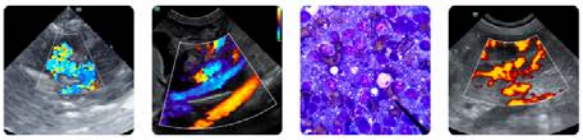


PATIENT

Pudgie Barbo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT, RVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Phoebe Weaver, DVM

INVOICE

72219

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Presented for ADR. He presented 3 weeks ago for ADR as well, performed labwork and only abnormality was a mild azotemia (creat 1.8). He lost 1 lb over the last 3 weeks and has been progressively getting more ADR (decreased appetite, hiding, lethargy). IBD vs lymphoma?

Abnormal PE/Chem/CBC/UA Results: Creat 1.8

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 (3.78 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 (3.39 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.41 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 0.42 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.

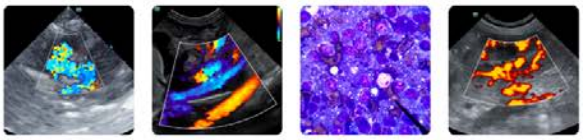
Spleen

The spleen is subjectively normal in size (1.0 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 is a hypoechoic nodule visualized in the right side measuring 1.4 cm x 0.77 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.



PATIENT

Pudgie Barbo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT, RVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Phoebe Weaver, DVM

INVOICE

72219

DATE

1/14/26

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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 increased. Bowel loops follow a typical curvilinear path. The duodenum wall measures 0.25 cm. Jejunum wall measures 0.25 cm. Ileal wall measures 0.34 cm. Visualized peristalsis appears appropriate. There is diffuse thickening of the small intestine with some areas of jejunum exhibiting more significant thickening with a very prominent muscularis. In these areas, the small intestine measures at 0.55 cm in thickness. The muscularis layer is diffusely thickened.

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 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/moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. Examples measure 0.48 cm and 0.51 cm. Iliac lymph node are prominent measuring 0.42 cm. The omentum is slightly hyperechoic around some areas of the pancreas.

PRIMARY FINDINGS

- Prominent, hypoechoic, irregular pancreas with mild surrounding reactive mesentery – Findings are most consistent with mild/moderate pancreatitis.
- Hypoechoic nodule in the liver – Findings could be consistent with a benign lesion (regenerative nodule, etc.) or an early neoplastic lesion.
- Diffusely thickened small intestine with a prominent muscularis layer and some focal sections of jejunum exhibiting more significant segmental thickening – Findings are concerning for possible infiltrative neoplasia, although severe inflammatory change (IBD, etc.) is possible.
- Prominent, hypoechoic mesenteric lymph nodes – Findings are most consistent with reactive or early neoplastic lymph nodes.

SECONDARY FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.

PATIENT

Pudgie Barbo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT, RVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Phoebe Weaver, DVM

INVOICE

72219

DATE

1/14/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened/prominent with a prominent muscularis layer. There are some segmental sections of jejunum that exhibit more severe thickening and are concerning for possible early neoplastic change, although layering is intact.

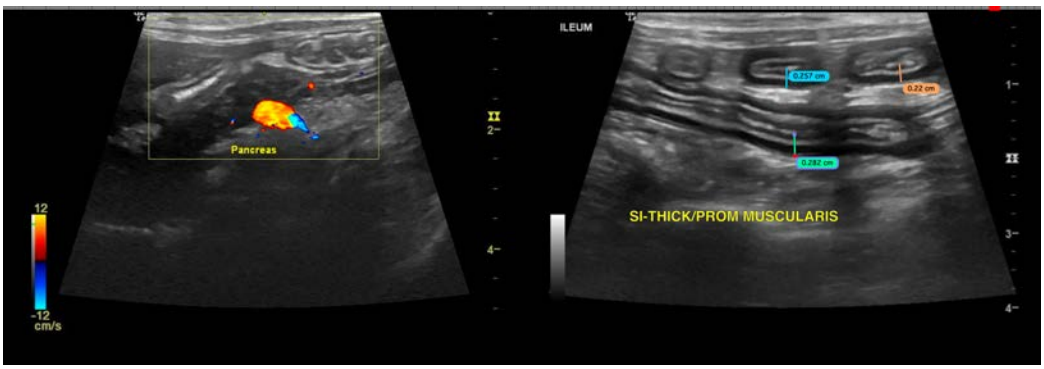
Additionally, the pancreas is prominent and hypoechoic in both limbs with some mild surrounding reactive mesentery, most consistent with mild to moderate pancreatitis. Infiltrative disease to the pancreas cannot be ruled out.

- Consider a combination ultra low-fat/hydrolyzed protein prescription diet (Royal Canin).
- 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.
- Consider chronic probiotic therapy.

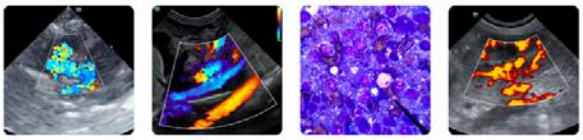
Surgical biopsies of the segmental wall thickening in the GI tract would likely be necessary to obtain a definitive diagnosis. Alternately, you could consider fine needle aspirate of a larger mesenteric lymph node (these are borderline in size to be sampled), or possibly even a fine needle aspirate of one of the thickened sections of jejunum. If these options are not possible, consider treatment for pancreatitis and initial therapy as described above, and consider repeat imaging in the future looking for progression or improvement of today's lesions (recheck in 6-8 weeks?).

The significance of the hypoechoic nodule in the liver is uncertain. Options moving forward could include a fine needle aspirate or continued monitoring with ultrasound.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



Imaging performed by
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Pudgie Barbo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT, RVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

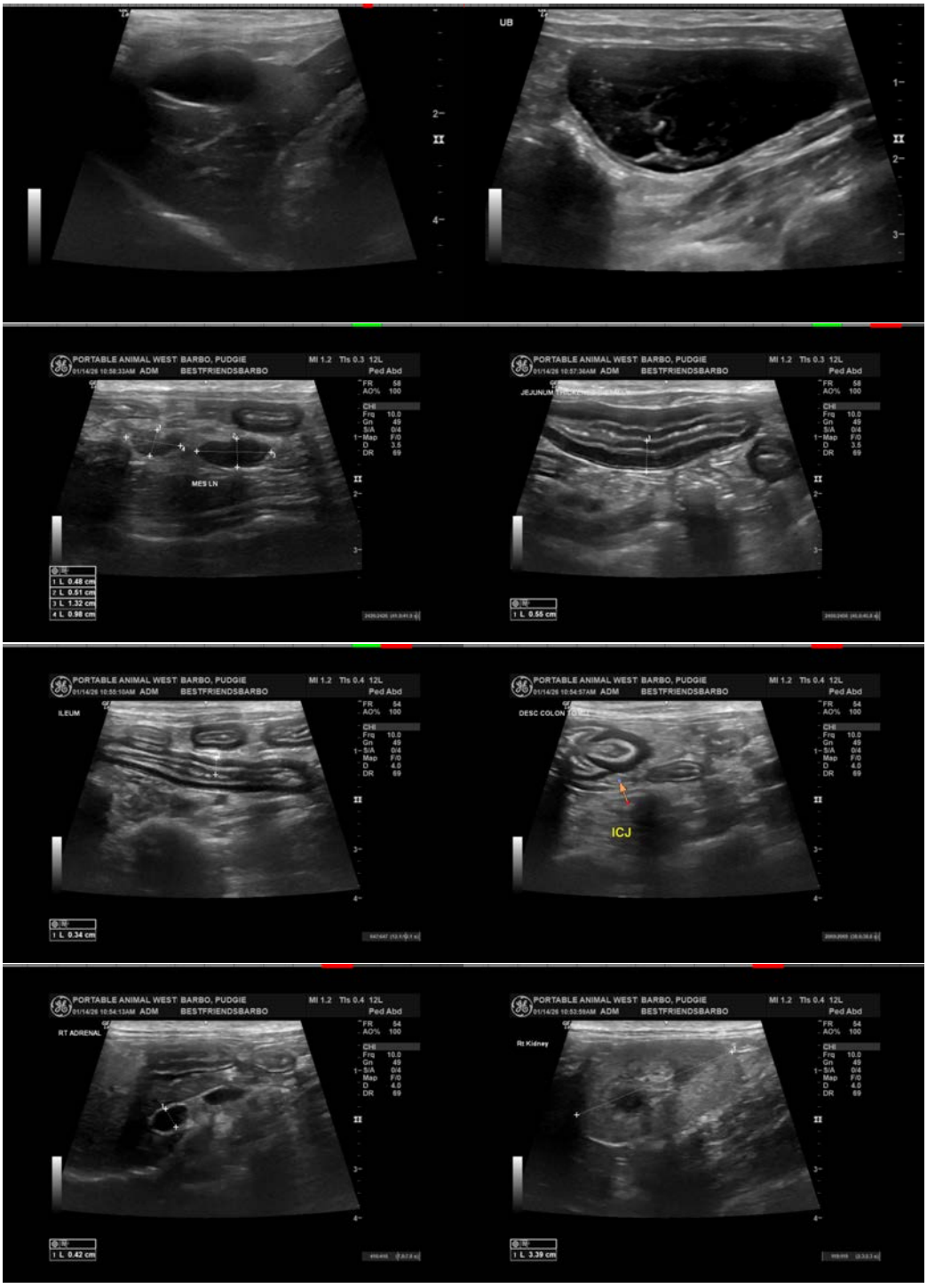
Phoebe Weaver, DVM

INVOICE

72219

DATE

1/14/26



PATIENT

Pudgie Barbo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT, RVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

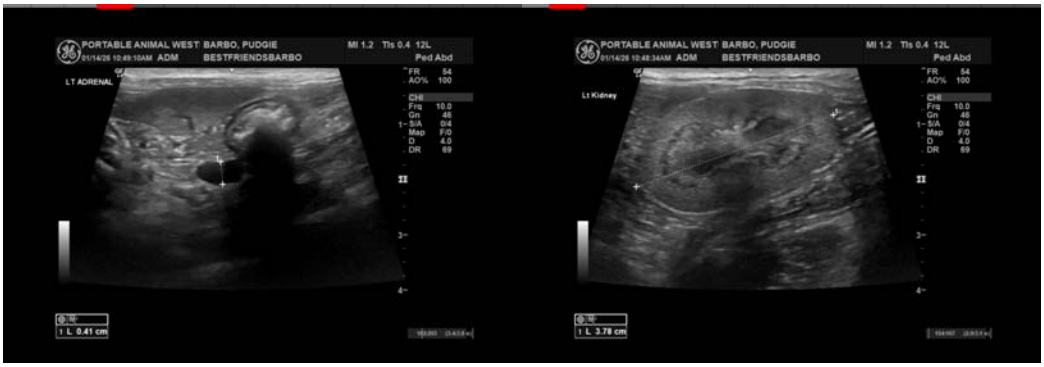
Phoebe Weaver, DVM

INVOICE

72219

DATE

1/14/26



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)

info@sonopath.com