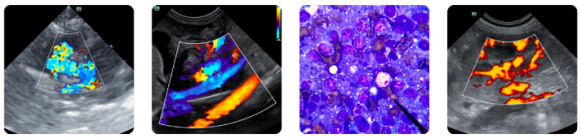


DATE

5/8/2026

PATIENT

Grimaldus Filleti

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1 year 10 months

WEIGHT

9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Jones

INVOICE

11907

PRESENTING CLINICAL SIGNS

Patient History: Chronic diarrhea, minimal response to dietary changes.

Current Medications: None currently.

Labwork Results: Labwork attached, reported as: 2/16/26: creat 2.4, BUN 27, USG 1.060, proteinuria 2+, ALT 25, AST 13.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brilhart, RDMS.

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 (3.09 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.47 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. 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 0.49 cm at the caudal pole with hyperechoic speckling – speckling is most consistent with pinpoint mineralizations, and is usually an incidental finding. 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 0.54 cm at the caudal pole with hyperechoic speckling – speckling is most consistent with pinpoint mineralizations, and is usually an incidental finding. 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 (0.74 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 somewhat prominent and mildly thickened measuring 0.2 cm. There is a moderate amount of non-organized echogenic debris. The bile duct is visualized measuring 0.19 cm.

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 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. The duodenum measured 0.25 cm in diameter and the jejunum measured 0.22 cm in diameter. 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. The descending colon wall appears thickened with mildly reduced layering measuring at 0.3 cm.

Pancreas

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 pancreatitis particularly in the left limb.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy with hypoechoic rounded mesenteric lymph nodes. A large colic lymph node is visualized measuring 0.6 cm x 1.19 cm. A mesenteric lymph node is visualized measuring 0.52 cm. The omentum is generally hyperechoic, particularly in the region of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys. This is typically associated with chronic kidney disease but urine concentrating ability is good. Recommend continued monitoring.
- Pancreatic changes most consistent with mild pancreatitis.

- Moderate gallbladder debris with a mildly thickened gallbladder wall and visible bile duct. Findings could be normal for some individuals or be consistent with mild inflammation/cholecystitis.
- Subjectively, mildly thickened/ropey small intestine. Findings are most consistent with inflammatory type change.
- Likely reactive mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

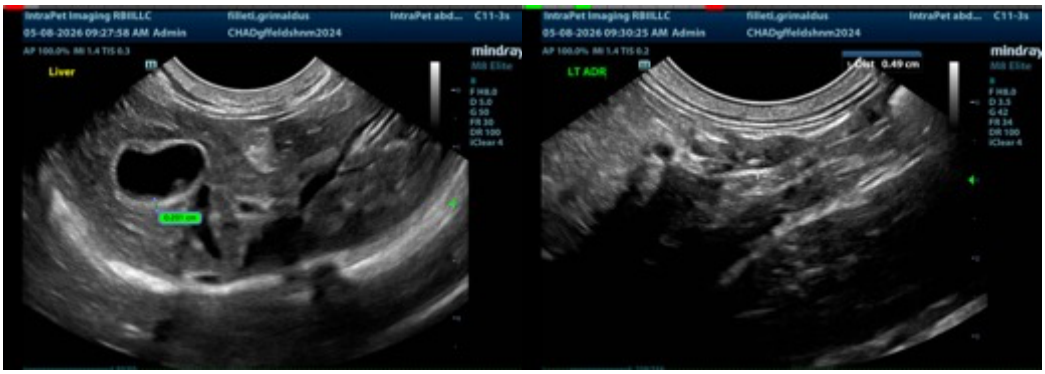
The small intestine appears mildly diffusely ropey with no focal lesions to explain the chronic diarrhea reported. These changes are suggestive of chronic inflammatory type change, and there is a mesenteric lymphadenopathy, likely supportive of chronic inflammatory type change, although if a large lymph node is identified for sampling this could be considered as early round cell neoplasia, FIP, etc. can have a similar appearance. Additionally, the distal colon appears thickened, likely consistent with either colitis or very early neoplastic change.

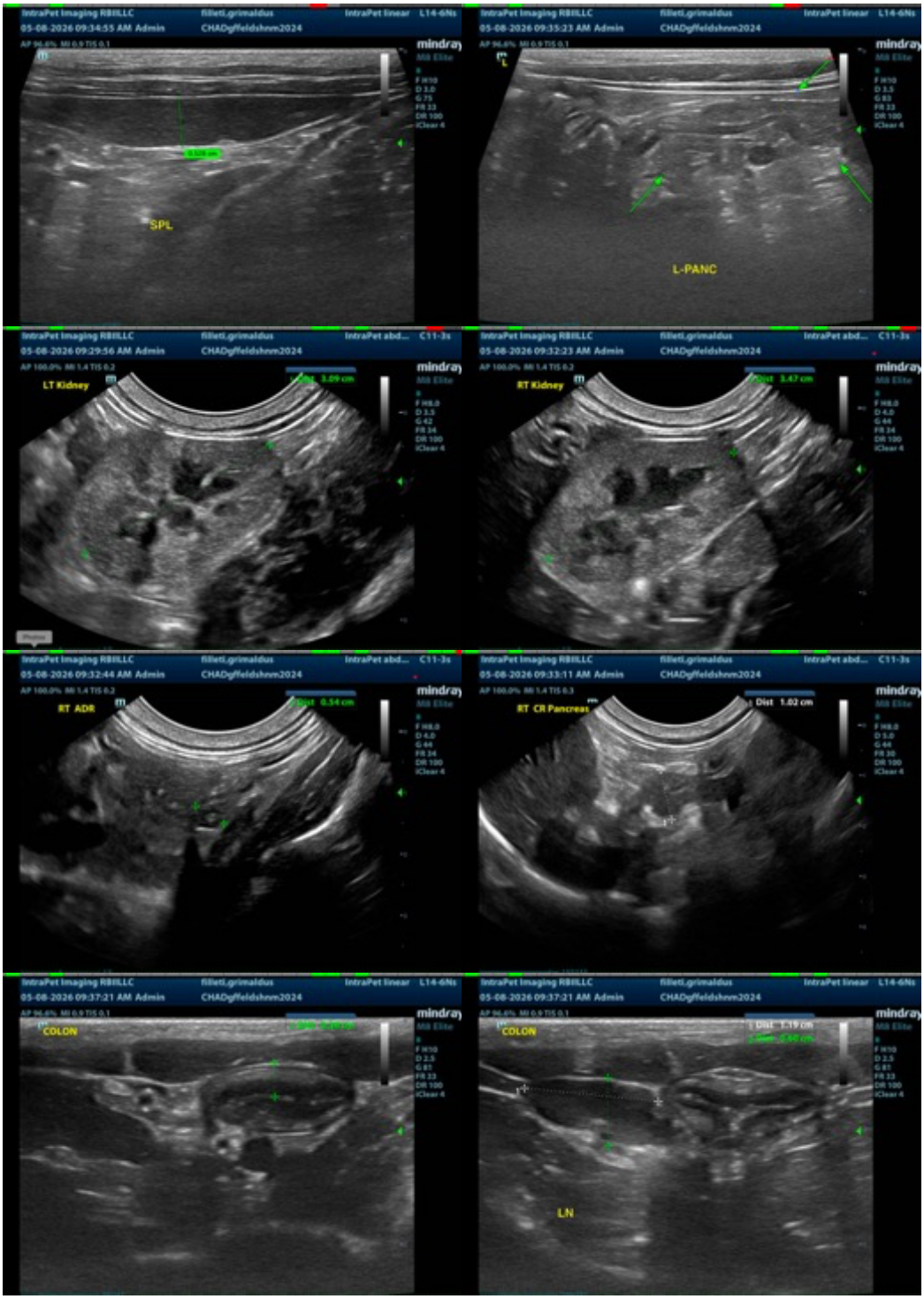
Both limbs of the pancreas are prominent and there is some generalized inflammation. Mild concurrent pancreatitis is suspected. Consider the following:

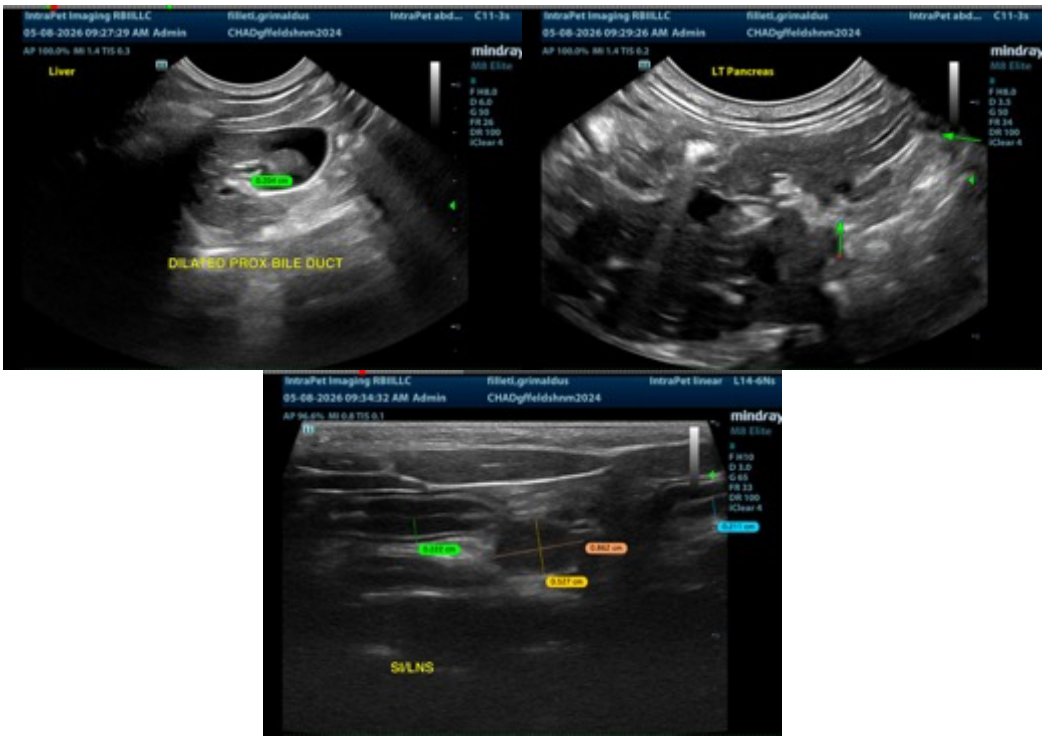
- Consider a combination ultra-low fat/hydrolyzed protein prescription (Royal Canin has this combination.)
- If not already done, recommend parasitic screening and empirical deworming, including giardia, tritrichomonas, etc.
- Consider diarrhea panel screening for infectious causes of diarrhea.
- Consider a GI Panel to Texas A&M for a qualitative fPLI/TLI cobalamin and folate looking for potential exocrine pancreatic insufficiency, congenital B12 deficiency, pancreatitis, etc.
- Recommend probiotic therapy.

If symptoms are persistent, despite these measures, biopsies of the GI tract would likely be warranted. Additionally, you could consider repeat imaging looking for progressive enlargement of the lymph nodes or progressive small intestinal thickening, etc.

The gallbladder wall appears slightly prominent. This could represent anatomic variation or early cholecystitis/possibly early triaditis. The previous recommendations would be appropriate for triaditis as well. If liver enzyme elevations were present, ursodiol therapy could be considered.




SPL
L-PANC
LT Kidney
RT Kidney
RT ADR
RT CR Pancreas
COLON
COLON
LN



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)
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