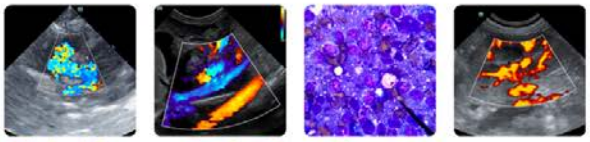


PATIENT

Dozer Willey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Brooke Ridinger

INVOICE

75285

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Chronic IBD, eats renal HP food, chronic diarrhea/gelatinous stool. vomits 1-2x per week; on long term prednisolone 5mg QD, adverse reaction to solensia in Feb; microdose ketamine injections biweekly for pain related to LS IVDD, o brought in due to hyporexia, hiding, not interacting as normal; cbc/chem/T4/proBNP pending. UA WNL except dilute in April 2026 - SDMA inc, hyperphosphatemia, mild anemia, leukocytosis and neutrophilia, monocytosis - treated for suspected pillow foot with doxycycline and pred 5mg BID, but has tapered back to 5mg QD, symptoms resolved TAMU GI panel all normal.

Abnormal PE/Chem/CBC/UA Results: BW sent out yesterday shows Mild anemia, WBC: 40.4 Neutrophils: 34 Monocytes: 2.5 Phosphorus: 6.8 Calcium: 11.8

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 (4.08 cm) with pyelectasia at 0.37 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.98 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 0.30 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.

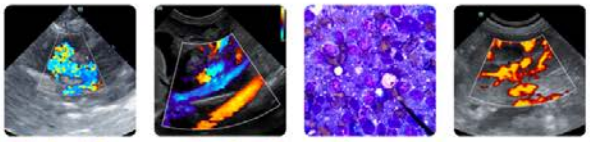
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is normal/borderline plump at 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.



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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 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. There is a shadowing structure visualized in the stomach measuring 1.9 cm, possibly consistent with ingesta, a hairball, ingested foreign material, etc., with some fluid. No evidence of an outflow tract obstruction visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid and 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. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There is significant fluid and gas distention of the small intestine, possibly consistent with post-prandial patient or diffuse ileus.

The colon is distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon wall measures 0.19 cm.

Pancreas

The area of 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, examples measure 0.30 cm and 0.47 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Left-sided renal pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- “Plump” left adrenal gland – I suspect this is normal for this large cat. Other differentials could include congestion, splenitis, lymphoid hyperplasia, less likely infiltrative neoplasia.
- Fluid and gas distended stomach and small intestine as well as some focal shadowing material visualized within the stomach. Correlate with the feeding history. If the patient was adequately fasted, this could represent retained ingesta, diffuse ileus, possibly even a hairball or similar.
- Mild reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is fluid distended with some focal shadowing material, and the small intestine appears diffusely fluid and gas distended. This could be normal in a post-prandial patient. Alternately, this could be consistent with diffuse ileus. No evidence of a focal lesion is observed, but this cannot be definitively

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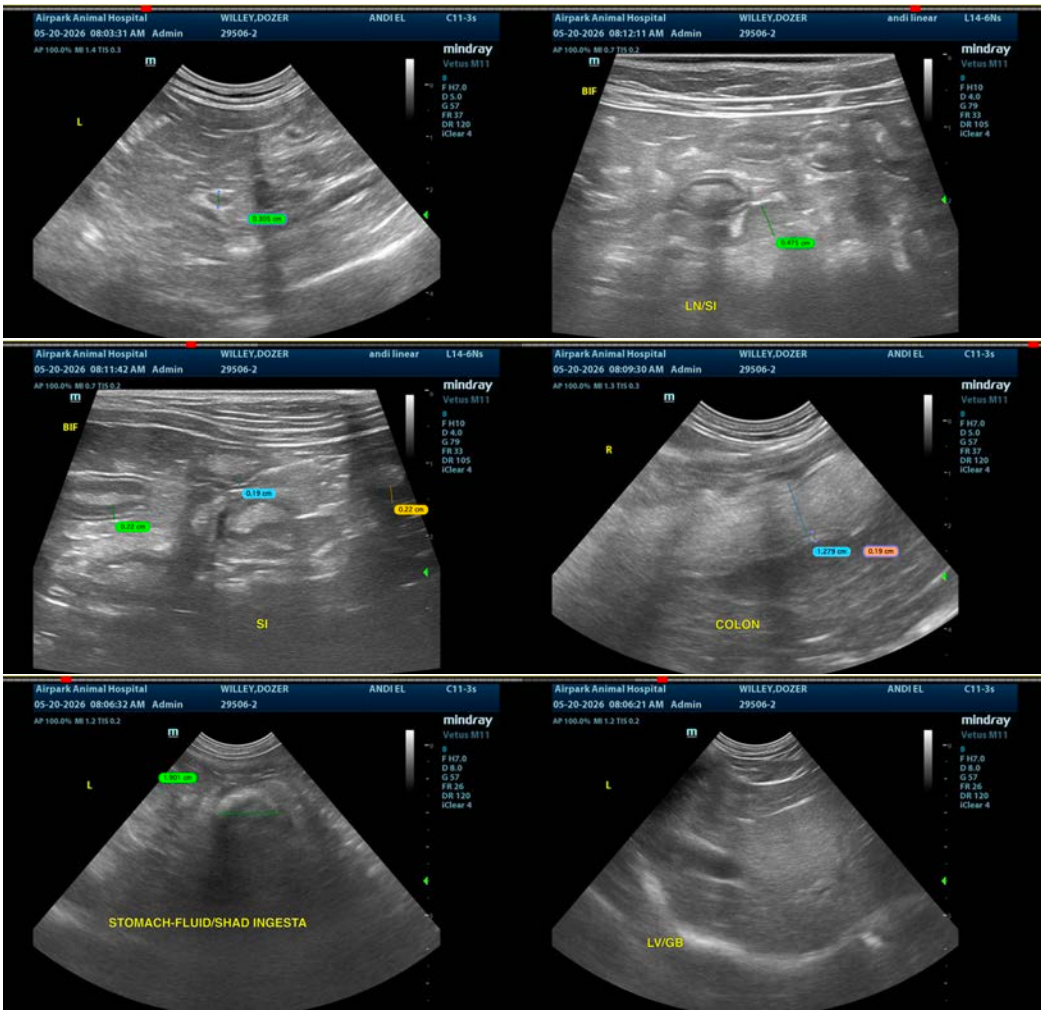
ruled out. It is also possible that Prednisone therapy is suppressing lesions.

If not already done, recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If clinically appropriate, you could also consider parasite screening and screening for infectious causes of diarrhea.

If there is no improvement on steroid therapy, a taper could be considered with follow up evaluation. Ultimately, biopsies of the GI tract (large and small bowel) may be warwranted to further evaluate. If the patient was adequate fasted and there is concern for gastric foreign material, upper GI endoscopy could be considered and/or a more prolonged fast with follow up imaging (radiographs +/- ultrasound).

Recommend a urine culture to further evaluate for possible pyelonephritis.



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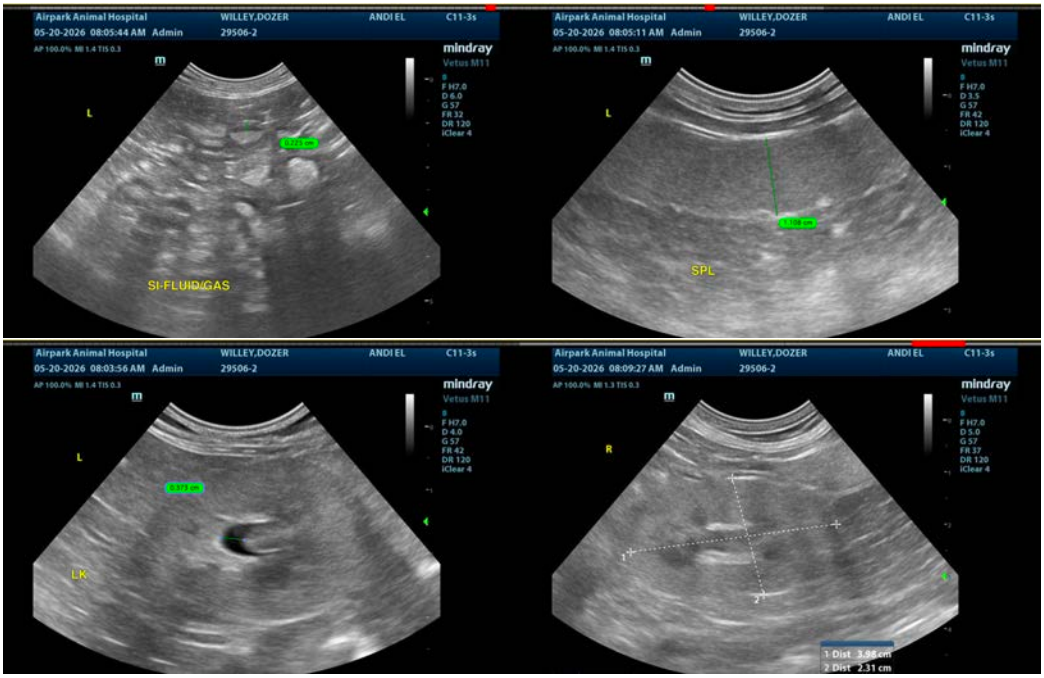

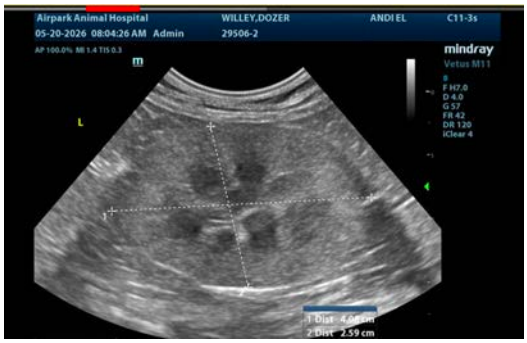

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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