



## PATIENT

Bucky Christie

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

18 Years

## WEIGHT

2.3 kg

## INTERPRETED BY

Kathleen A. Sennello  
DVM, MS, DACVIM  
(SAIM)

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Glamorgan AC

## REFERRING VET

Dr. Falk

## INVOICE

35539

## DATE

1/21/2

## PRESENTING CLINICAL SIGNS

- Weight loss
- Vomits weekly
- Soft stools
- Severe sarcopenia
- Normal labs

## 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 2.0 cm) 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 is small and slightly irregular (2.66 cm). The cortex is increased in echogenicity. Decreased corticomedullary distinction is noted. There is no evidence of focal perinephric inflammation or effusion. There is pyelectasia noted, measuring 0.19 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline large (4.13 cm). The cortex is mildly thickened and increased in echogenicity. Decreased corticomedullary distinction is noted. 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 borderline plump in size measuring 0.52 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.

### 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.

### 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. The gall bladder lumen is moderately



## PATIENT

Bucky Christie

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

18 Years

## WEIGHT

2.3 kg

## INTERPRETED BY

Kathleen A. Sennello  
DVM, MS, DACVIM  
(SAIM)

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Glamorgan AC

## REFERRING VET

Dr. Falk

## INVOICE

35539

## DATE

1/21/2

distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The bile duct appears mildly dilated and tortuous, measuring approximately 0.17 cm.

## Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. The duodenum measured as normal (0.23 cm in wall thickness) and the jejunum measured as normal (0.2 cm). Visualized peristalsis appears appropriate. The small intestine appears somewhat prominent with no focal lesions or significant thickening of the muscularis noted.

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. The descending colon appears significantly thickened distally with a prominent muscularis layer, measuring 0.31 cm.

## Pancreas

The pancreas is large, hypoechoic, irregular, and prominent in the right limb. The pancreatic duct is prominent, measuring 0.28 cm. The left limb of the pancreas appears mildly prominent, hypoechoic, and mottled.

## Free Abdomen

There is no free fluid. There is a mild mesenteric lymphadenopathy with lymph nodes visualized, measuring 0.2 cm and 0.31 cm. The omentum is mildly hyperechoic in the region of the prominent lymph nodes.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Small hyperechoic left kidney with pyelectasia and a large hyperechoic right kidney, both with decreased corticomedullary distinction- Findings are suggestive of chronic renal disease.
- Large hypoechoic prominent right limb of the pancreas with prominent pancreatic duct, and a mottled mildly prominent left limb- Findings are concerning for chronic pancreatitis with chronic pancreatic remodeling. An early neoplastic process cannot be ruled out.
- Thickened distal colon with a prominent muscularis layer- Findings are most consistent with significant colitis.



## PATIENT

Bucky Christie

## SPECIES

Feline

## BREED

DLH

## SEX

Neutered Male

## AGE

18 Years

## WEIGHT

2.3 kg

## INTERPRETED BY

Kathleen A. Sennello  
DVM, MS, DACVIM  
(SAIM)

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Glamorgan AC

## REFERRING VET

Dr. Falk

## INVOICE

35539

## DATE

1/21/2

- Suspect reactive lymphadenopathy.

## Secondary Findings

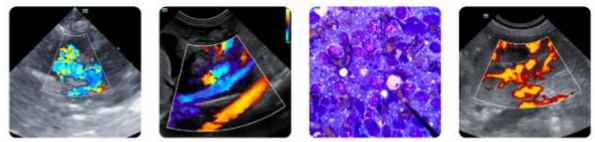
- Mild suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and small intestine appear normal but somewhat prominent. Definitive thickening is not observed, but mild inflammation is possible. Additionally, the distal colon appears significantly thickened with intact wall layering, suggestive of significant colitis. Early infiltrative disease cannot be ruled out. If not already doing so, consider a hydrolyzed protein prescription diet, as well as a GI panel to Texas A & M for a qualitative fPLI, TLI, cobalamin, and folate, looking for evidence of exocrine pancreatic insufficiency, B-12 deficiency, etc., and consider probiotic therapy. If symptoms are persistent, upper and lower GI endoscopy may be warranted to further evaluate. Additionally, you could consider repeat imaging, looking for improvement in colon wall thickening or progressive thickening.

The pancreas is very prominent in the left limb. Correlate this with a quantitative PLI level and consider empirical treatment for pancreatitis. If symptoms are persistent, a fine needle aspirate of the pancreas could be considered, looking for more significant pathology.

Both kidneys have changes consistent with chronic renal disease. The left kidney is small, and the right appears much larger, likely due to compensation. Correlate with renal values, urine concentrating ability, etc. If renal disease is confirmed, recommend a blood pressure, urinalysis, culture +/- a urine protein to creatinine ratio.



### PATIENT

Bucky Christie

### SPECIES

Feline

### BREED

DLH

### SEX

Neutered Male

### AGE

18 Years

### WEIGHT

2.3 kg

### INTERPRETED BY

Kathleen A. Sennello  
DVM, MS, DACVIM  
(SAIM)

### IMAGING PERFORMED BY

Dr. Sarah Barthelemy

### HOSPITAL NAME

Glamorgan AC

### REFERRING VET

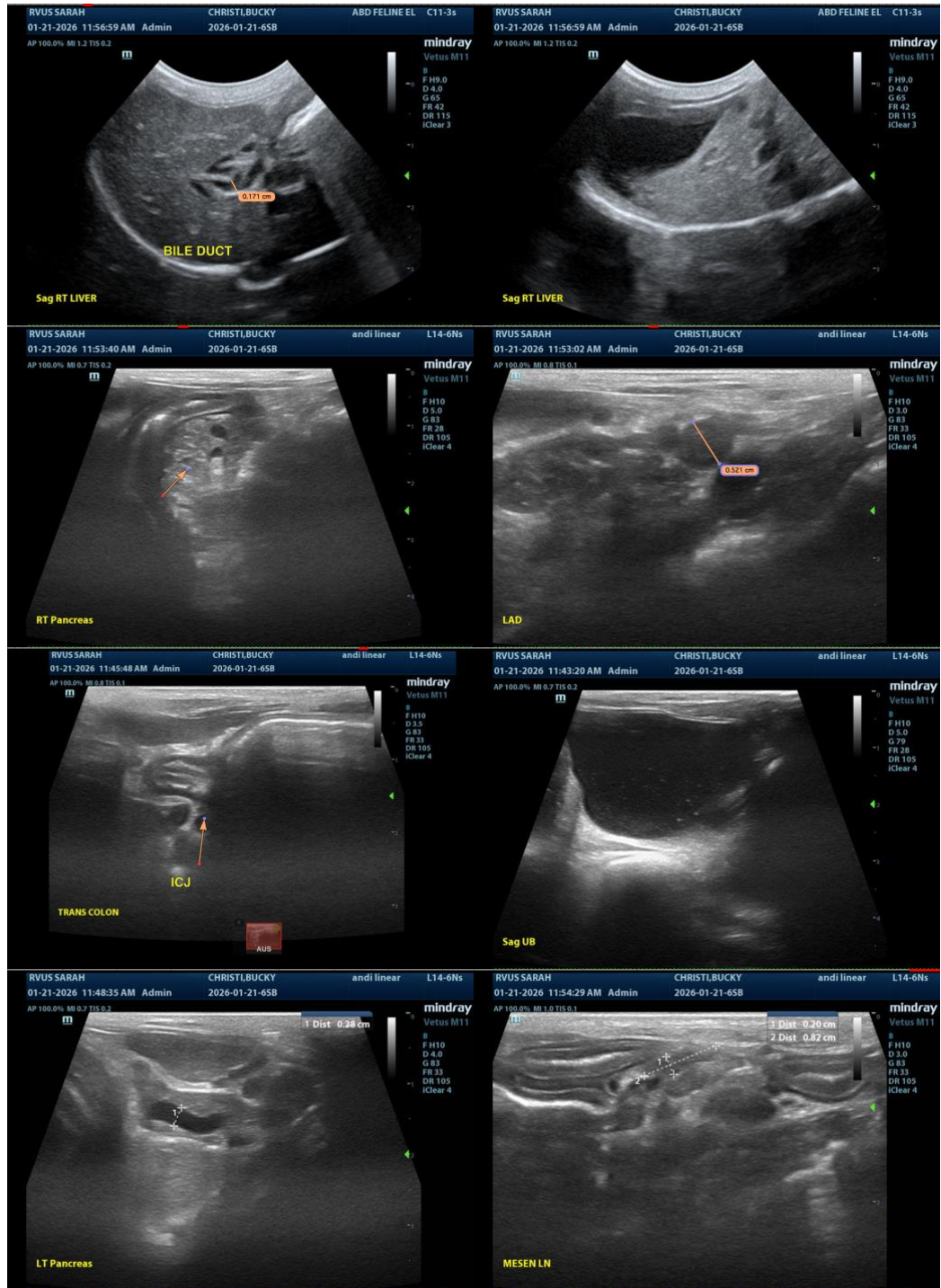
Dr. Falk

### INVOICE

35539

### DATE

1/21/2





**PATIENT**

Bucky Christie

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

18 Years

**WEIGHT**

2.3 kg

**INTERPRETED BY**

Kathleen A. Sennello  
DVM, MS, DACVIM  
(SAIM)

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Glamorgan AC

**REFERRING VET**

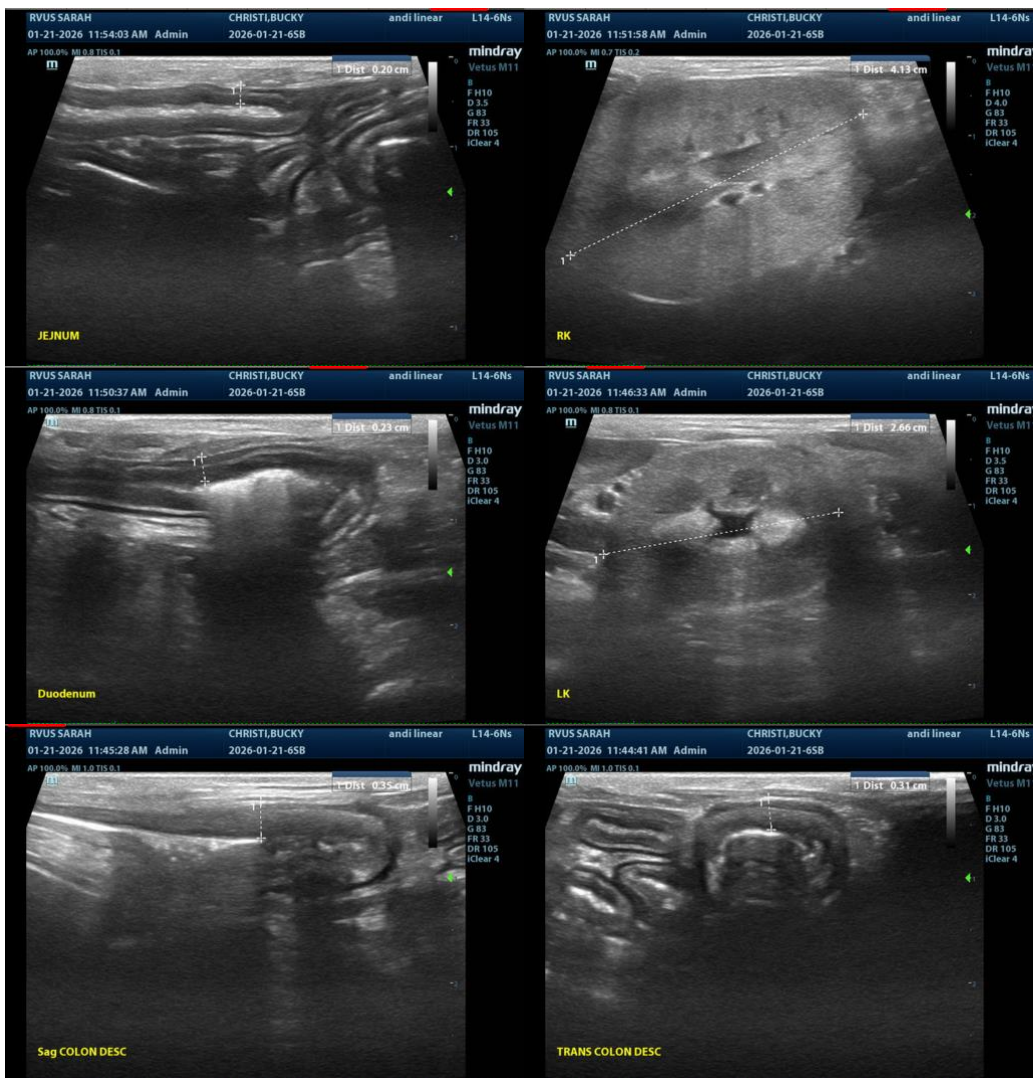
Dr. Falk

**INVOICE**

35539

**DATE**

1/21/2



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