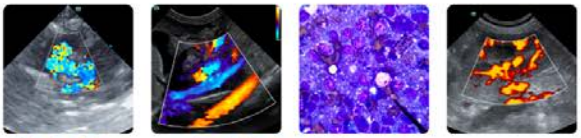


PATIENT

Nym Jonas

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

18 Years 4 Months

WEIGHT

7.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Cummings Veterinary Hospital

REFERRING VET

Dr. Sweney

INVOICE

75015

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Assess gut and liver further. Possible pancreatitis flare. Increased WBC, rising ALT. Concern for liver disease. Cerenia 16 mg- 1/2 tab SID

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 is normal in size (3.35 cm) but irregular in shape, likely due to previous infarcts, with mild pyelectasia at 0.16 cm, and shadowing non-obstructive nephroliths (at least two measuring 0.29 cm and 0.35 cm.). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Renal vasculature is normal.

The right kidney is normal in size (2.75 cm) but irregular in shape (likely due to previous infarcts), with pyelectasia at 0.30 cm and multiple non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. 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 0.40 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.

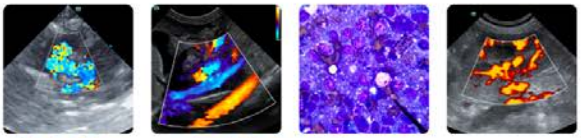
Spleen

The spleen is subjectively normal in size (0.79 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen is somewhat folded upon itself towards the tail of the spleen.

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.



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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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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 mild/moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular kidneys with decreased corticomedullary distinction, evidence of previous infarcts, and non-obstructive nephroliths.
- Pancreatic changes consistent with mild/moderate pancreatitis in the right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right limb of the pancreas is prominent and hypoechoic with surrounding reactive mesentery, most consistent with active pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis.

No significant gastrointestinal lesions are visualized, but you can still have significant inflammation despite a relatively normal appearing GI tract. If underlying small intestinal disease is still a significant concern, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence.

No significant changes were visualized associated with the liver. If significant liver enzyme elevations are present, consider pre- and post-prandial bile acids to assess liver function, and a fine needle aspirate of the liver (provided coagulation parameters are normal). If there is evidence of underlying gastrointestinal disease as well as pancreatitis and elevation in liver values, Triaditis may be a concern.

You could consider a combination hydrolyzed protein/renal diet (correlate with urine concentrating ability, etc., but underlying renal disease is suspected), and possibly chronic probiotic therapy.

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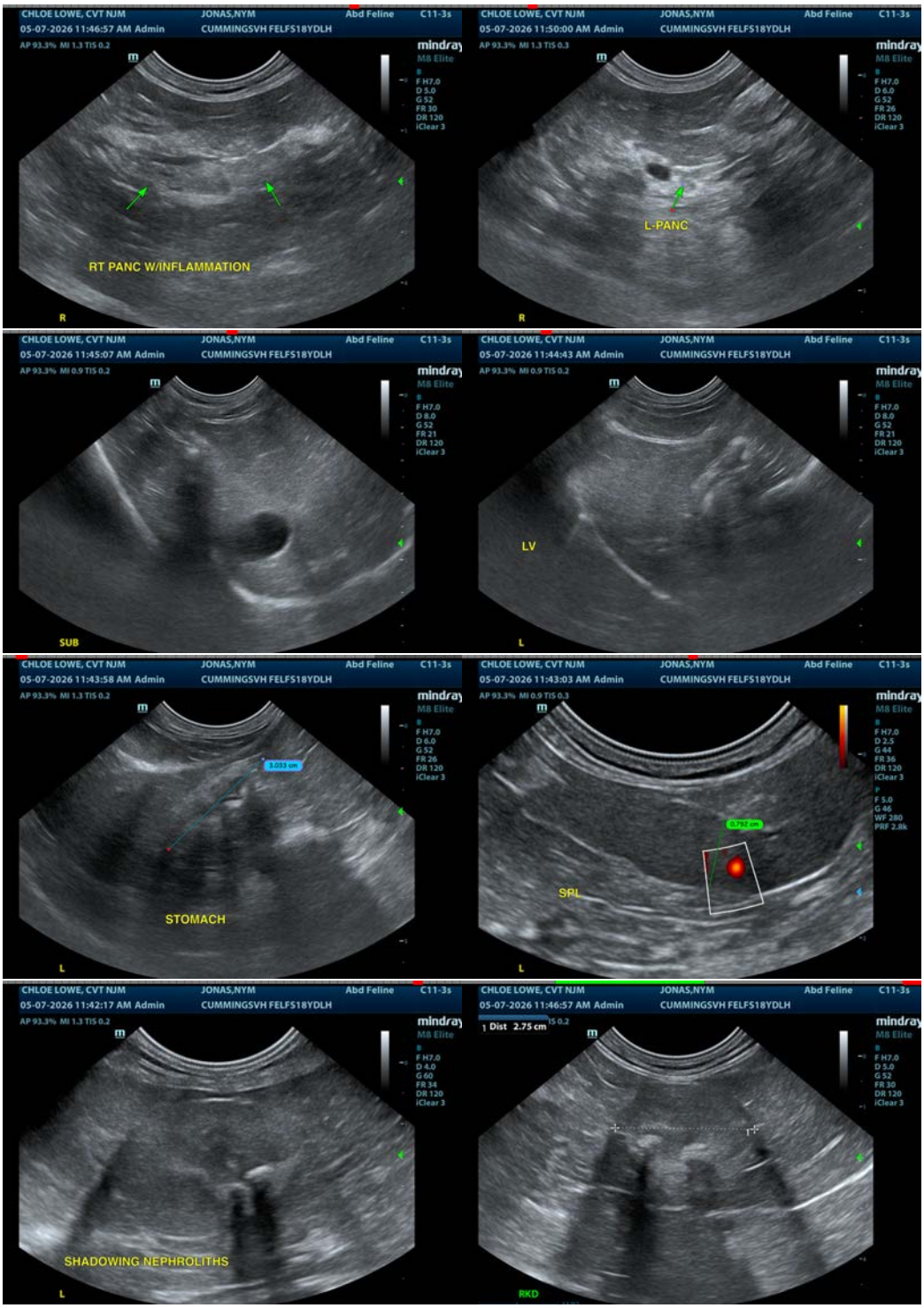
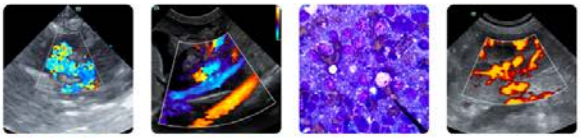
Ultimately, biopsies of the GI tract, pancreas and liver may be warranted for further evaluation.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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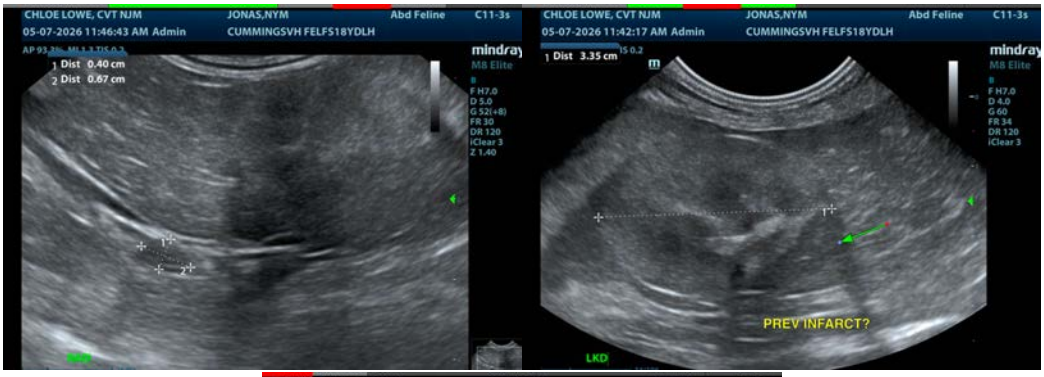

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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