



**PATIENT**

Asher Claypoole

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

11 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

92323

**DATE**

10/12/21

**PRESENTING CLINICAL SIGNS**

History: Presented as new patient 2 weeks ago for vomiting, weight loss, and occasional tenesmus with blood. CBC / Chem / T4 showed BUN 41, with low normal creat and normal SDMA, ALP 105, and T4 18.7. U/A - SpGr 1.016, proteinuria with UPC of 0.6. On Methimazole for 2 weeks but not much improvement yet.

**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 (4.17 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. Significant pyelectasia was noted and measured 0.91 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.45 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. Significant pyelectasia was noted and measured 0.63 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.24 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 0.35 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 normal/borderline large in size measuring 1.1 cm (<1.0 cm is normal), 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 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.



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**Gastrointestinal**

The stomach is mildly fluid dilated. 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 duodenum measured 0.32 cm and the jejunum measured 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The majority of the large intestine appears relatively normal with intact wall layering and a subjectively abnormal thickness. There is a section of mixed echogenic tissue that measures approximately 4.94 x 2.0 cm. This was intimately associated with the colon, but I cannot determine if it is adjacent to or involving the colon itself. There is mild colon wall in these areas in addition to hyperechogenic omentum and enlarged, local lymph nodes.

**Pancreas**

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**

A scant anechoic free fluid was visualized around the caudal bowel loops. There is a moderate mesenteric lymphadenomegaly present. The lymph nodes in the caudal abdomen are hypoechoic and prominent measuring 0.82 cm, 0.92 cm, 0.69 cm and 0.4 cm. They are localized around the abnormal/inflamed tissue near the colon. The omentum is of increased echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Irregular focus of tissue, most consistent with an inflamed mass effect or focal inflammation adjacent to and likely involving the colon. This may be inflammatory tissue or a mass effect.
- Significant, bilateral renal pyelectasia. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent muscularis layer of 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.
- Moderate lymphadenopathy. Differentials include inflammation, infection or neoplasia.



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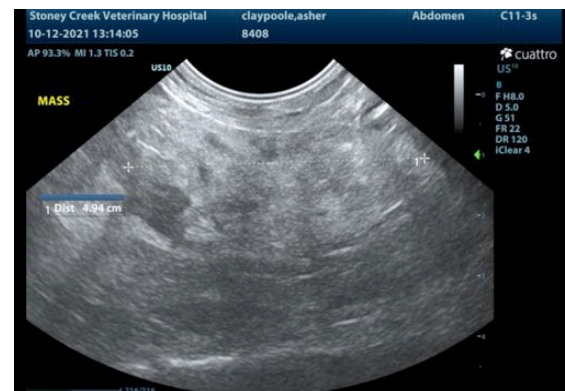
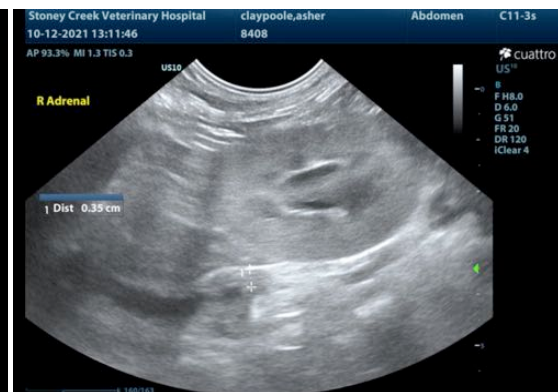
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mass like focus of inflammatory tissue in the caudal which appears adjacent to the colon and is causing colonic wall thickening and a small amount of free fluid. There is localized lymphadenopathy in this area. The findings are suspicious for a mass effect affecting the colon, but a focal peritonitis (septic or sterile) cannot be excluded as a possibility. Unfortunately other advanced imaging (CT scan) or exploratory surgery would be necessary to differentiate. You can also consider a FNA of the mass effect and mesenteric lymph node. I recommend three view thoracic radiographs, urinalysis and culture due to the pyelectasia evident and if surgery is pursued then consider small intestinal biopsies as well as evaluating the primary mass lesion.





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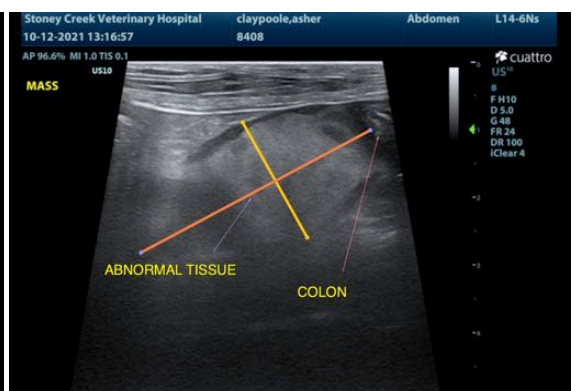
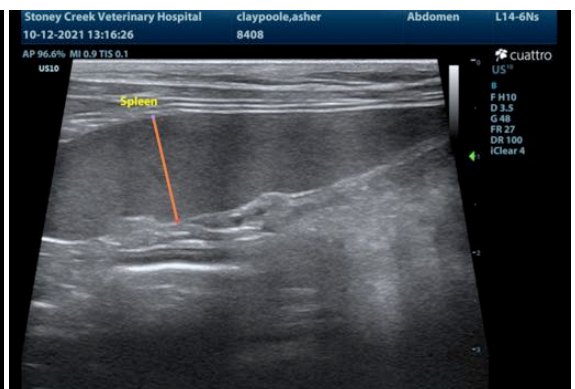
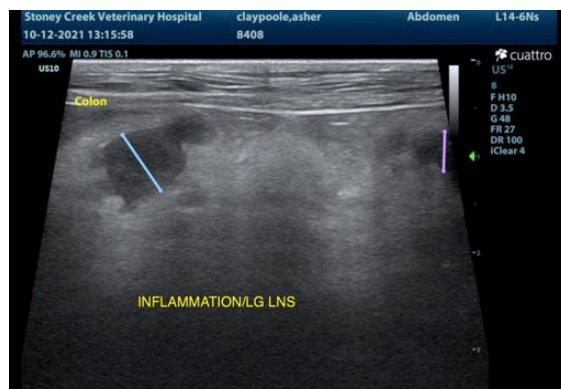
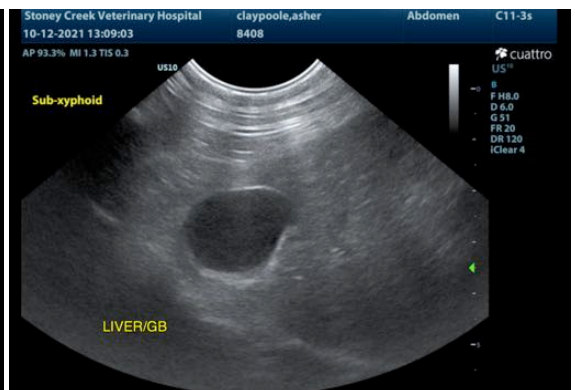
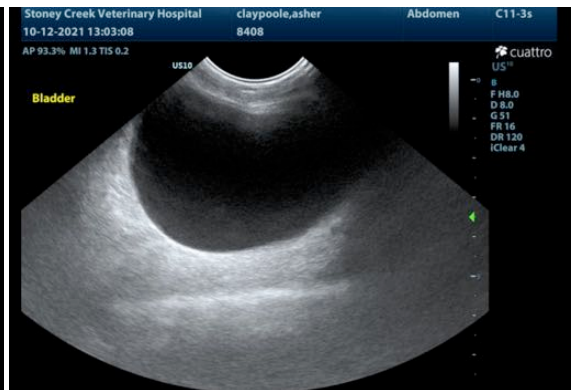
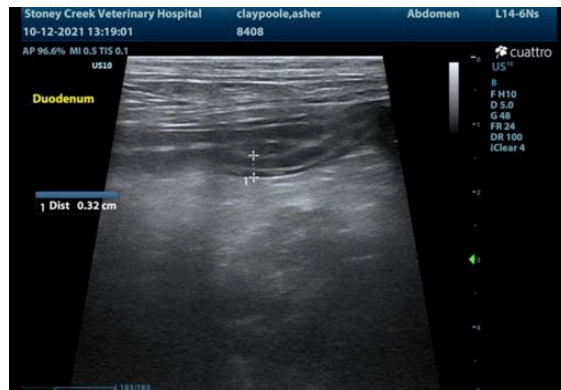
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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