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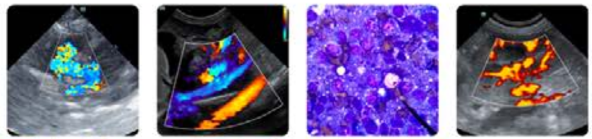


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jonas Mason

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Lindsay Bohling, DVM

INVOICE

72223

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Patient presented in December for significant weight loss. Was 18.4 lbs in April - 12.8 lbs in December - 11 lbs today. On exam patient has ceruminous cystomatosis, mild dental disease, marked muscle atrophy, cachexia, very full anal glands, with overgrown nails. Patient is still having "anal leakage" after anal glands were expressed. AUS to to try identify severe weight loss. -LB Bloodwork results: - CBC: platelets decreased at 131 (appear adequate) - Chemistry: BUN normal at 24, Creatinine mild increase 1.9, potassium mildly decreased at 3.4, liver values WNL, glucose 98, thyroid WNL - Total T4: WNL, 1.9

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 are two hyperechoic foci visualized in the urinary bladder measuring 0.18 cm and 0.22 cm, most consistent with mineralized debris/small calculi.

The left kidney has a normal shape and size (3.91 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.75 cm) 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

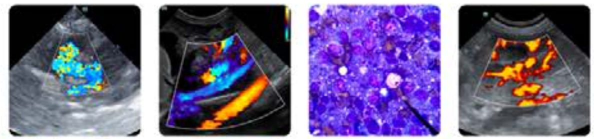
The right adrenal gland is normal in size measuring 0.47 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.93 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The gallbladder wall appears slightly thickened, measuring at 0.27 cm. 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. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There is a somewhat “ropey” appearance to the small intestine. Some sections of small intestine appear more thickened with a more prominent muscularis layer. An example measures at 0.26 cm.

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.

Pancreas

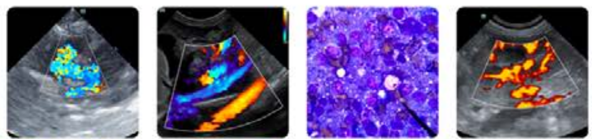
The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. A prominent jejunal lymph node is visualized measuring 0.58 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic foci visualized in the urinary bladder – Findings could be consistent with small mineralizations, small stones, etc. Correlate with urinalysis +/- culture results.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Prominent/thickened gallbladder wall – Findings could be consistent with lack of distention or mild cholecystitis.
- Mildly thickened “ropey” appearing small intestine with some areas exhibiting a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.



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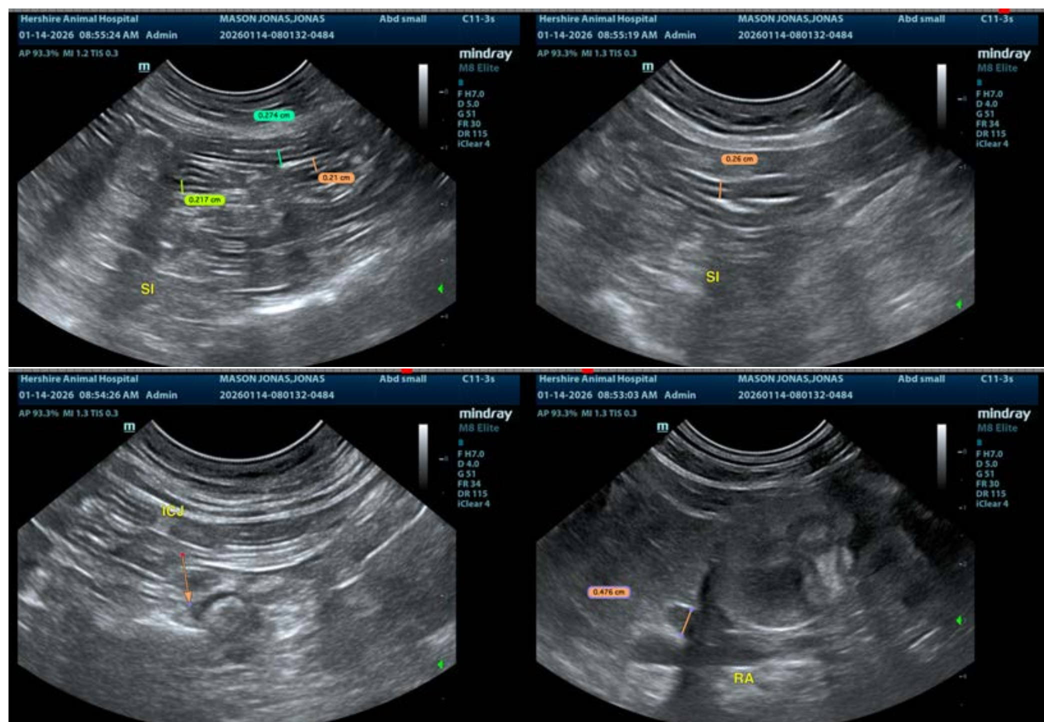
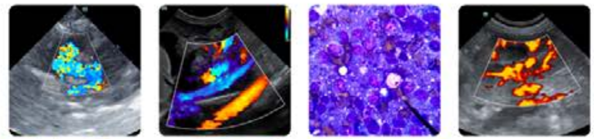
- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes. Early neoplastic change is less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the weight loss reported is not visualized. Subjectively, the small intestine appears somewhat "ropey". This could be consistent with inflammatory type change. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate for possible pancreatitis or underlying gastrointestinal disease. If this is strongly suspected, you could consider a hydrolyzed protein prescription diet. If weight loss is progressive and small intestinal disease is strongly suspected, biopsies of the GI tract may be warranted.

The gallbladder wall appears mildly thickened. The significance of this is uncertain. There is no evidence of surrounding inflammation and no liver enzyme elevations reported. Similarly, the liver appears mildly heterogeneous, but the significance of this in the absence of liver enzyme elevations is uncertain. Recommend continued monitoring of the liver and gallbladder.





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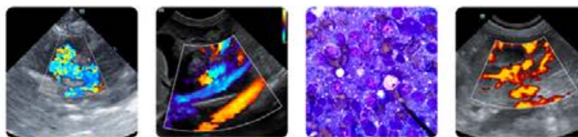

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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