



PATIENT PRESENTING CLINICAL SIGNS

Roxy Clyde

Roxy has had chronic soft stools for the past year. She has been tentatively diagnosed with IBD and chronic pancreatitis. She has traditionally done OK on hydrolyzed protein food and steroids (which has achieved somewhat formed but still soft stools). Past 3 weeks has worsened with increasingly loose stools and more lethargic with some weight loss. A trial of Tylosin was started but was not helpful and patient is currently on a Metronidazole trial. Prednisolone 2.5mg SID and Metronidazole 50mg BID.

SPECIES

Feline

BREED

DMH

Abnormal PE/Chem/CBC/UA Results: Mildly elevated GGT and chronically abnormal fPL

SEX

Spayed Female

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 or masses. There is a small band of dependent mineralized sandy debris and suspended coalesced debris.

AGE

15 Years

The left kidney has a normal shape and size (3.97 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.

WEIGHT

5.05 kg

INTERPRETED BY

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

The right kidney has a normal shape and size (4.21 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.

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

HOSPITAL NAME

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The right adrenal gland is normal in size measuring 0.49 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.

REFERRING VET

Dr. Gajadhar

Spleen

The spleen is subjectively normal in size (0.81 cm in width at the level of the hilus), 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.

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Liver

DATE

1/12/23

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

Roxy Clyde
SPECIES The stomach contains a large amount of ingesta. 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.

Feline
BREED The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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 0.15 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

DMH
SEX 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.

Spayed Female
AGE *Pancreas*

15 Years 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.

WEIGHT *Free Abdomen*

5.05 kg 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.

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ULTRASONOGRAPHIC FINDINGS

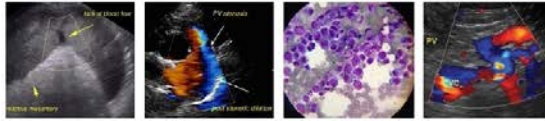
- Large shadowing material within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Dependent sandy debris in the urinary bladder- recommend urinalysis and culture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No focal bowel masses or thickening were observed. The stomach is distended with ingesta. Correlate this with feeding history. If the patient was adequately fasted, this could be due to delayed gastric emptying/ileus, or secondary to a partial pyloric outflow tract obstruction (none observed).

Unfortunately, it is not uncommon to see patients with chronic GI disease worsen with age. Consider the possibility of concurrent GI parasitism, dysbiosis, pancreatitis not visualized on today's exam, etc. Ideally, GI biopsies would be performed to reevaluate where things are at at this point, as it is difficult to advise whether increased immunosuppression would be beneficial or detrimental to the patient.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks). You could consider a different hydrolyzed protein diet, as long as it will not put this cat off its food.
- 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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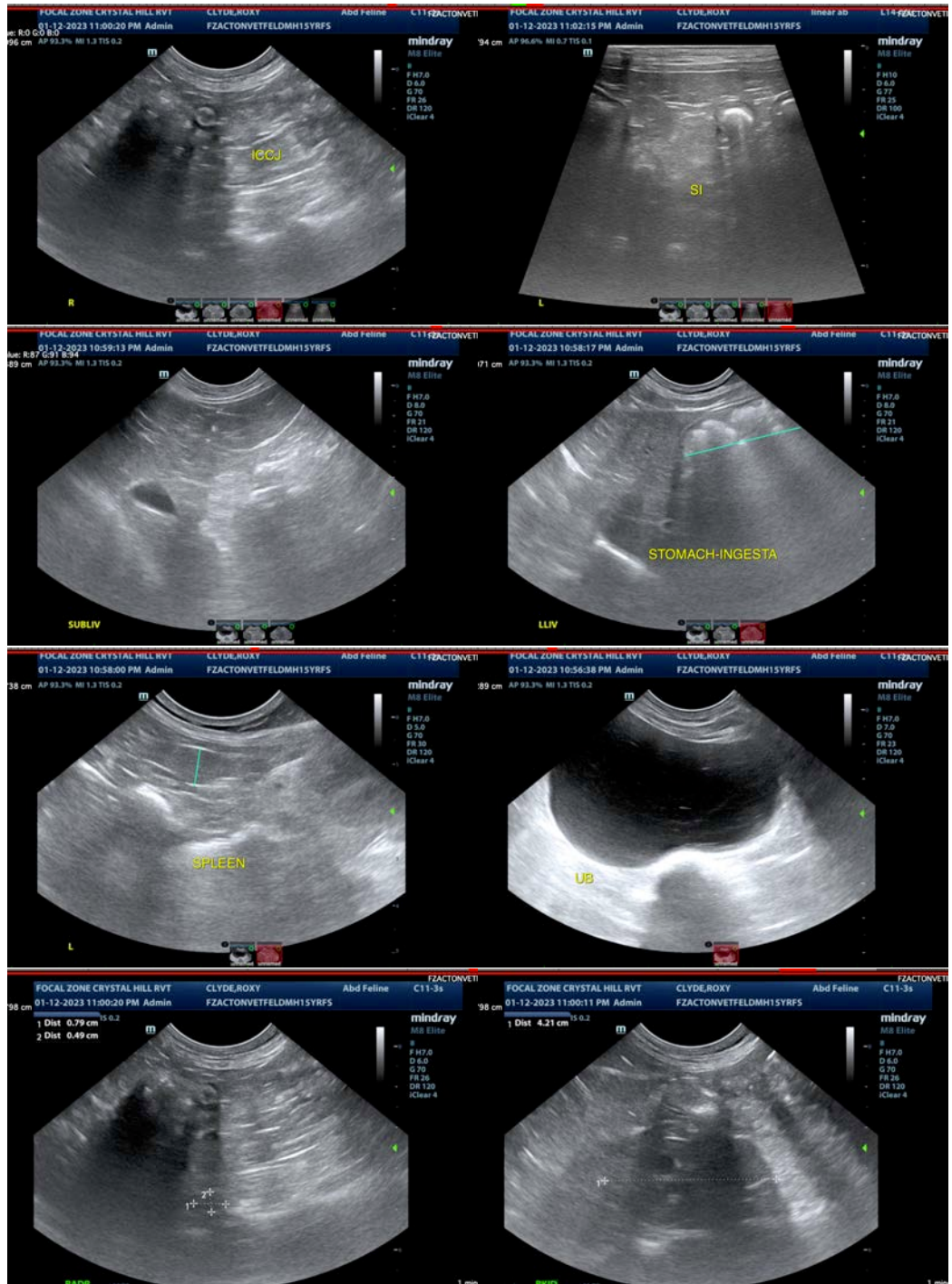
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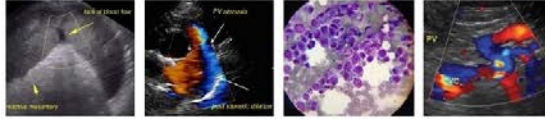
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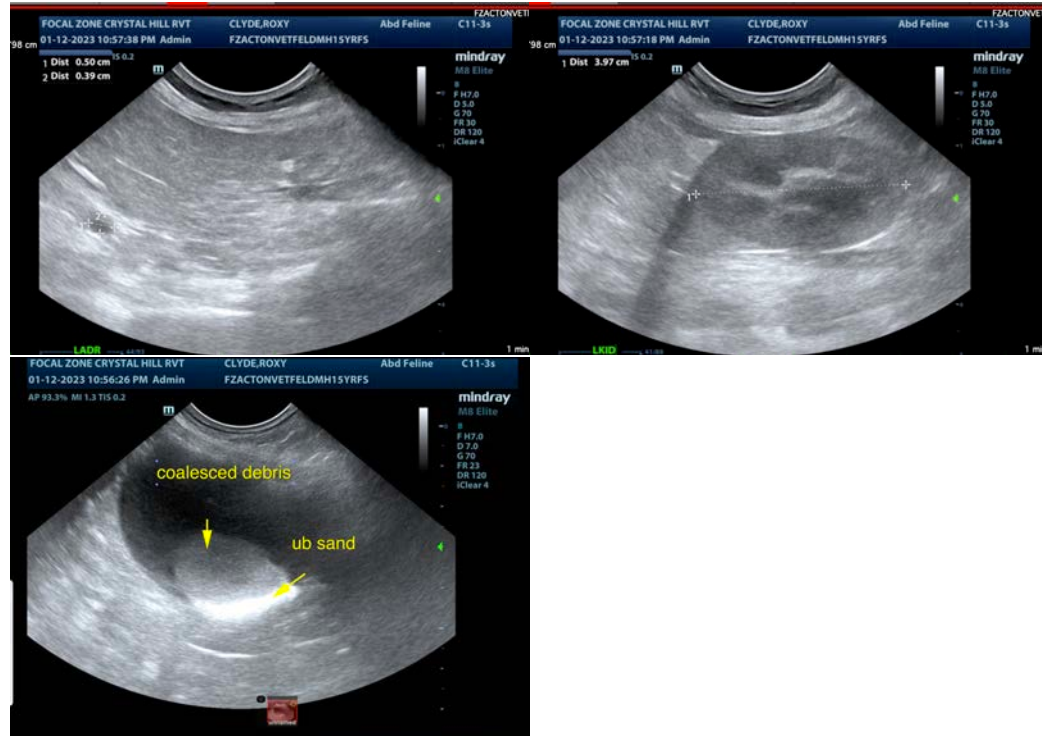
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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