

**PATIENT PRESENTING CLINICAL SIGNS**

Oreo Bartley weight loss, previous history of possible IBD,  
Abnormal PE/Chem/CBC/UA Results: please see attached US report

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

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.

DSH

**SEX**

The left kidney has a normal shape and size (3.47 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.

Neutered Male

**AGE**

The right kidney has a normal shape and size (3.81 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.

13 Years

**WEIGHT**

**Adrenal Glands**

9.6 Pounds

The left adrenal gland is normal in size measuring 0.43 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.

**INTERPRETED BY**

The right adrenal gland is normal in size measuring 0.47 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.

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**Spleen**

**IMAGING PERFORMED BY**

The spleen is subjectively normal in size (0.67 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mildly mottled, 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 within the splenic parenchyma. Examples measured 0.23 and 0.21 cm. These do not appear to deviate the splenic capsule. The nodules appear stable from the previous exam.

Kelly Reschny

**HOSPITAL NAME**

**Liver**

Halton Peel AH

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.

**REFERRING VET**

Dr. Walters

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.

**INVOICE**

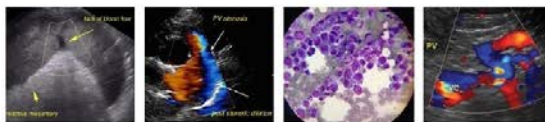
**Gastrointestinal**

42458

**DATE**

The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to

10/28/22



**PATIENT**

Oreo Bartley

the presence of rugal folds. The distinction of the gastric wall layering 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 relatively uniform diameter with moderate dilation with fluid/ingesta. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.17 cm. Visualized peristalsis appears appropriate. There appears to be diffuse fluid dilation of the bowel. This could be consistent with a recent meal or generalized ileus.

**BREED**

DSH

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.

**SEX**

Neutered Male

**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**

**AGE**

13 Years

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.

**WEIGHT**

9.6 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Hyperechoic nodules in the spleen – These have been relatively stable for two years and are likely benign.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The description for the pancreas is similar to the prior exam and likely represents remodeling.
- Large, shadowing material within the gastric lumen and fluid dilated small intestine – This could be consistent with a recent meal. If the patient was adequately fasted, correlate these findings with abdominal radiographs. Possible differentials could include ileus/delayed gastric emptying, etc.

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

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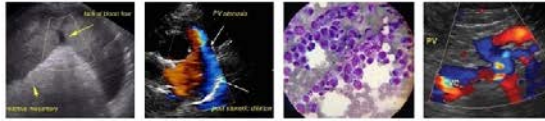
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is relatively stable from the previous scan two years ago. On today's scan, there was a large amount of material in the stomach and the small bowel, which makes interpretation challenging and impairs visualization somewhat. No focal lesions are visualized associated with the stomach or small intestine.

Underlying small intestinal disease is suspected. Consider the following:

- 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.
- If symptoms persist, consider obtaining GI biopsies.

If the previous liver enzyme elevation is still present, consider a liver function test and a fine needle aspirate of the liver.



**PATIENT**

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

Oreo Bartley

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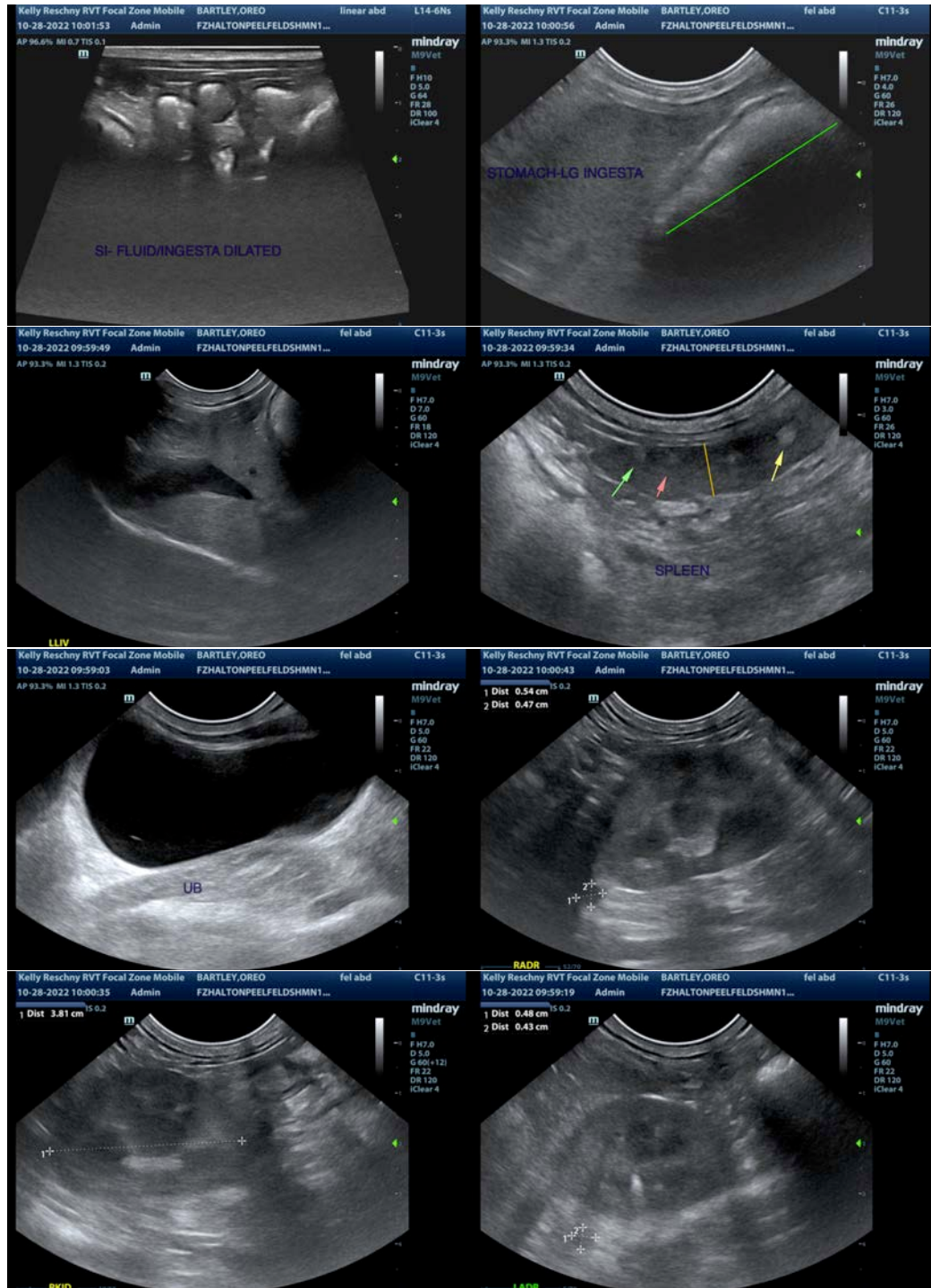
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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