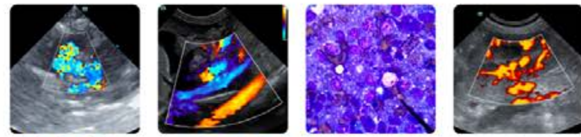


PATIENT
Zim Aruffo

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
14 Years

WEIGHT
10.16 lbs

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

IMAGING PERFORMED BY
Rebecca Hamilton

HOSPITAL NAME
All Creatures Great & Small (Fairfield)

REFERRING VET
Dr. Ruiz

INVOICE
72517

DATE
1/28/26

PRESENTING CLINICAL SIGNS

Weight loss. Abnormal liver enzymes. Anorexia vomiting. Thin appearance.
Meds: mirtazapine, sucralfate.

Abnormal PE/Chem/CBC/UA Results: ALT 272, Creat 0.4

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 normal in shape but borderline large in size (4.89 cm) with pyelectasia at 0.28 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in shape but borderline large in size (4.45) with pyelectasia at 0.39 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 0.34 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 0.28 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.

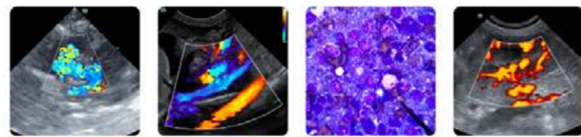
Spleen

The spleen is subjectively normal in size (1.13 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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.

There is a questionable small 2nd gallbladder lumen adjacent to the primary lumen. This cannot be confirmed with multiple views. The gall bladder lumens are moderately distended. The wall of the gall



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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 moderate gas and shadowing 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 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 0.26 cm. Visualized peristalsis appears appropriate. There are occasional loops of bowel that appear mildly thickened, measuring up to 0.40 cm. Additionally, there is diffuse variable fluid distention, possibly consistent with a non-fasted patient or an enteritis type patter.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. There is a significant amount of gas shadowing fecal material in the colon. 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. There are occasional visible/prominent mesenteric lymph nodes, an example measures 0.50 cm. Lymph nodes near the ileocecal junction measure 0.44 cm and 0.39 cm. No focal inflammation is evident in the omentum.

PRIMARY FINDINGS

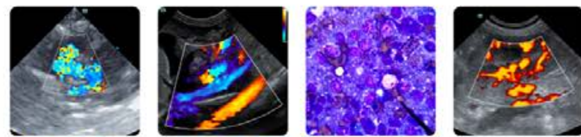
- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Bilaterally large kidneys with age related changes and bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. Differentials for renal enlargement could include anatomic variation (large cat), inflammation/infection, or infiltrative neoplasia.

- Borderline "plump" spleen – Possible differentials include anatomic variation, congestion, lymphoid hyperplasia, splenitis, or infiltrative neoplasia.

- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Shadowing ingesta and fluid visualized within the gastric lumen and the small intestine – Correlate with the feeding history. If the patient was not adequately fasted, this could



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represent ingesta. If the patient was adequately fasted, consider the possibility of ileus/gastroenteritis. An unseen obstruction cannot be ruled out.

- Areas of mild small intestinal thickening – Findings have the appearance most consistent with mild inflammatory type change. An early neoplastic change cannot be ruled out.
- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

SECONDARY FINDINGS

- Questionable bilobed gallbladder – This is likely incidental and cannot be definitively confirmed based on multiple views.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear somewhat enlarged with reduced detail of corticomedullary distinction. The nature of these changes is uncertain. This is a large cat. No focal changes are observed, and the kidneys are relatively normal in shape. There is bilateral pyelectasia. Recommend a blood pressure, urinalysis and culture to further evaluate. Reassessment in the future for further enlargement may be warranted, as a fine needle aspirate might need to be considered.

The spleen measures as "plump" but otherwise appears relatively normal. Options would include continued monitoring or a fine needle aspirate.

The left limb of the pancreas is slightly hypoechoic and mottled, most consistent with pancreatic remodeling +/- mild chronic pancreatitis.

The liver appears subjectively mildly heterogeneous. This is a non-specific finding. This could be consistent with a primary hepatopathy or be within normal limits for this individual. Further evaluation could include a fine needle aspirate of the liver (provided coagulation parameters are normal).

The stomach and small intestine appear fluid and gas distended, with some areas of small intestine having the appearance of mild thickening. Correlate with feeding history. These changes could be consistent with diffuse gastroenteritis, a non-fasted patient, or even a partial obstruction or similar. Correlate with abdominal radiographs. There was significant shadowing associated with the colon, most consistent with fecal material.

Consider non-specific therapy for gastroenteritis/pancreatitis as well as a urinalysis and culture while awaiting cytology from the liver +/- spleen, and radiographs to better determine the next steps for evaluation.

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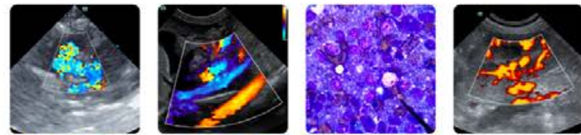

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com