



**PATIENT PRESENTING CLINICAL SIGNS**

Solomon Quick 4 lb weight loss in 3 years  
Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry, TT4 are all unremarkable, thoracic radiographs are unremarkable

**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 (3.87 cm). Overall echogenicity is normal with adequate 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**

15 Years

The right kidney has a normal shape and size (4.3 cm). Overall echogenicity is normal with adequate 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**

8.4 Pounds

**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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Dr. Jenny Wenrich

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**HOSPITAL NAME**

Straley Vet Associates

**REFERRING VET**

Dr. Jenny Wenrich

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 appear dilated and tortuous, measuring up to 0.7 cm. An obvious obstruction is not visualized.

**Gastrointestinal**

**INVOICE**

30051

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.

**DATE**

11/24/21

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. The duodenum measured as normal



**PATIENT**

Solomon Quick

(between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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.

**Pancreas**

**BREED**

DSH

The pancreas is prominent and hypoechoic as 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.

**SEX**

Neutered Male

**Free Abdomen**

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.

**AGE**

15 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

8.4 Pounds

- Dilated gallbladder with tortuous, dilated common bile duct – This can be a normal finding in an older cat, but this is very prominent. No obstruction is noted.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The prominent lesion observed is that involving the gallbladder and the common bile duct. If liver values are normal, this may not be an active lesion. If liver enzymes and bilirubin are elevated, considered advanced imaging to further evaluate this area and consider starting Ursodiol and antibiotics for possible cholangiohepatitis. If liver enzymes are normal, then consider further evaluation of the pancreas and small intestine with a GI panel to Texas A&M University with quantitative PLI, TLI, cobalamin and folate.

**IMAGING PERFORMED BY**

Dr. Jenny Wenrich

- Consider a hydrolyzed or novel protein prescription diet.
- Consider a probiotic.
- Recommend supportive GI therapy (anti-nausea medications, appetite stimulants, etc.). If there is no response to this therapy, consider obtaining GI biopsies +/- pancreatic biopsies depending on the status of the biliary tract.

**HOSPITAL NAME**

Straley Vet Associates

**REFERRING VET**

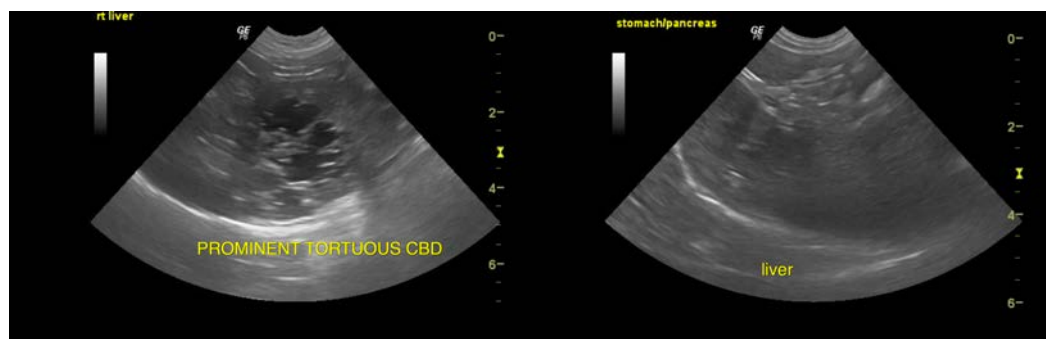
Dr. Jenny Wenrich

**INVOICE**

30051

**DATE**

11/24/21





**PATIENT**

Solomon Quick

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

8.4 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Jenny Wenrich

**HOSPITAL NAME**

Straley Vet Associates

**REFERRING VET**

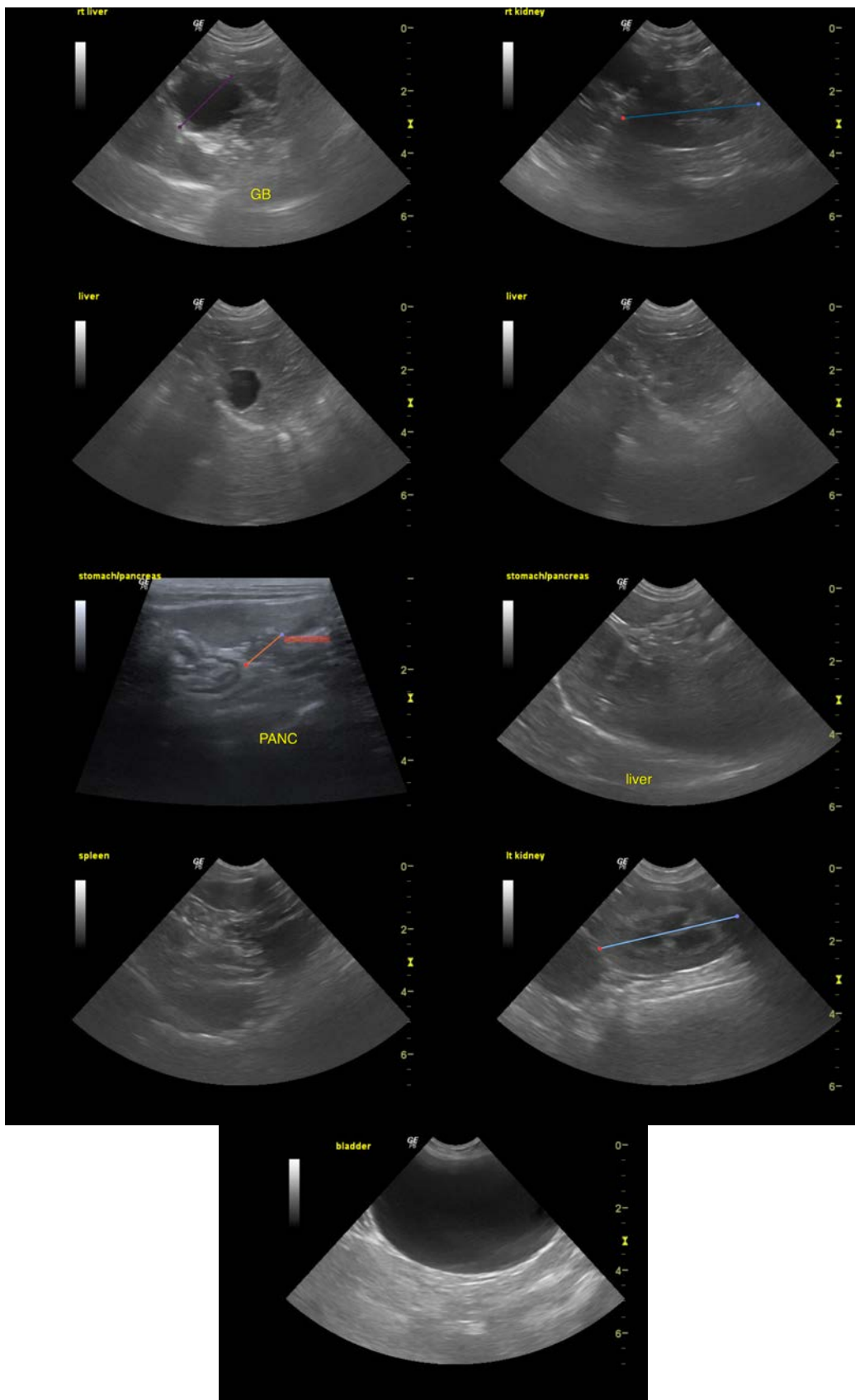
Dr. Jenny Wenrich

**INVOICE**

30051

**DATE**

11/24/21





**PATIENT**

Solomon Quick

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.

**SPECIES**

Feline

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.

**BREED**

DSH

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

8.4 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Jenny Wenrich

**HOSPITAL NAME**

Straley Vet Associates

**REFERRING VET**

Dr. Jenny Wenrich

**INVOICE**

30051

**DATE**

11/24/21