



**PATIENT**

Stevie G Lennon Yellets

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

13.6 lbs

**PRESENTING CLINICAL SIGNS**

Recurrent diarrhea - responsive in past to periodic courses of metronidazole, probiotics. More recently diarrhea has been persistent at home - soft serve, no form. Owner feeding Purina HA - currently taking Tylan powder 1/8 tspn twice daily, prednisolone 2.5mg SID, Fortiflora SA, metronidazole 50mg BID. Abnormal PE/Chem/CBC/UA Results: Labwork in July 2021 unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (4.87 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.47 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, 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 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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Reese

**INVOICE**

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**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 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. The jejunum measured 0.3 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 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 prominent mesenteric lymph nodes visualized and measured 0.49 cm and 0.84 cm. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**SECONDARY FINDINGS:**

- Reduced corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Mildly heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. If the liver values are normal this is likely an age related change.
- Hypoechoic, prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis



**PATIENT** or chronic pancreatitis.

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**SPECIES** INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Feline

The changes observed on today's scan are similar to those evaluated approximately 9 months ago. There are no focal GI lesions observed and the changes are non-specific. Many of these recommendations may have already been made, but often they should be rechecked or performed if not done:

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- Recommend reevaluation of baseline blood work including thyroid testing.
- Recommend GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for evidence of a cobalamin deficiency, bacterial overgrowth or exocrine pancreatic insufficiency.
- Recommend chronic probiotic therapy. If your current probiotic has not caused any improvement consider a change to proviable Forta Flora or an alternative.
- Consider a hydrolyzed protein or novel protein prescription diet. Consider changing diets if there has been no improvement in three months.
- Ideally consider tapering off the steroid therapy and obtaining GI biopsies and possibly a FNA of the mesenteric lymph nodes. It is possible that the prednisone is suppressing lymph node size making a diagnosis more difficult to obtain.
- Recommend recheck thoracic radiographs if the patient's condition is declining.

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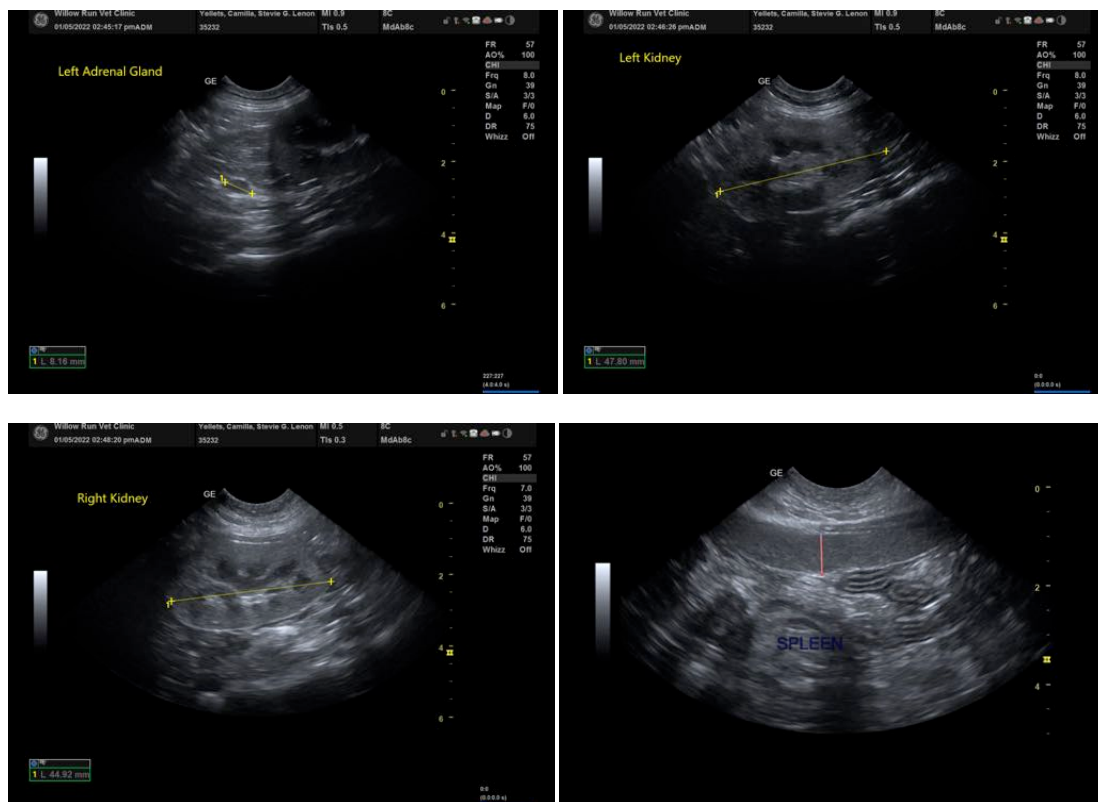
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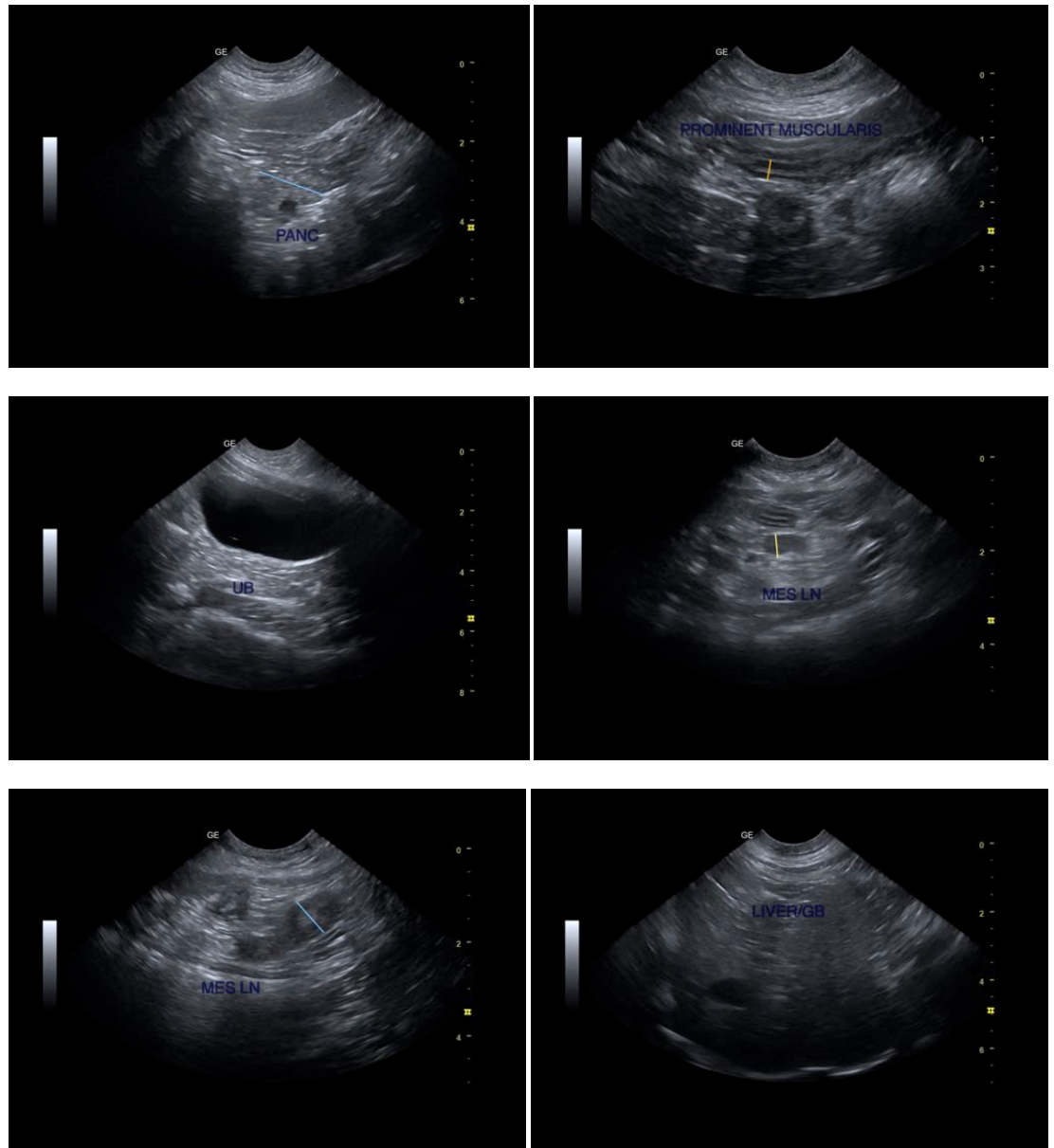
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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