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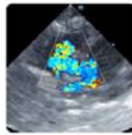
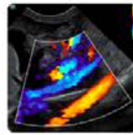
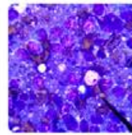
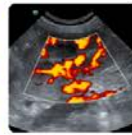

Clinical Sonography & Telecytology
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PATIENT

Charlie Holmes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4.5 Years

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Dr. Phoebe Weaver

INVOICE

72541

DATE

1/28/26

PRESENTING CLINICAL SIGNS

4 day hx of anorexia and lethargy. Fever yesterday was 103.8. Seen yesterday, labs performed and slight lymphopenia and elevated tbili (1.3). Given cerenia, IV fluids, and convenia inj. Today saw cat - no improvement. Temp 103.9. tbili increased to 2.1. Severe diarrhea, some vomiting. Gave cerenia, mirtazapine, IV fluids, and metronidazole at 7.5mg/kg. Recommended u/s to check for pancreatitis vs FIP vs other Working diagnosis

FIP, lymphoma, pancreatitis MEDS- Metronidazole 7.5mg/kg, injections - Cerenia, convenia

Abnormal PE/Chem/CBC/UA Results: tbili 1.3 yesterday, 2.1 today. Mild lymphopenia (can't access CBC right now, sorry! but it was mild)

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 is borderline large (4.62 cm) and normal in shape. 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 is borderline large (4.9 cm) and normal in shape. 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 0.48 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 0.48 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 “plump” measuring 1.05 cm in width at the level of the hilus. 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 hypoechoic with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. Prominent

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portal markings noted. 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 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.

Gastrointestinal

The stomach contains mild 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.

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. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 hypoechoic as 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. There is a diffuse mild to moderate lymphadenopathy present with generally prominent, slightly hypoechoic to isoechoic lymph nodes visualized at the mesenteric root. Examples measure 0.77 cm x 3.05 cm and 1.28 cm x 1.64 cm. A cluster at the ileocecal junction measure 0.43 cm and 0.47 cm in diameter. The pancreaticoduodenal lymph node measures 0.61 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

PRIMARY FINDINGS

- Mildly enlarged kidneys – These appear to have normal architecture and appearance. Possible differentials could include anatomic variation (large cat), infiltrative neoplasia, FIP, acute renal failure, etc.

- “Plump” spleen – Other than measuring mildly enlarged, the spleen appears normal. Possible differentials include anatomic variation (large cat), congestion, splenitis, lymphoid hyperplasia, or neoplastic infiltration.

- Prominent, hypoechoic left limb of the pancreas – Findings are most consistent with mild pancreatitis +/- mild pancreatic remodeling.

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- Subjectively mildly heterogeneous/hypoechoic liver – The significance in the absence of liver enzyme elevations is uncertain. This could represent inflammation, infection, neoplastic infiltration, etc.

- Mild to moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen and kidneys appear somewhat large but generally have normal architecture and appearance. This is a large cat, so this could be normal for this individual. Continue monitoring, as there could be concern for underlying early FIP or round cell neoplasia. If symptoms are persistent, a fine needle aspirate could be considered in the future.

There is mild suspended echogenic debris in the urinary bladder. Recommend a urinalysis and culture considering the fever reported.

The left limb of the pancreas is prominent and hypoechoic. This could be consistent with mild focal pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis.

The liver is subjectively slightly hypoechoic and heterogeneous. This is a subjective, non-specific finding. The bilirubin elevation reported could be secondary to hemolysis, a hepatopathy, or cholestasis of sepsis if this individual has an infection. Fine needle aspirate of the liver could be considered (provided coagulation parameters are normal).

There are prominent lymph nodes in the abdomen, particularly at the mesenteric root. If a safe window for sampling is available, consider a fine needle aspirate for further evaluation.

Generally, this is a fever of unknown origin workup. Given the GI signs reported, consider an infectious diarrhea panel and potentially the above aspirates as well as supportive care for possible pancreatitis +/- sepsis depending on the patient’s clinical status. If symptoms are persistent, repeat imaging could be considered in the future to reassess the spleen, kidneys, lymph nodes, etc.

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

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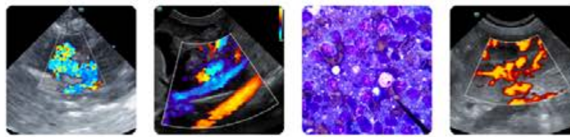

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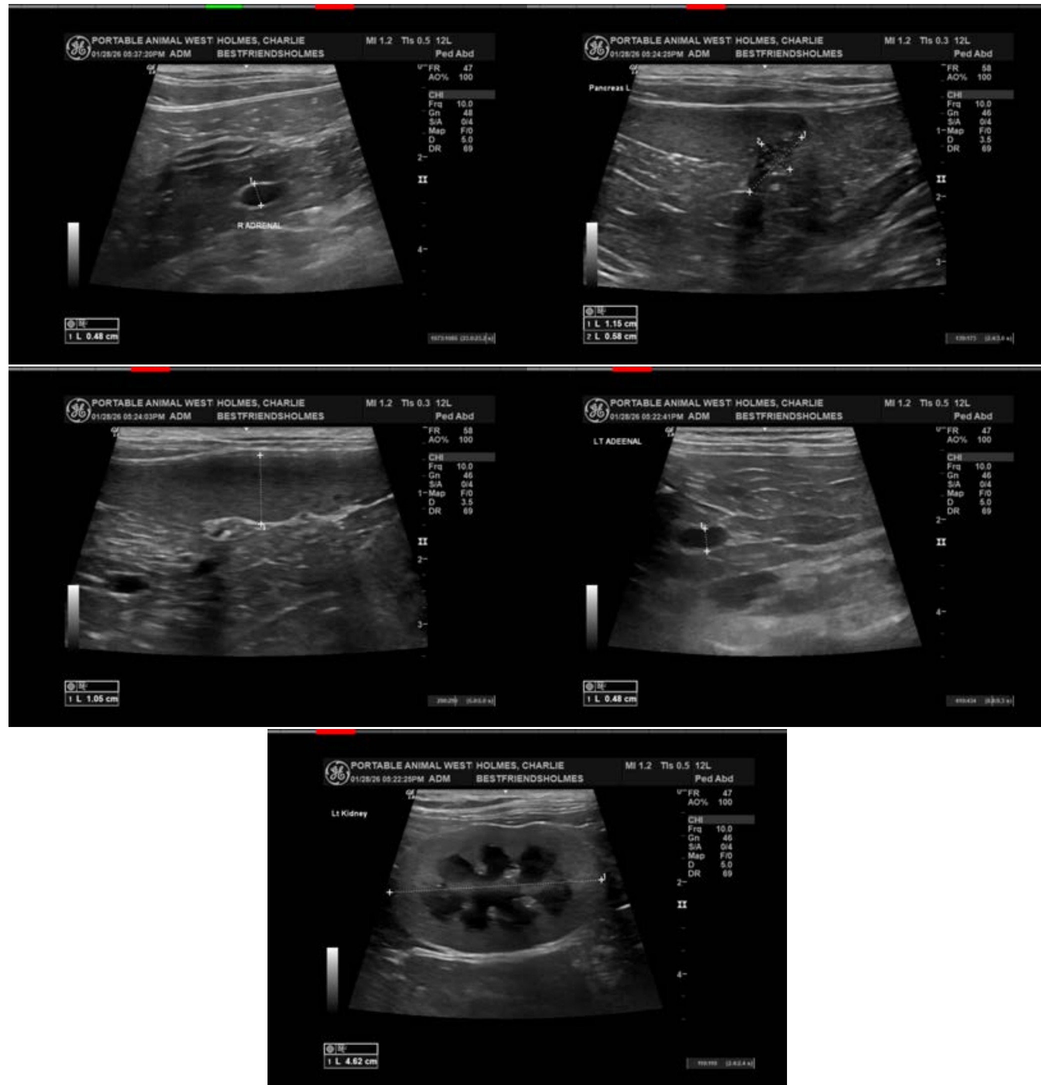

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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