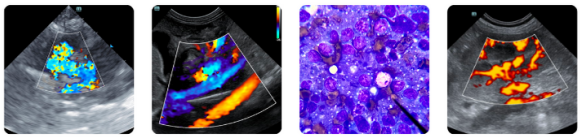


DATE

5/8/2026

PATIENT

Pickett Woolford

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

18.7 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Mengers

INVOICE

11913

PRESENTING CLINICAL SIGNS

Patient History: Presented 5/6/26 for vomiting 3x in the past wk (twice in the consecutive days). Hx of triiaditis, periosteal proliferative arthritis, CCL rupture, and urinary obstruction. No diarrhea, still defecating and urinating, still interested in food. On PE, mod dental calc and missing dentition, LH lameness w/ hyperlaxity of stifle, mild distension but no palpable masses or other irregularities of abd. On 2V rads, empty stomach but calcification at level of stomach, stool throughout colon, spondylosis, urine-distended bladder.

Current Medications: *solensia - 1 vial SQ q30d (long term use) *gabapentin 25mg - 1.5 tab PO q12h (long term use) *metronidazole 250mg - 1/2 tab PO q12h (started 5/6) *maropitant 24mg - 1 tab PO q24h x 4 days (started 5/7 AM after injection on 5/6 AM) *proviable - 1 cap over food q24h (started 5/6).

Labwork Results: Labwork not attached, reported as: 5/6 *2V abd rads - calcification at level of stomach, otherwise empty stomach, stool throughout colon, urine-distended bladder, spondylosis throughout back, uniform size and shape of kidneys *CBC/CHEM/T4 – pending. 4/6 *CBC/CHEM/T4: creat 0.7, BUN 23, K 3.5, Na:K 43, ALT 25, AST 15.

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 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.

The left kidney has a normal shape and size (4.91 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 (4.9 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 XX 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 0.54 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 (1.07 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. There's a small complex cystic structure visualized within the parenchyma, measuring at 0.95 cm.

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 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 jejunum measured 0.3 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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled. There are numerous small, hypoechoic nodules within the parenchyma. Examples measures 0.37 cm and 0.38 cm. There is no evidence of regional mesenteric inflammation or fluid.

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

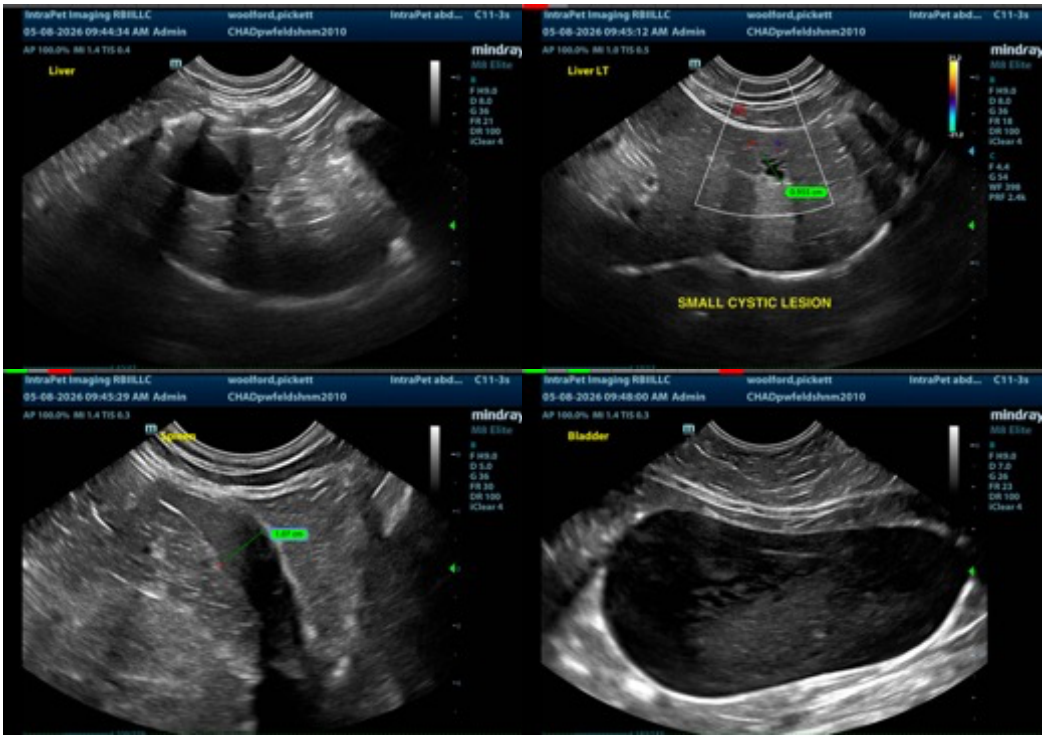
- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Age related changed changes visualized associated with both kidneys.
- Prominent, mottled pancreas with a prominent pancreatic duct and occasional small hypoechoic nodules, Findings are most consistent with lymphoid hyperplasia, chronic pancreatic remodeling +/- chronic pancreatitis.
- Small, complex cystic structure in the liver. Findings are most consistent with a benign cyst. Recommend continued monitoring.
- Occasional “ropey” areas of small intestine with mild segmental thickening. Findings are most consistent with mild inflammatory type change.

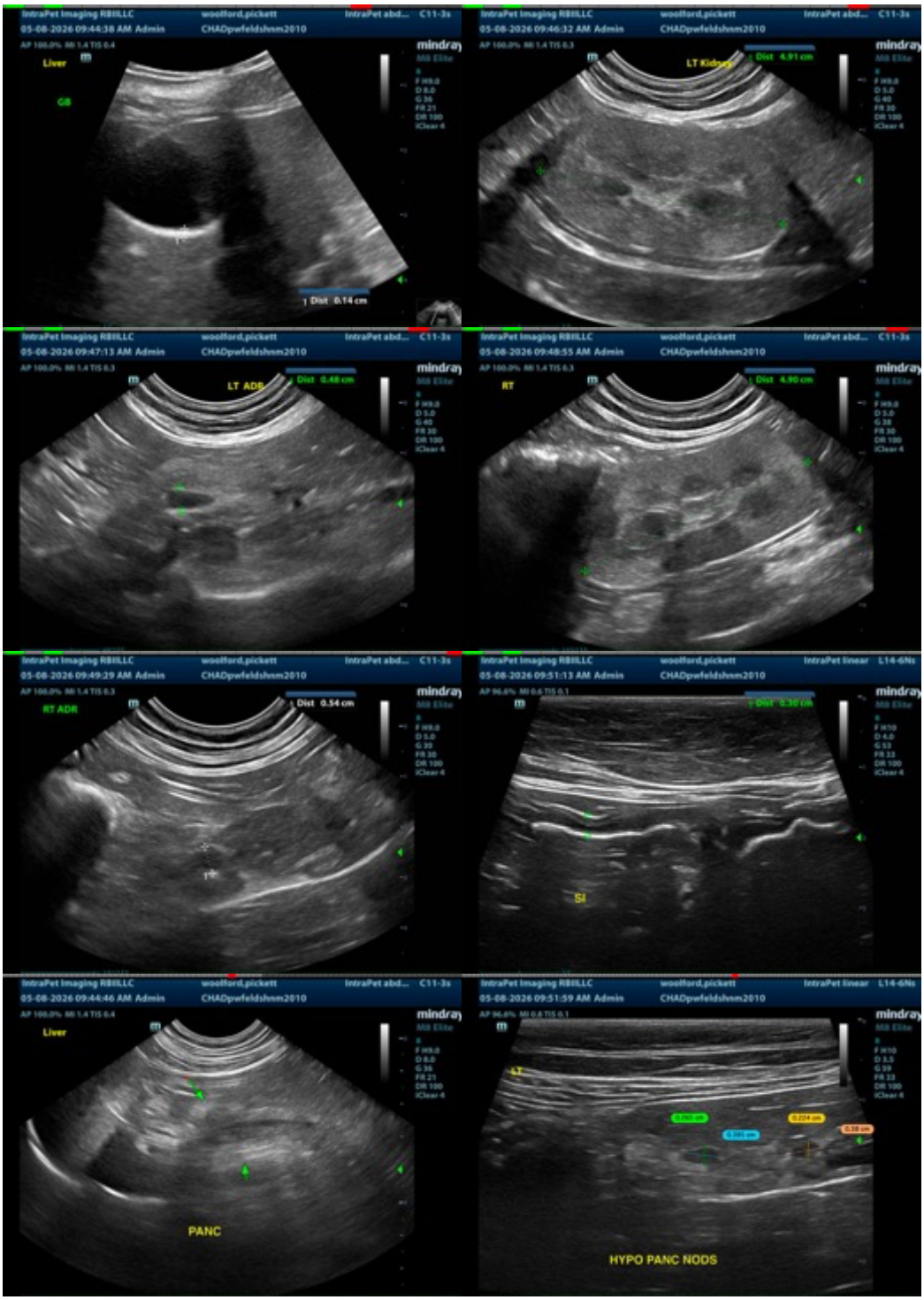
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and mottled in both limbs with some occasional ill-defined hypoechoic nodules. These are most consistent with nodular hyperplasia. Correlate with a PLI level looking for evidence of active pancreatitis and empirical treatment for pancreatitis/gastroenteritis.

No focal lesions are visualized associated with the small intestine. Subjectively, some areas have mild inflammatory type change most consistent with non-specific enteritis.

If a more chronic enteropathy is suspected, you could consider a GI Panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate. If symptoms are persistent or intermittent changes such as a hydrolyzed protein prescription diet, probiotic therapy, etc. could be considered.





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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