

**PATIENT PRESENTING CLINICAL SIGNS**

Josie Giles Previously diagnosed with hyperthyroidism, has been losing weight at home. T4 levels were well controlled in the summer, recent bloodwork shows high T4, otherwise unremarkable BW. Radiographs show stones in kidney. Current Medications Methimazole 5mg/ml

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Stones in the kidney  
Enlarged/thickened area of intestine Please see attached labs and rads.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH **Urinary System**

**SEX**

Spayed Female 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, or masses. There is a very small, solitary, hyperechoic foci in the dependent portion of the urinary bladder, most consistent with a small stone, measuring 0.23 cm.

**AGE**

13 Years The left kidney has a normal shape and size (3.33 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3 kg The right kidney has a normal shape and size (3.6 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY Adrenal Glands**

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine) The left adrenal gland is normal in size measuring 0.17 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.

**IMAGING PERFORMED BY**

Kelly Reschny The right adrenal gland is normal in size measuring 0.31 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**

**HOSPITAL NAME**  
Burford Vet Hospital The spleen is subjectively normal in size (0.63 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.

**REFERRING VET Liver**

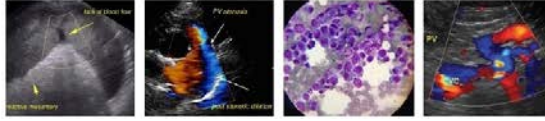
Dr. Clench The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**INVOICE**

44026 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. The shape of the gallbladder appears somewhat irregular in that there is a normal rounded lumen in either an elongated extended neck of the gallbladder or dilated proximal cystic duct. No evidence of more distal bile duct dilation is visualized, and no evidence of an obstruction.

**DATE**

1/6/23



**PATIENT** *Gastrointestinal*

Josie Giles The stomach contains minimal luminal contents. 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.

**SPECIES**

Feline

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 0.32 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

DSH

**SEX**

Spayed Female

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**

**AGE**

13 Years

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

**WEIGHT**

3 kg

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

**PRIMARY FINDINGS**

- Small hyperechoic foci in the dependent portion of the urinary bladder – Findings are most consistent with a small bladder stone.
- Mildly thickened small intestine with a very prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Burford Vet Hospital

**SECONDARY FINDINGS**

- Irregular shape to the gallbladder – elongated neck versus dilated proximal cystic duct. Recommend continued monitoring. This is likely incidental.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized to explain the weight loss reported. There is diffuse mild thickening of the small intestine and a prominent muscularis layer, which can be seen with primary small intestinal disease. If there is a history of GI signs or GI disease is strongly suspected, consider further evaluation.

**REFERRING VET**

Dr. Clench

**INVOICE**

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- 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.
- Consider chronic probiotic therapy.
- Recommend recheck baseline bloodwork if not done recently.

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If weight loss persists and GI signs develop, and there is no response to initial therapy, then consider obtaining GI biopsies.



**PATIENT**

Josie Giles

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

**SPECIES**

Feline

Additionally, there is a very small stone visualized in the urinary bladder. Correlate this with abdominal radiographs to evaluate the number of stones and size, as there is a chance this may be small enough to pass. Recommend urinalysis and culture and continued monitoring unless there are lower urinary tract, and more proactive therapy needs to be considered.

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

3 kg

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PERFORMED BY**

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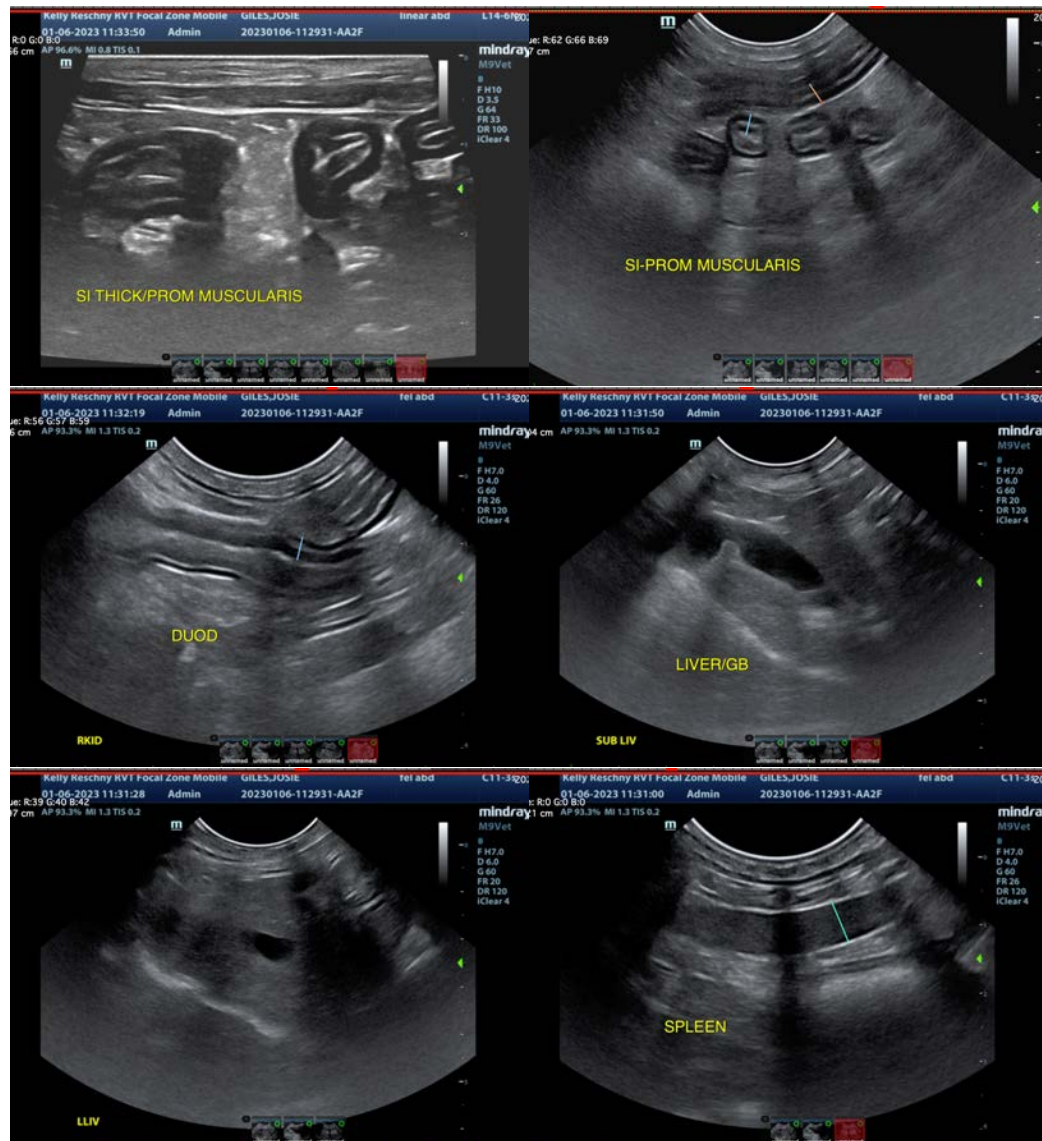
Dr. Clench

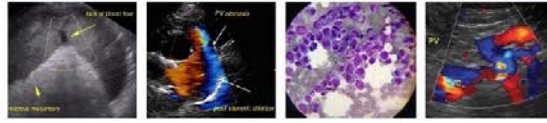
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**PATIENT**

Josie Giles

**SPECIES**

Feline

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**AGE**

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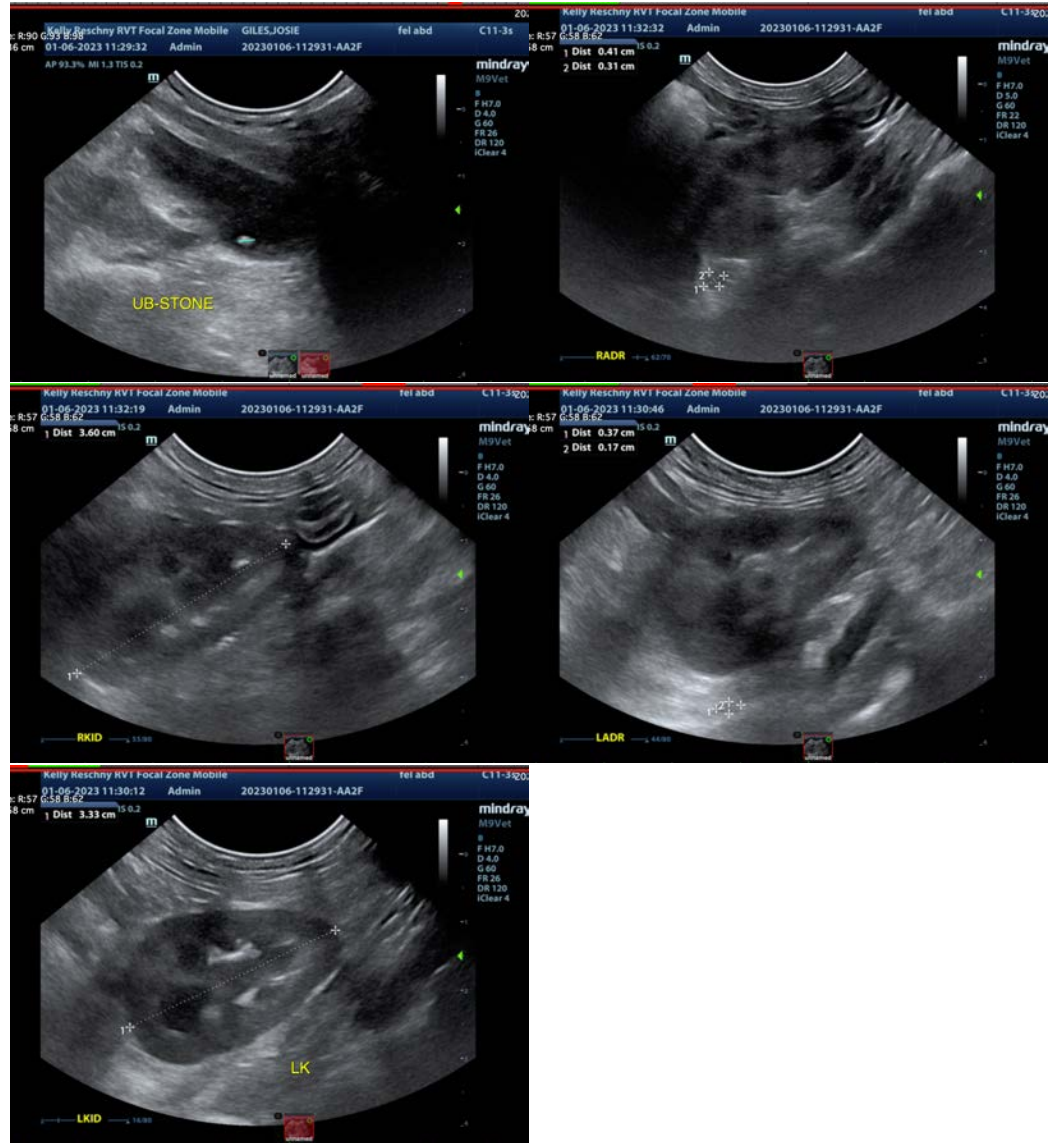
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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