



PATIENT

Figaro Castillo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

2.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Riggieri

INVOICE

33103

DATE

11/25/21

PRESENTING CLINICAL SIGNS

Losing fur on legs and belly, vomits and has soft stools intermittently. Sometimes doesn't eat well. Seems maybe more lethargic. Extremely underweight and ++ Muscle wasting noted on exam. Chronic GI issues worsening over the last few months. Clavaseptin 62.5mg - 1/2 tab PO BID, Abnormal PE/Chem/CBC/UA Results: 1. Given the reported history and appearance of the intestine, a partial chronic obstructive pattern with a gravel sign in the mid ventral abdomen due to underlying intestinal neoplasia should be considered and further investigated with abdominal ultrasound. 2. The poor peritoneal serosal detail may be due to the lack of peritoneal fat however some effusion may also be present given the mild distention of the abdomen. 3. The oddly positioned and shaped gas lucency in the left cranial abdomen on the VD view may represent displaced intestinal structures versus free peritoneal gas view to rupture of a GI lesions such as mentioned in #1. 4. Age-related cardiovascular changes. RECOMMENDATIONS: an abdominal ultrasound is strongly recommended in this patient to rule out partially obstructive intestinal lesion, effusion and free peritoneal gas. SDMA: 16 ug/dL PCT: 1.0%

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 right kidney has a normal shape and size (3.63 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.

The left kidney has a normal shape and size (3.92 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.34 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, 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.



PATIENT

Figaro Castillo

The gallbladder lumen is minimally distended. The wall of the gall bladder appears somewhat thickened at 0.2 cm, but this is likely due to lack of distention. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Feline

Gastrointestinal

BREED

DSH

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.

SEX

Neutered Male

Some areas of visualized duodenum, jejunum and ileum have a uniform diameter, but most are moderately to significantly fluid distended. Wall thickness appears generally slightly increased with intact layering. Some focal areas appear particularly thickened and hypoechoic with reduced distinction of wall layering. Jejunum in these areas measured 0.41 cm. In some areas of dilated small intestine, there is some plication evident. There is no focal obvious obstruction, but possible obstructive pattern is present and/or generalized ileus. Findings are concerning for infiltrative bowel disease. A focal obstruction is not observed but cannot be excluded as a possibility. Several areas are concerning for the development of an early bowel mass (thickening with decreased layering).

AGE

14 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Many sections of colon appear fluid distended with shadowing intraluminal material most consistent with liquid and formed fecal material, although foreign material cannot be excluded as a possibility. No focal colonic masses are observed.

WEIGHT

2.3 kg

Pancreas

INTERPRETED BY

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

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.

Free Abdomen

No free fluid. There is a moderate mesenteric lymphadenopathy present, particularly around the abnormal bowel loops. Two mesenteric lymph nodes are measured at 0.76 cm and 0.4 cm in diameter. The omentum is generally of normal echogenicity, but appears increased around thickened bowel loops.

IMAGING PERFORMED BY

Crystal Hill

PRIMARY FINDINGS

HOSPITAL NAME

BPH Burlington

- Fluid distended small intestine with areas of focal thickening and loss of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease – such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Hypoechoic, prominent pancreas – 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.

REFERRING VET

Dr. Riggieri

INVOICE

33103

DATE

11/25/21



PATIENT

Figaro Castillo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

2.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Riggieri

INVOICE

33103

DATE

11/25/21

SECONDARY FINDINGS

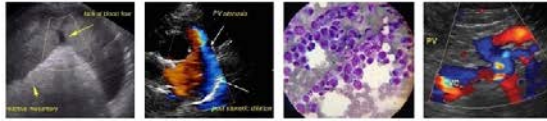
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small bowel is concerning in that it is both severely dilated (likely diffusely) and there are focal areas that stand out as thickened with reduced detail of layering. I suspect there is generalized ileus due to severe small intestinal disease. Infiltrative disease such as severe IBD or neoplasia would be of primary concern. A distal obstruction is possible, but not clearly observed. Additionally, the pancreas appears abnormal.

- Recommend GI panel to Texas A&M University with a quantitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Recommend full metabolic evaluation including baseline bloodwork, urinalysis, and thyroid evaluation.
- Recommend 3-view thoracic radiographs to evaluate for concurrent intrathoracic disease.
- Consider a novel protein/hydrolyzed protein diet and probiotic therapy.
- I suspect in this patient that surgical GI biopsies including biopsies of the mesenteric lymph nodes will be necessary to obtain diagnosis and definitively rule out the presence of foreign material.





PATIENT

Figaro Castillo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

2.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Burlington

REFERRING VET

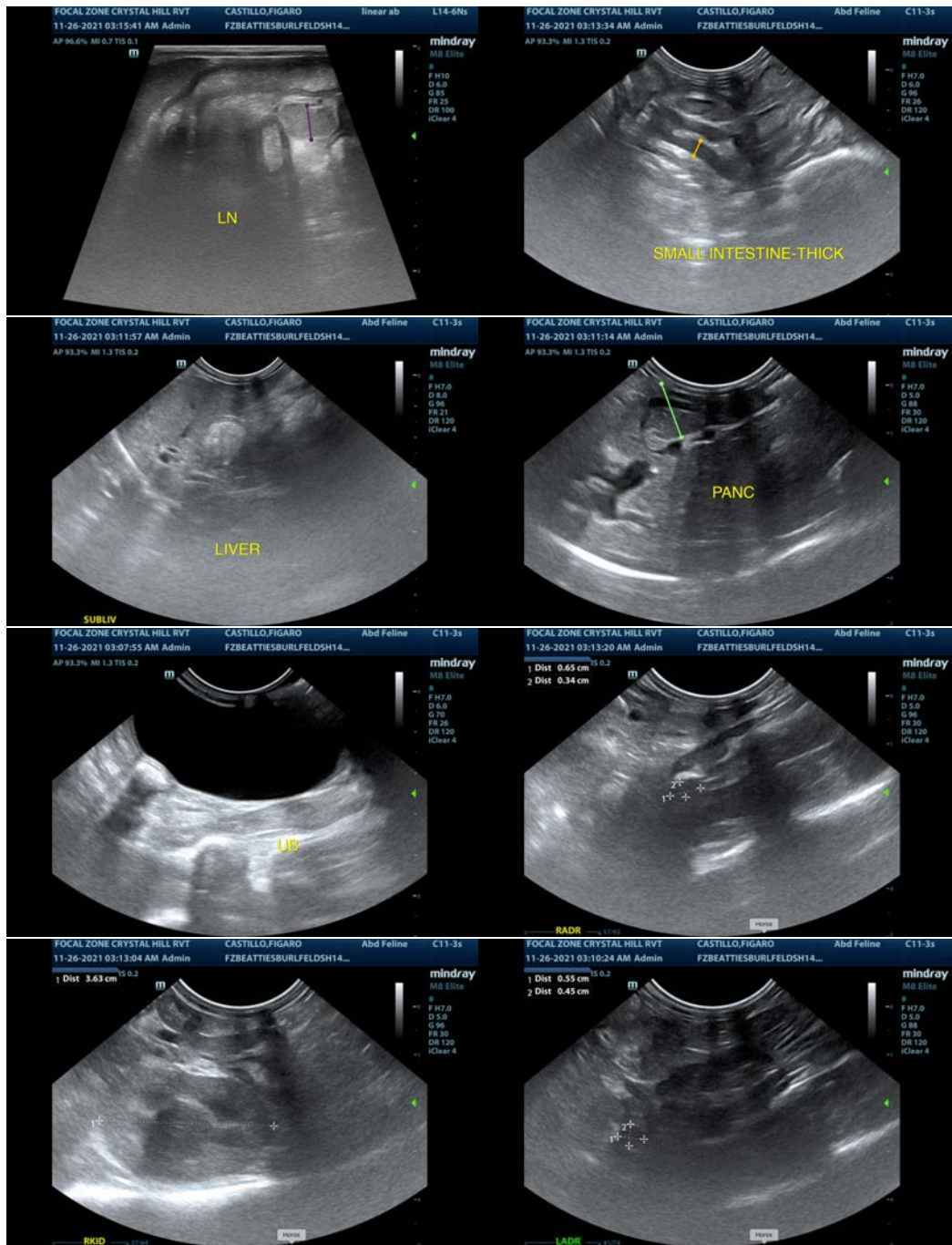
Dr. Riggieri

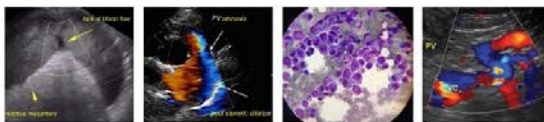
INVOICE

33103

DATE

11/25/21





PATIENT

Figaro Castillo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

2.3 kg



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.

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

kathleen.sennello@sonopath.com

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Riggieri

INVOICE

33103

DATE

11/25/21