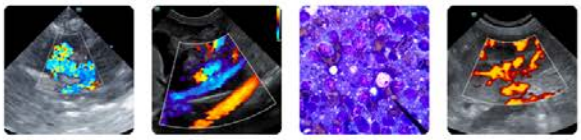


DATE

5/5/26

PATIENT

Belle Post

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/13/12

WEIGHT

9 lbs 9 oz

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

74946

PRESENTING CLINICAL SIGNS

Patient History: Belle is a ckd kitty with hyperT4 that has been controlled but she also most likely has intestinal disease, although her ultrasound in January didn't show much with the intestinal tract. That ultrasound did show probable pancreatitis. She has been fairly stable since being on pred, transdermal methimazole, cyproheptadine, ondansetron and cerenia as well as probiotics and fiber. However, about 5 days ago her appetite went down and yesterday she was listless and acting strange in the morning. She perked up during the day but didn't eat much. She may have eaten some overnight but this morning she vomited up that food and has had diarrhea. Her radiographs show a possible dilated segment of small intestine although her stomach appears empty and not fluid-filled. She also has an area of SI that has gas and seems a little more loopy. Wondering about a possible intestinal obstruction vs pancreatitis episode.

Current Medications: Ondansetron 4mg BID, Cyproheptadine 1mg BID, Prednisolone 2.5mg BID, Gabapentin 12.5mg BID, Transdermal Methimazole 2.5mg BID, Cerenia 4mg, Metamucil, probiotics, lysine, 0.25ml B12 once weekly
Labwork Results: Radiographs attached, reported as: Radiograph shows possible dilated SI segment?
Date of Previous IntraPet Ultrasound: 1/6/26. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (3.36 cm) with mild pyelectasia at 0.36 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no fluid, but mild inflammation is present in the region of the left kidney. 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 fluid, but mild inflammation is present in the region of the right kidney. 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 0.29 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 0.36 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. There are occasional hyperechoic foci present, most consistent with benign mineralization.

Spleen
The spleen is subjectively normal in size (0.95 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 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 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. Jejunum wall measures 0.22 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.

Pancreas
The left 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. Pancreatic duct is dilated at 0.36 cm.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A prominent mesenteric lymph node is visualized measuring 0.32 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Pancreatic changes in the left limb, most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

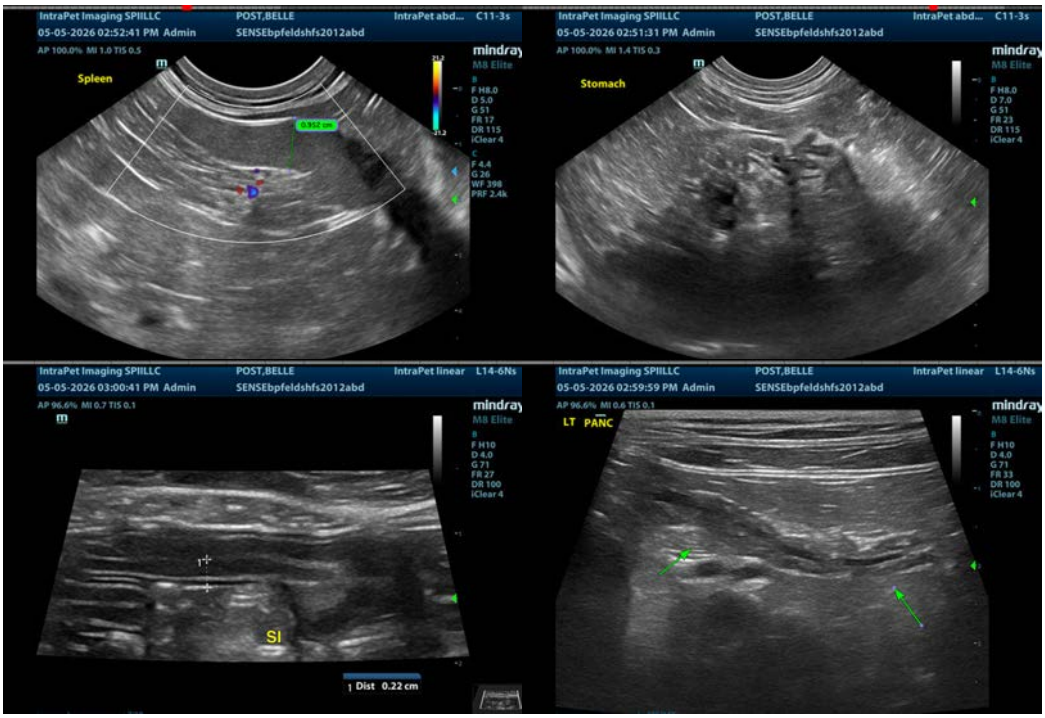
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

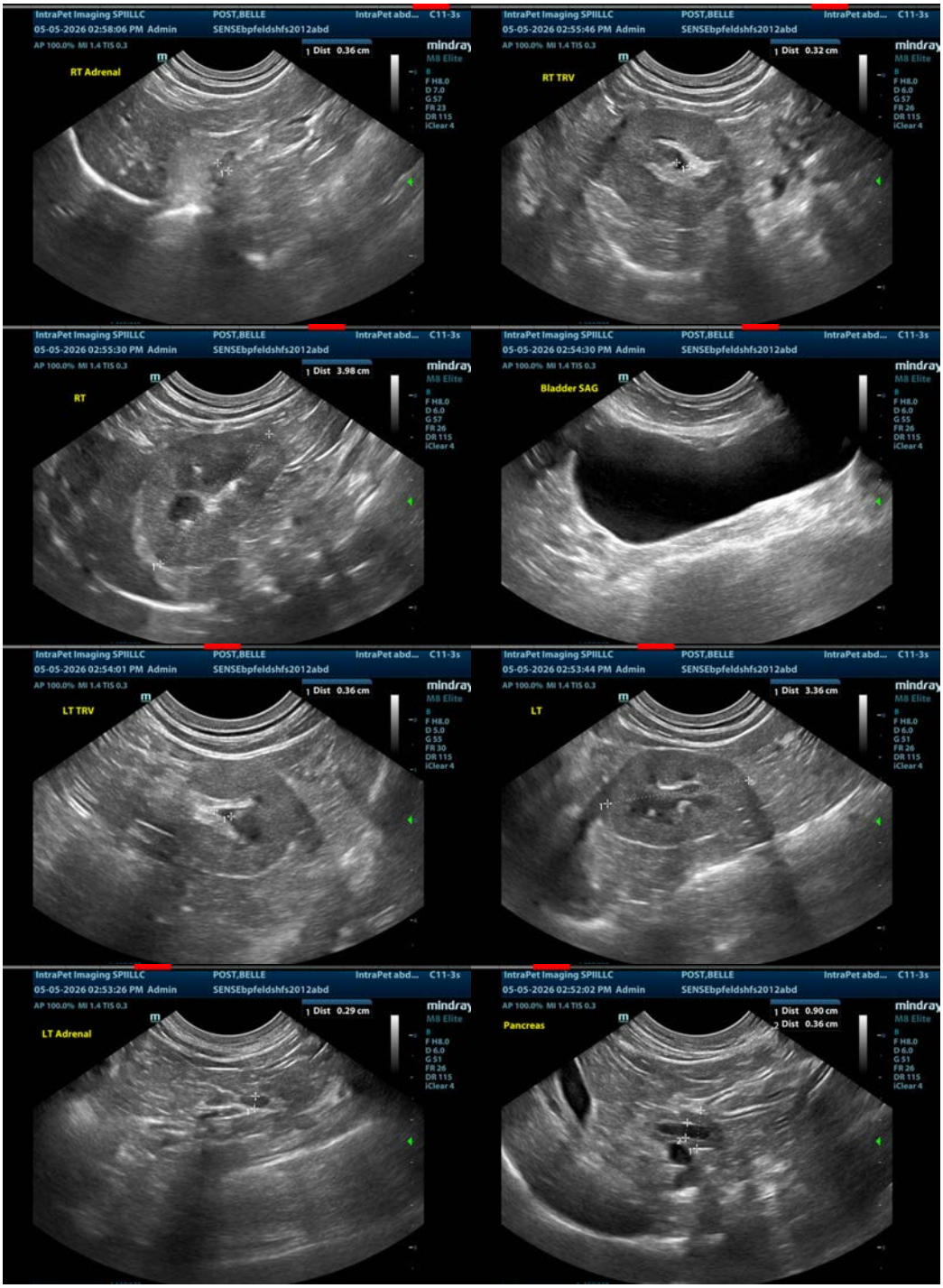
Today's scan appears similar to the previous scan performed 1/6/26. There are bilateral renal changes consistent with chronic renal disease. On today's exam there is some mild inflammation in the region of the kidneys. Recommend reevaluation of renal values, looking for an acute on chronic crisis as well as a urinalysis, culture and a blood pressure, looking for any concurrent pyelonephritis or similar.

The left limb of the pancreas is prominent with some mild reactive inflammation in the region. It is unclear if this could be associated with the left pancreas or left kidney (same region). Correlate with current PLI level and consider empirical treatment for pancreatitis.

No significant focal lesions are visualized associated with the small intestine. This does not definitively rule out a small focal lesion, but this seems less likely. Mild acute gastroenteritis could also be a factor.

If symptoms are persistent despite evaluation for exacerbation of renal disease and panreatitis, then consider repeat imaging, looking for the progression of today's findings or the development of new lesions.

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LT Adrenal
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Pancreas
1 Dist 0.90 cm
2 Dist 0.36 cm
mindray
M8 Elite

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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