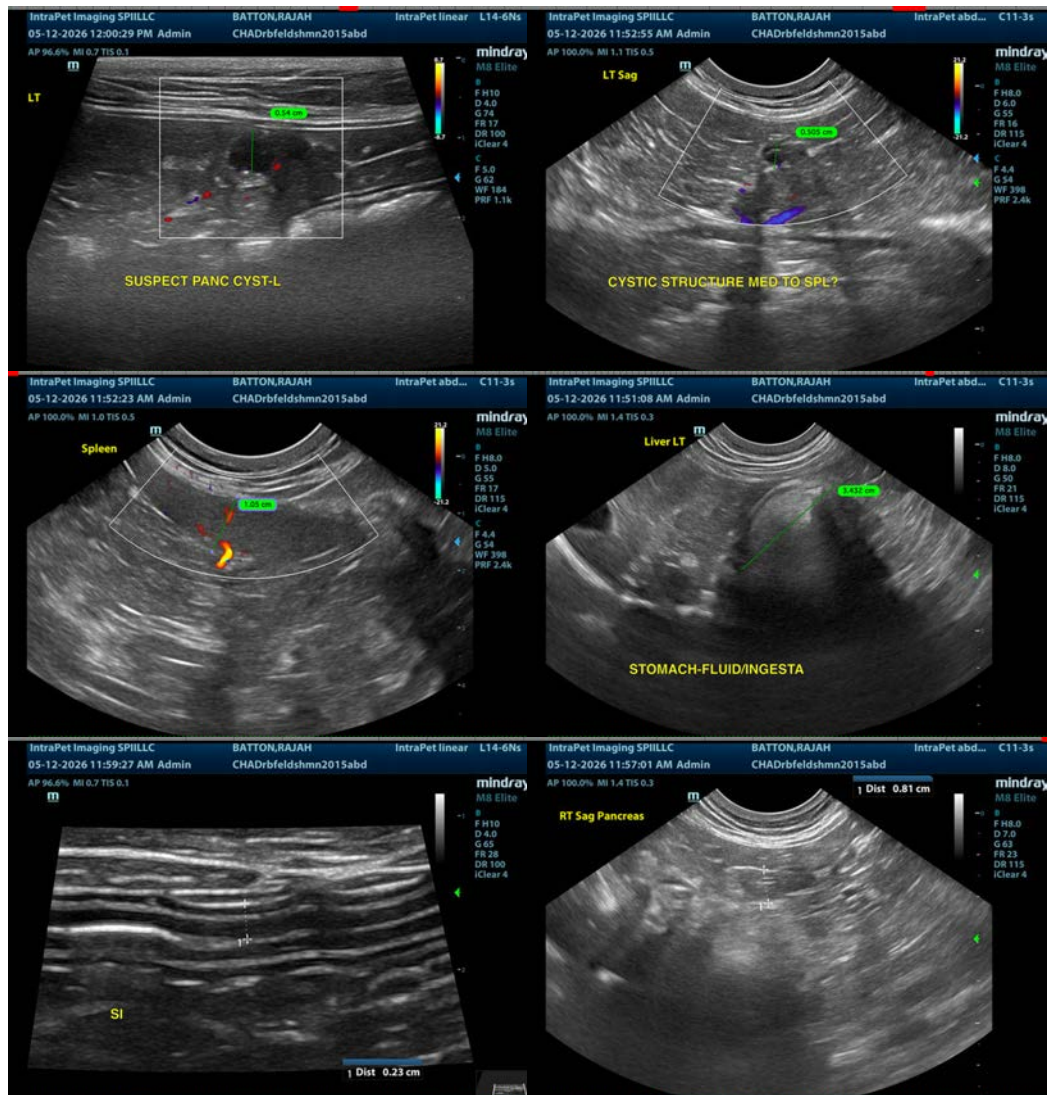
ULTRASONOGRAPHIC FINDINGS

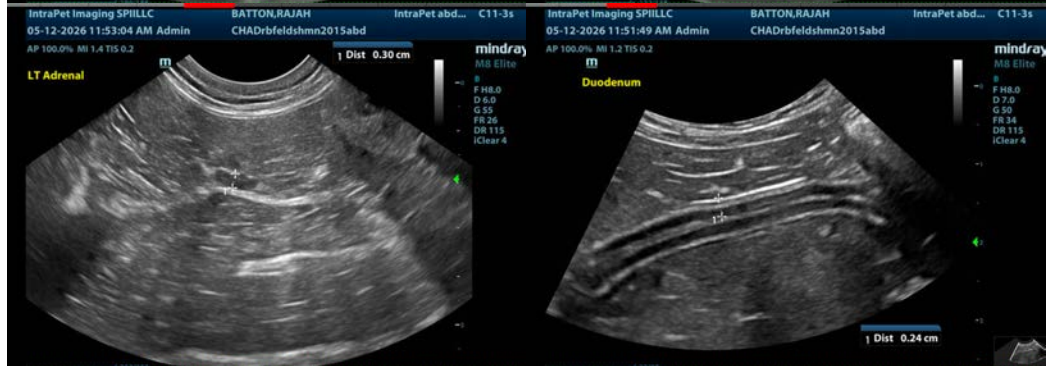
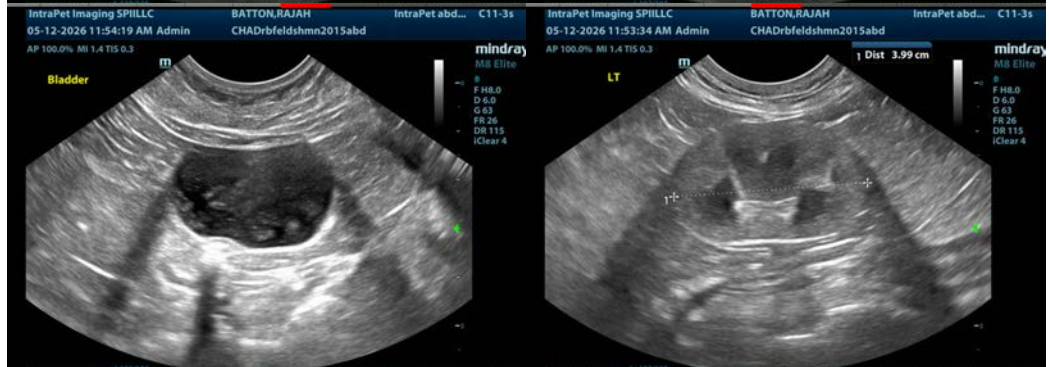
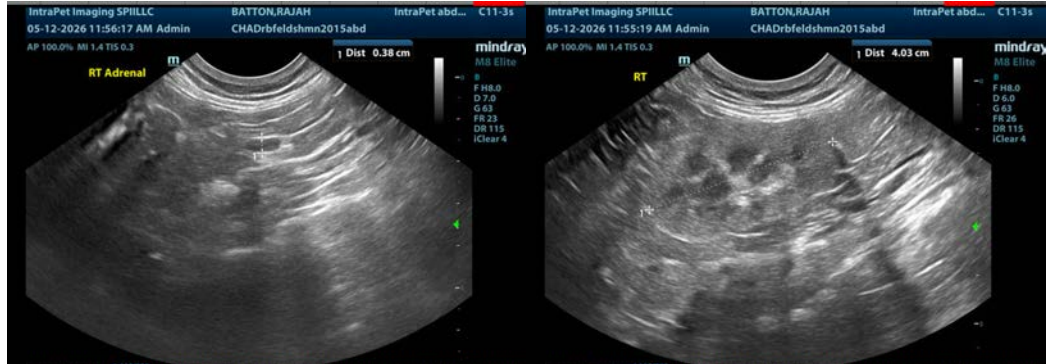
- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Visible pancreas in both limbs most consistent with mild remodeling and a left-sided cystic structure suspected to be a benign pancreatic cyst. Recommend continued monitoring.
- Moderate fluid/gastric ingesta – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying.
- Segmental areas of small intestine with a mildly prominent 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 changes observed on today's scan are mild. A definitive lesion responsible for the anemia is not visualized. Correlate renal values with urine to assess renal concentrating ability.

Some sections of small intestine appear to have a mildly prominent muscularis layer. You could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence of underlying small intestinal diseases. If this is present, further evaluation may be warranted.





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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