



PATIENT PRESENTING CLINICAL SIGNS

Lucky Daly Reason for Ultrasound: Had bouts of Pancreatitis, R/O neoplasia, other Current Meds: none CBC/Chem findings: CBC WNL; BUN 45/Amylase 1253 all else normal/ SDMA 20.6/Renal Index positive/ T4 1.8 Urinalysis findings: not done

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.41 cm) with mild pyelectasia of 0.16 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.

AGE

12 Years

The right kidney has a normal shape and size (3.71 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.

WEIGHT

8.9 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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.

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

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HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr. Maria Cruz

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DATE

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PATIENT

Lucky Daly

with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.26, 0.3, 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

BREED

DSH

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

SEX

Neutered Male

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible slightly prominent mesenteric lymph nodes visualized at 0.3 and 0.28 cm. 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.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.9 Pounds

- 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.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Hypoechoic pancreas with mildly hyperechoic surrounding mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas does appear prominent. This could be consistent with mild current pancreatitis or with previous episodes of resolving pancreatitis. Recommend a GI panel through Texas A&M with a quantitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. Additionally, the small intestine has a prominent muscularis layer. This can be seen with some inflammatory disease and can also be normal in some older cats. Additionally, there are mildly prominent mesenteric lymph nodes.

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The kidney changes observed are most likely consistent with mild chronic progressive disease. Recommend urinalysis, culture and blood pressure evaluation.

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If GI disease is thought likely based on the clinical signs and ultrasonographic findings given, and metabolic disease is thought unlikely, then consider primary GI causes such as mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.



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- Consider diet trial with a novel protein/hydrolyzed protein prescription diet.
- Recommend starting a probiotic.
- If symptoms are progressing, then consider obtaining biopsies of the GI tract and pancreas. As always correlate with abdominal radiographs, as ultrasound can be insensitive in picking up some types of foreign material.

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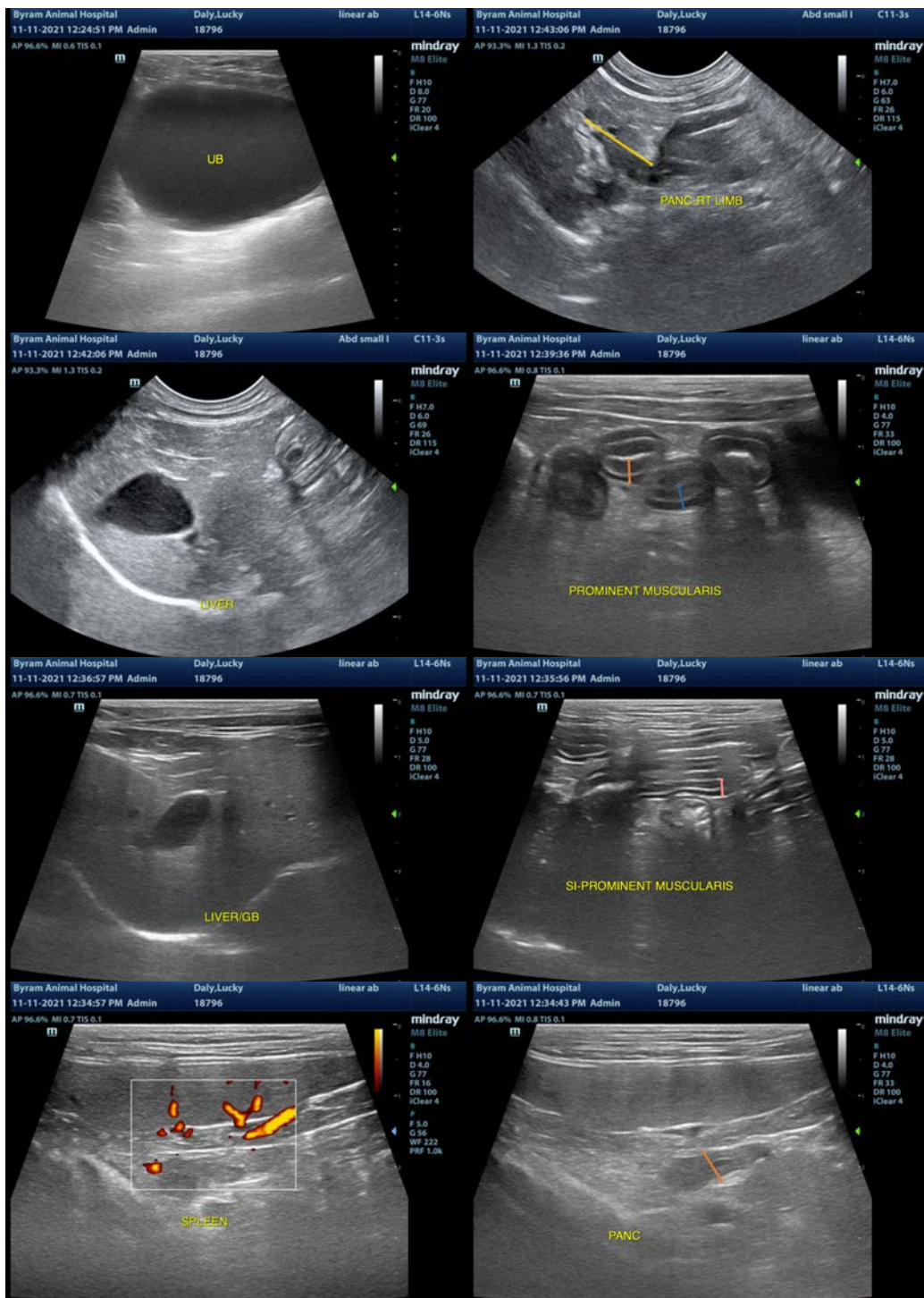
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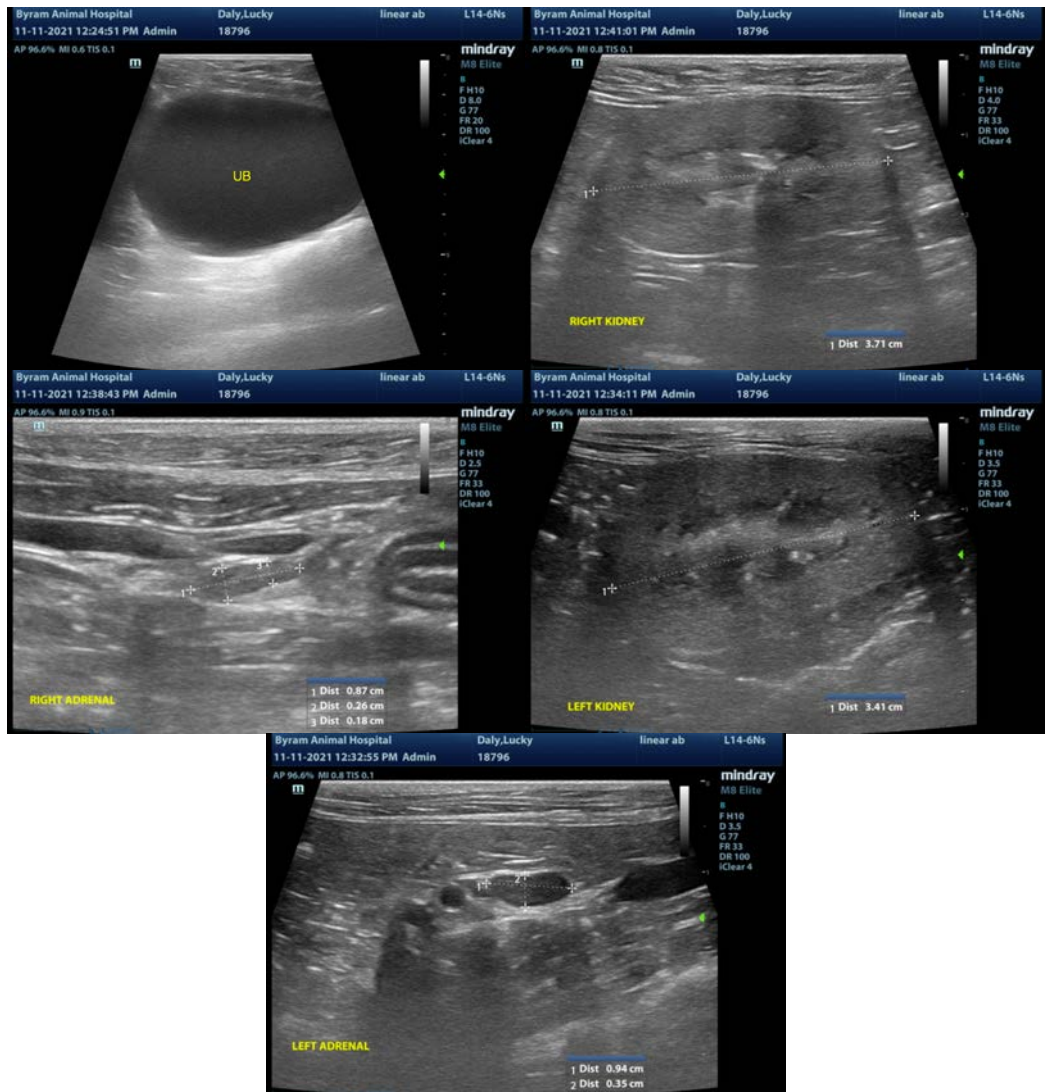
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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