



PATIENT

Chuck Urrego

PRESENTING CLINICAL SIGNS

Weight loss, diarrhea over past year. Blood tests including T4 and Free T4 were run at the end of August and were normal except for mild increase in eosinophils. Patient has lost 30% of body weight over past 18 months.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Very thin body condition, poor muscle mass. Thickened intestines on palpation. Last labwork in 8/22 showed T4 2.7 ug/dl, normal FT4 Eosinophils 1100/ul. USG 1.055, protein noted in urine but not quantified.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

12 Years

The left kidney has a normal shape and size (3.45 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.

WEIGHT

7.25 Pounds

The right kidney has a normal shape and size (3.95 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

IMAGING PERFORMED BY

Judy Schroeder

The left adrenal gland is normal in size measuring 0.38 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 0.38 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.

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Spleen

The spleen is subjectively normal in size (0.50 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic nodules visualized in the parenchyma, which do not deviate the splenic capsule. Examples of these nodules measure 0.18 cm and 0.20 cm.

REFERRING VET

Dr. Niki Fadden

Liver

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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.

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12/3/22



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Feline

Gastrointestinal

The stomach contains mild fluid. 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.

BREED

DSH

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 0.26 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

AGE

12 Years

Pancreas

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.

WEIGHT

7.25 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent lymph nodes visualized in the abdomen. There is a lymph node at the ileocecal junction measuring 0.56 cm, and a cluster of hypoechoic lymph nodes surrounded by hyperechoic mesentery near the root of the mesentery, measuring 0.50 cm, 0.48 cm, and 0.40 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

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- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hyperechoic splenic nodules – The appearance of these nodules trends towards a more benign lesion but consider a fine needle aspirate.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Clusters of mildly enlarged lymph nodes with hyperechoic surrounding mesentery – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general appearance of somewhat “ropey” small intestine with some clusters of prominent, mildly inflamed lymph nodes. Additionally, the pancreas is prominent with a mildly dilated pancreatic duct and some mildly hyperechoic surrounding mesentery. Given the clinical signs described, these findings are suspicious for underlying gastrointestinal disease. Unfortunately, there are many causes for diarrhea that cannot be diagnosed by ultrasound alone.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.
- Recommend chronic probiotic therapy.
- Recommend symptomatic therapy for mild pancreatic inflammation.
- Consider a fine needle aspirate of the spleen and if possible a mesenteric lymph node
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.
- If symptoms persist, consider obtaining GI biopsies.

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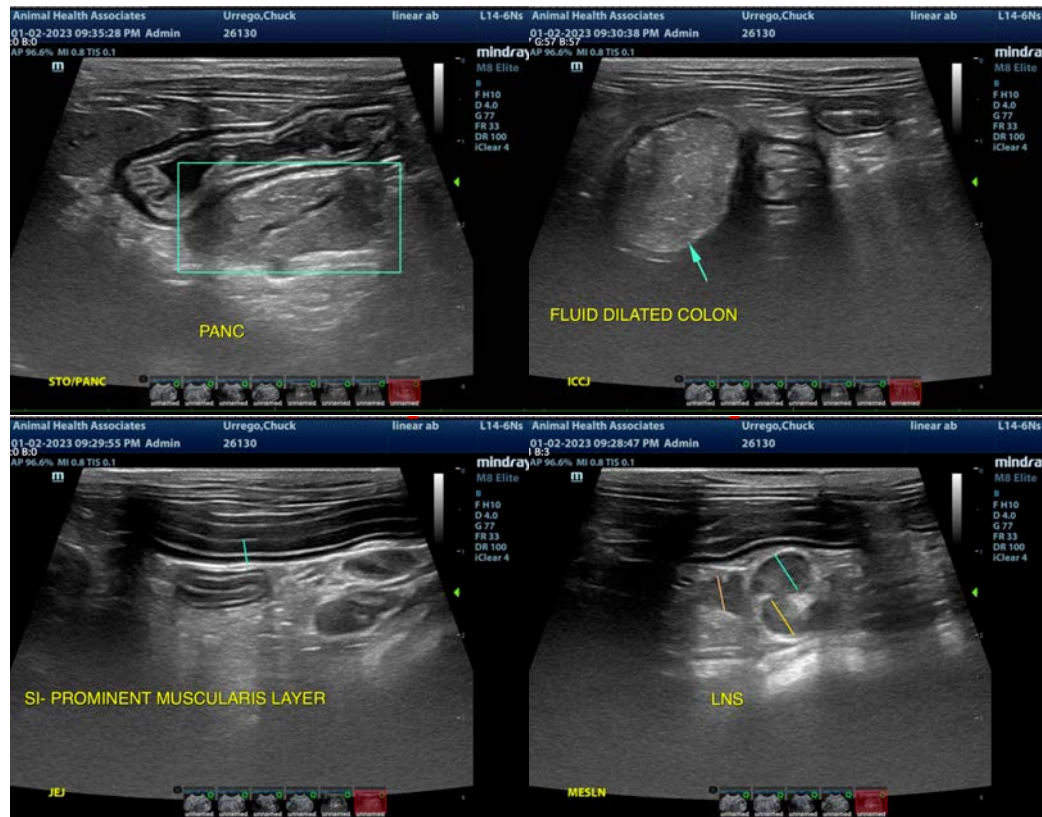
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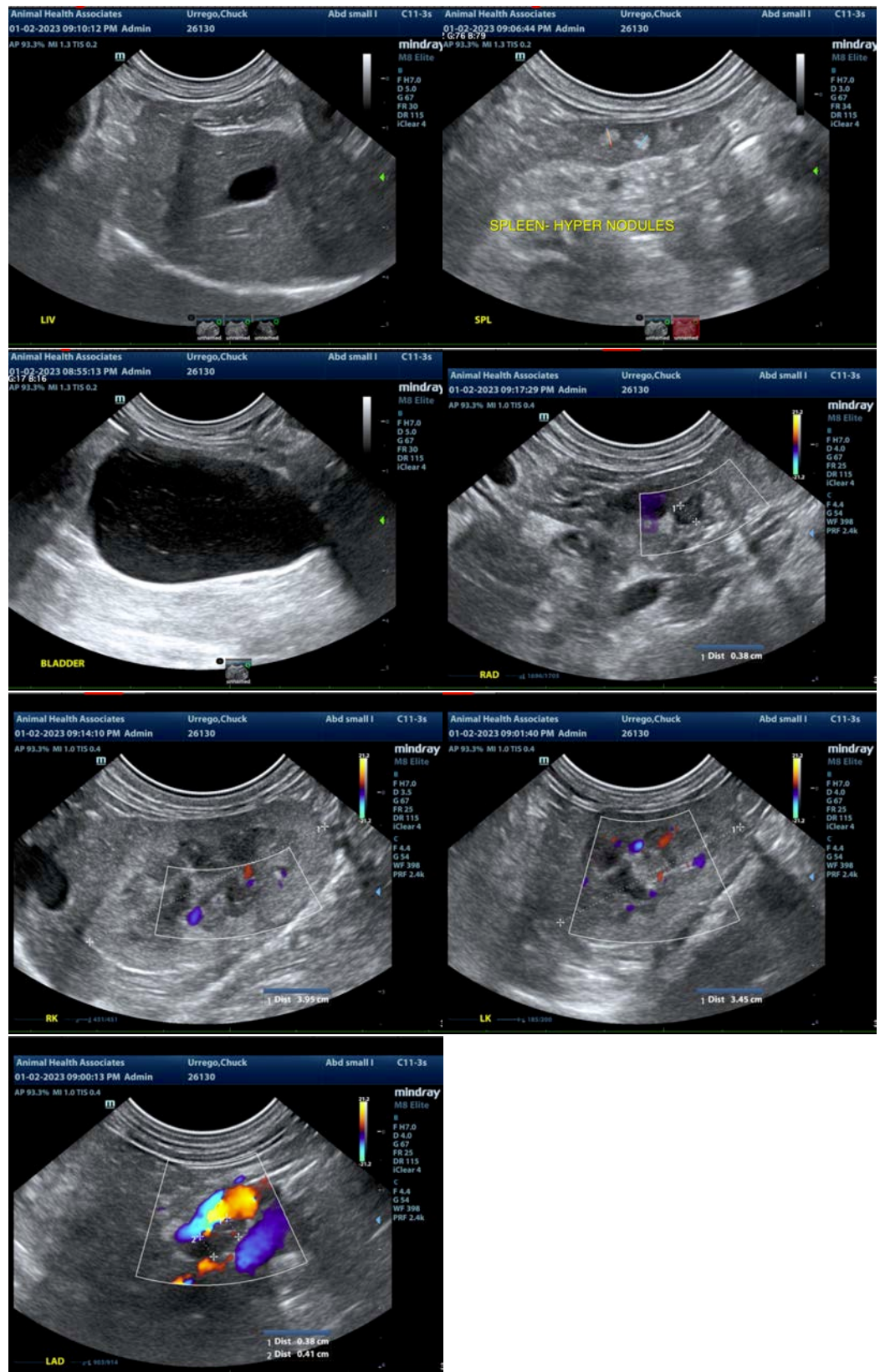
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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