



**PATIENT**

Abbie Selander

**PRESENTING CLINICAL SIGNS**

Last US on 12-16-22: Hairball density noted in stomach. Patient has been on Laxatone and high protein diet.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**SEX**

Spayed Female

The left kidney is small and irregular, measuring 1.7 cm in length, with minimal normal architecture, most consistent with a shrunken/dystrophic kidney.

**AGE**

16 Years

The right kidney has a normal shape and size (4.33 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

**WEIGHT**

12.2 Pounds

The left adrenal gland is normal in size measuring 0.50 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.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Dr. Adrienne Waffle

**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.

**HOSPITAL NAME**

Torch Lake VC

There appear to be two hypoechoic structures most consistent with a bilobed gallbladder. The gallbladder lumens are moderately distended. The walls are not thickened, and they have a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**REFERRING VET**

Dr. Adrienne Waffle

**Gastrointestinal**

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The stomach contains a small to moderate amount of intraluminal fluid, gas, and shadowing debris. It measures at a normal thickness of 0.30 cm 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. Some of the intraluminal shadowing material could be hair, but a large organized hairball is not readily visualized and the stomach is much less distended than on the previous study.

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1/11/23



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild 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 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SPECIES**

Feline

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.

**BREED**

DSH

**Pancreas**

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.

**SEX**

Spayed Female

**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.

**AGE**

16 Years

**PRIMARY FINDINGS**

- Mild to moderate gastric dilation with fluid and mild shadowing intraluminal material – Assuming the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none observed). The small amount of material in the stomach could be hair, but no evidence of obstruction is noted and there is significant improvement from the previous study.
- Mild small intestinal fluid dilation – Occasional mildly fluid filled bowel loops could be consistent with mild ileus.

**WEIGHT**

12.2 Pounds

**SECONDARY FINDINGS**

- Shrunken/dystrophic left kidney
- Suspect bilobed gallbladder – this is likely an incidental finding.

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(Small Animal Internal  
Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dr. Adrienne Waffle

Today's scan appears relatively similar to the previous scan on 12/16/22 although the gastric distension and large amount of intraluminal debris is markedly improved. There is a relatively small amount of mildly shadowing material and fluid within the gastric lumen. Assuming the patient was adequately fasted then the stomach should ideally be empty, indicating the possibility of mild delayed gastric emptying, ileus, etc. If the vomiting is improved then it is likely a hairball mostly passed but if the vomiting is continued then underlying GI issues are possible. There are no significant changes observed in the small bowel, but there are many causes for chronic vomiting that cannot be diagnosed by ultrasound alone.

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Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc..

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

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- Consider promotility medication (Metoclopramide).

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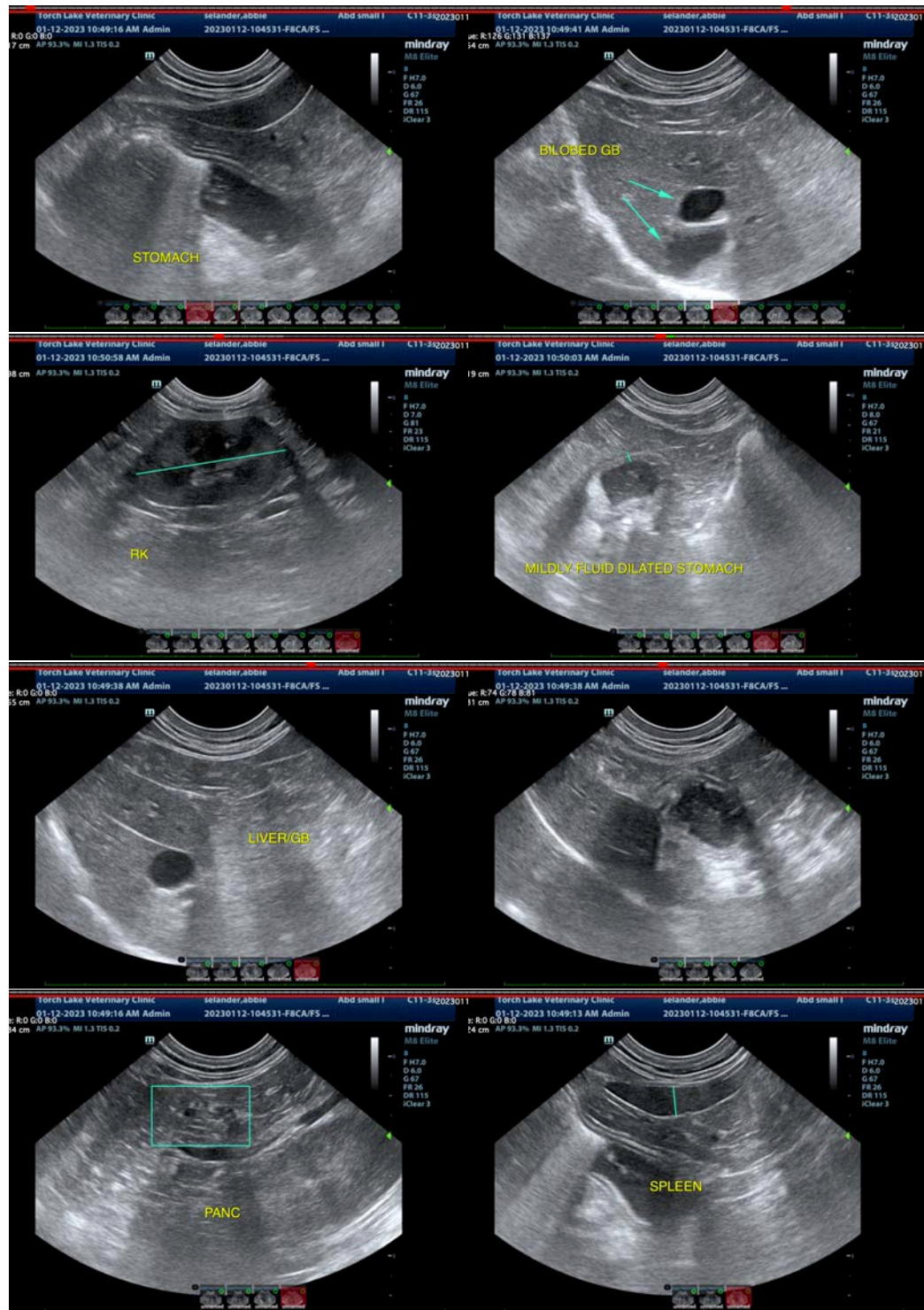
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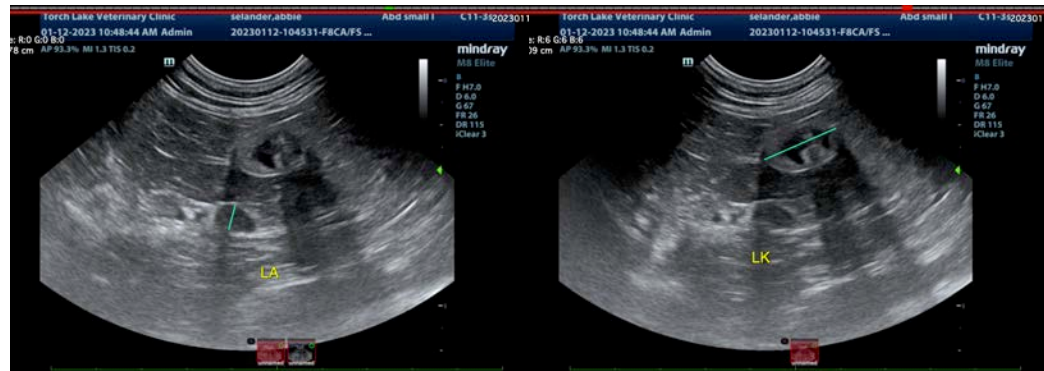
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com