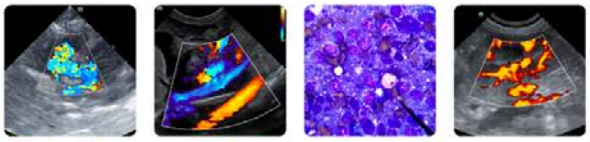


PATIENT

Smudge Sommerman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

72036

DATE

1/7/26

PRESENTING CLINICAL SIGNS

12 yo FS DSH presented for hyporexia, hacking non production cough, 4lbs of weight loss, normal cbc/chem/t4/ua/hw/felv/fiv missing urine.

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 is normal in size (4.03 cm) but irregular/scalloped in shape. Overall echogenicity is slightly hyperechoic with poor 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 normal in size (4.13 cm) but irregular/scalloped in shape. Overall echogenicity is slightly hyperechoic with poor 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal in size (0.90 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.

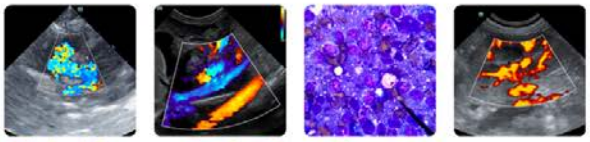
Liver

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.

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 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.



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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. The muscularis layer of the small intestine appears diffusely prominent throughout the small intestine. Additionally, there is a focal section of small intestine that appears more significantly thickened and irregular with reduced detail of wall layering. This area of bowel measures 0.34 cm in thickness.

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 area of 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenopathy visualized around the ileocecal junction, with lymph nodes measuring 0.33 cm, 0.35 cm, and 0.31 cm. A prominent jejunal lymph node is visualized near the thickened section of jejunum measuring 0.54 cm. The omentum is hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Diffusely mildly thickened/prominent small intestine with a prominent muscularis layer as well as a focal section of small intestine with more significant thickening and loss of layering. The focal section of bowel with focal thickening and loss of layering is concerning for early neoplastic change, although severe inflammatory change is possible.
- Clusters of prominent lymph nodes around the ileocecal junction and the thickened loop of bowel – Findings are most consistent with highly reactive or early neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears mildly diffusely thickened and “ropey” with a prominent muscularis layer. There is a section of small intestine that appears somewhat irregular and thickened with reduced detail of wall layering. This area is concerning for early neoplastic change or severe inflammation. A fine needle aspirate of this section of bowel wall could be considered. Additionally, there are some prominent jejunal lymph nodes in the region, which may be large enough to sample.

If cytologic sampling is not possible, options would include at least initial empirical therapy for inflammatory gastrointestinal disease with a novel protein prescription diet, probiotic therapy, symptomatic therapy (anti-nausea medications), etc., and a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. It is possible that surgical biopsies of the GI tract may be necessary to further evaluate. Although there is significant concern for an underlying neoplastic process, an abnormal section of focal inflammation or similar is possible.

A cause for the cough reported is not readily visible. Recommend 3-view thoracic radiographs. If clinically appropriate, a cardiac ultrasound could also be considered.

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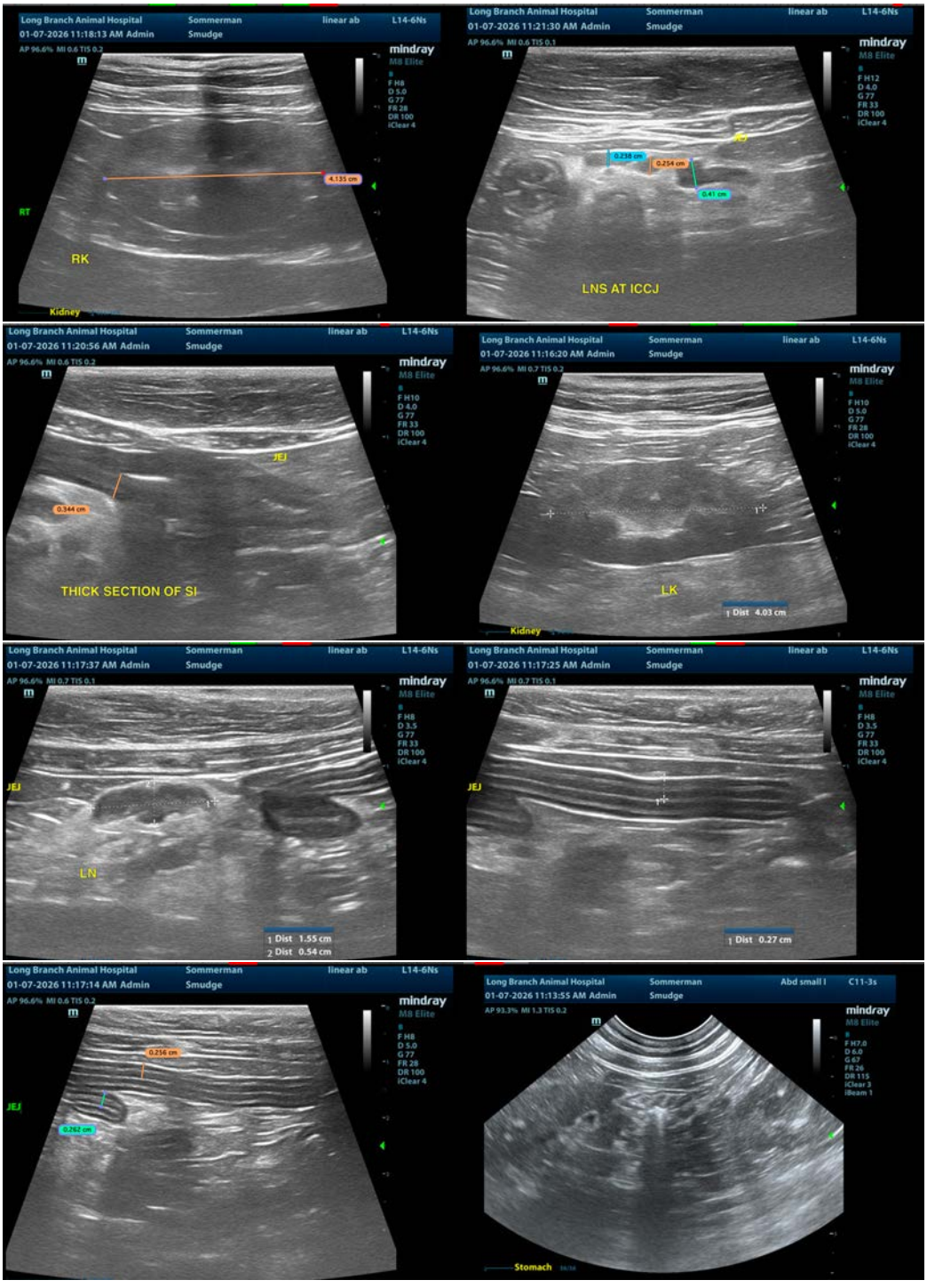

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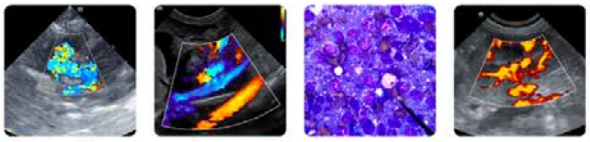

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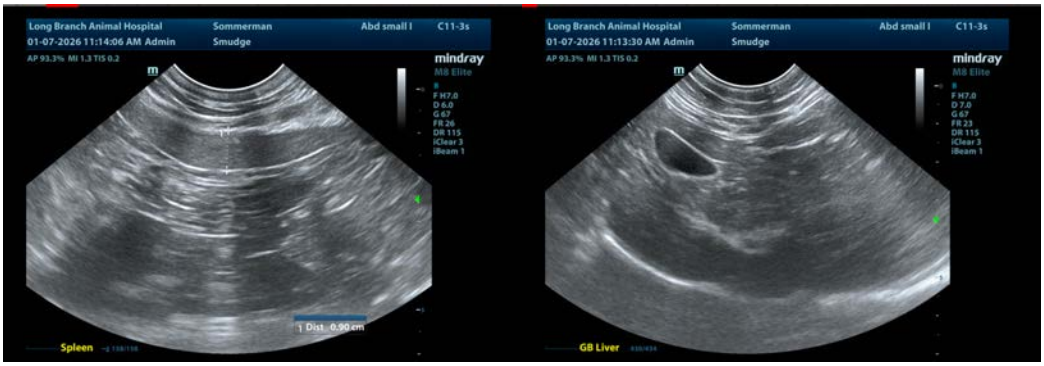

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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