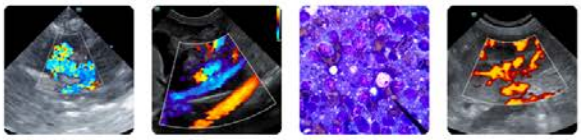


DATE

11/18/25

PATIENT

Kyah McGhee-Tablert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/24/09

WEIGHT

7.9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fallston Veterinary Clinic

REFERRING VET

Dr. Gates

INVOICE

71914

PRESENTING CLINICAL SIGNS

Patient History: Chronic inappropriate eliminations outside the box, liquid stool. No change on GI prescription diets.

Current Medications: Transdermal methimazole 1.25mg/0.1ml, two clicks BID (0.1ml)
Labwork Results: Labwork not attached, reported as: CBC/Chem/T4/UA results pending
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.5 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.

The right kidney has a normal shape and size (3.54 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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 0.41 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 subjectively normal in size (0.71 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. 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 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and appears within normal limits, although it is visualized on the left side of the abdomen. Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon appears somewhat diffusely thickened with intact wall layering, measuring at 0.33 cm.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant diffuse lymphadenopathy. There is a cluster of prominent lymph nodes near the ileocecal junction. Examples measure 0.33 cm and 0.22 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Ileocecal junction visualized on the left side of the abdomen – This could indicate a short colon.
- Thickened colon with intact wall layering – Findings are most consistent with colitis. An early neoplastic lesion cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. The ileocecal junction appears visualized on the left side of the abdomen, which is atypical and could indicate a short colon. Short colon syndrome can cause chronic large bowel symptoms in cats, but I typically expect that this would become an issue earlier in life. The colon appears somewhat thickened with intact wall layering, most consistent with inflammatory type change. Consider the following:

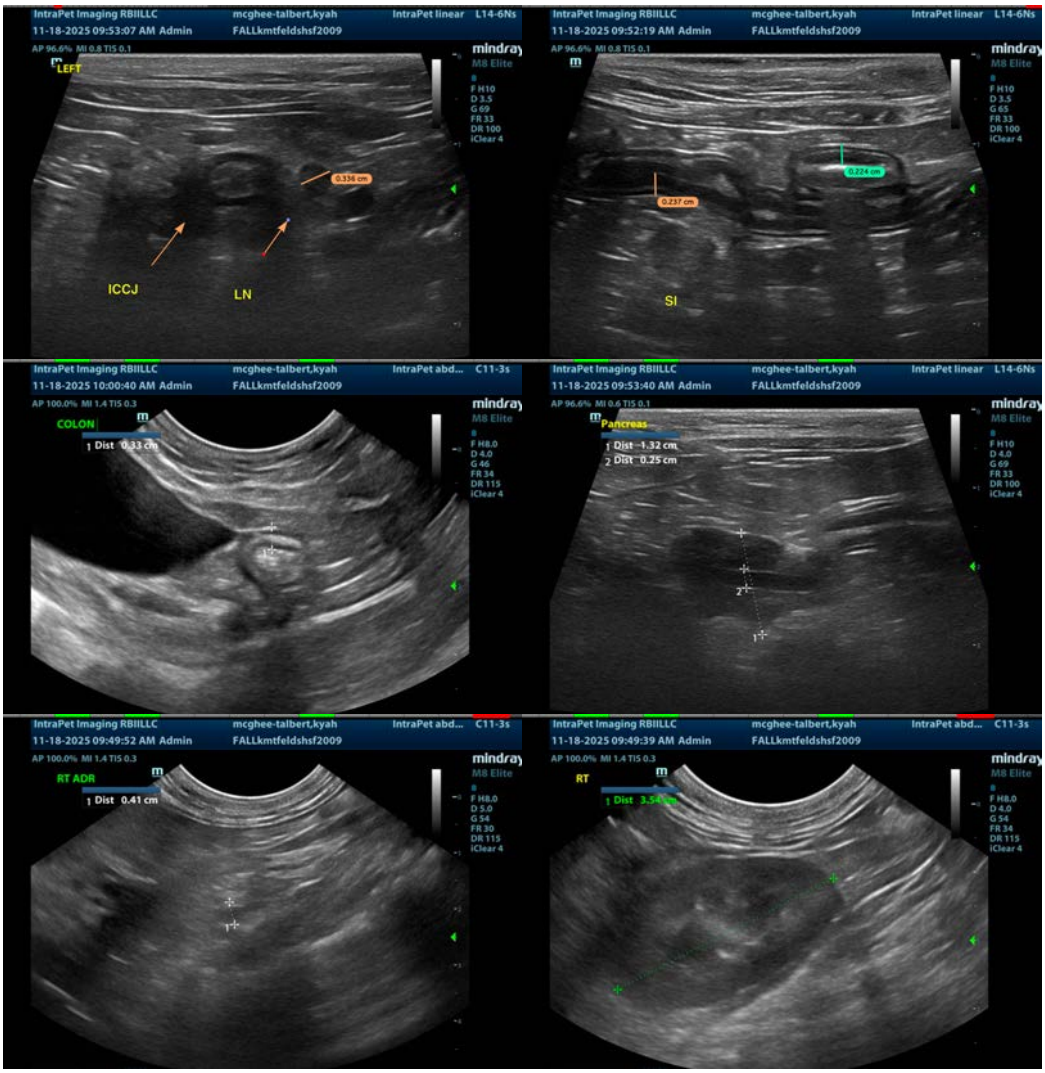
- Recommend a combination hydrolyzed protein/ultra low-fat diet with fiber supplementation.

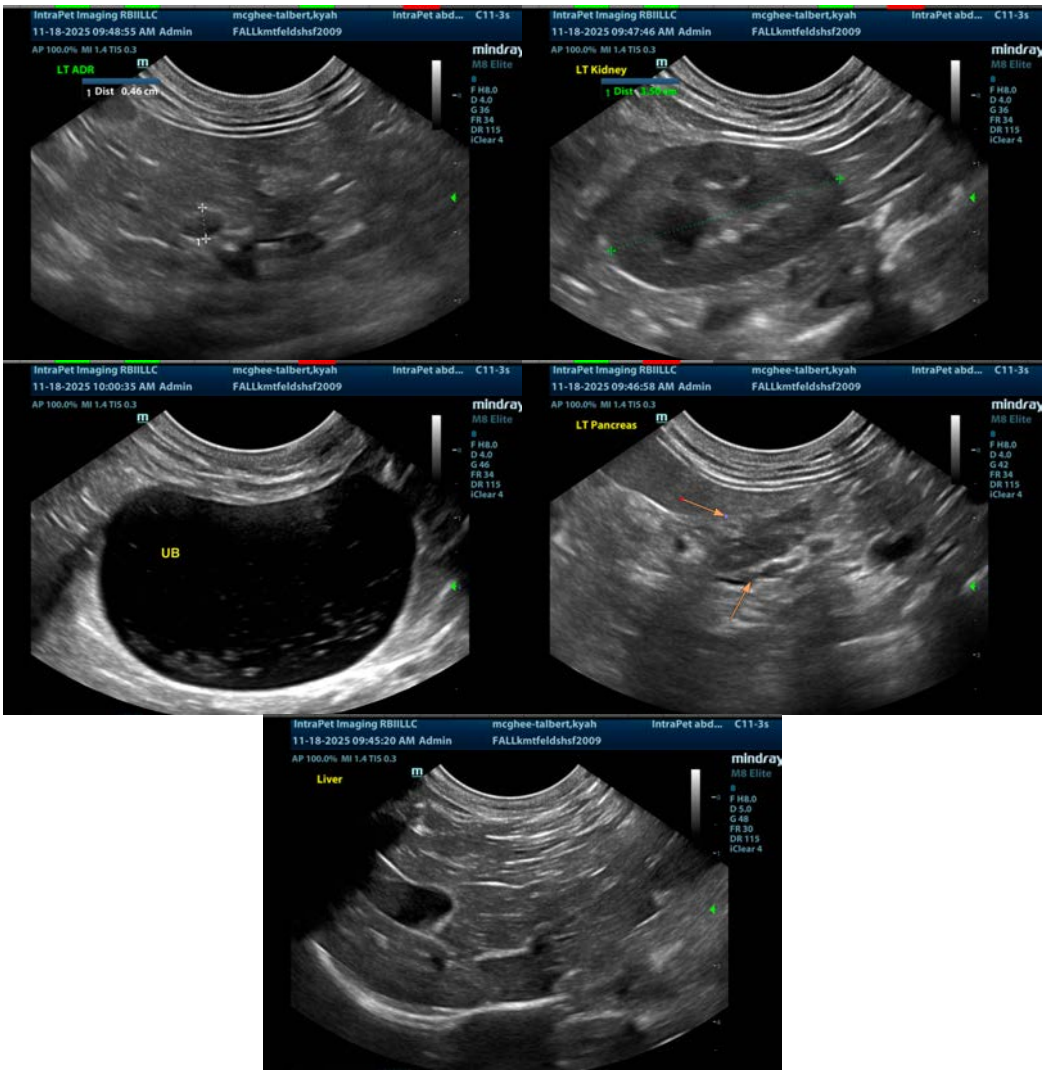
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease. This will also screen for exocrine pancreatic insufficiency, etc.

- Recommend chronic probiotic therapy.

Both limbs of the pancreas are prominent and mottled. These changes could be consistent with chronic pancreatic remodeling. If a significant PLI elevation is present, chronic pancreatitis could also be present.

Given the presentation of this individual, biopsies of the upper and lower GI tract would be ideal. Consider upper and lower GI endoscopy to further evaluate.





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