



**PATIENT**

Adam Clark

**PRESENTING CLINICAL SIGNS**

6 yo MN DSH. Thin, unkempt hair coat, weight loss. Looks much older than he is. Requires sedation to be examined-dexdomitor

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (4.41 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.

**AGE**

6 Years

The right kidney has a normal shape and size (4.37 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.

**WEIGHT**

11 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. Elaina Petrone

**Liver**

**HOSPITAL NAME**

Long Branch 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. Elaina Petrone

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.

**Gastrointestinal**

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The stomach contains minimal luminal contents. It measures as slightly thickened at 0.56 cm. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No focal gastric lesions are visualized. Findings are most consistent with gastritis.

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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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with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There is a focal area of mild bowel distention and shadowing in the duodenum, most consistent with ingesta.

**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**

There is a small to moderate amount of free fluid. No significant lymphadenopathy (a mesenteric lymph node is visualized at 0.19 cm). The omentum is hyperechoic in the right cranial abdomen in the region of the pancreas.

**AGE**

6 Years

**PRIMARY FINDINGS**

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- Mildly hypoechoic, mottled pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate 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.
- Mildly thickened gastric wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Small to moderate amount of free abdominal fluid

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**SECONDARY FINDINGS**

- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Long Branch AH

There is the general impression of inflammation in the abdomen and there is a small to moderate amount of free abdominal fluid. Recommend sampling of this fluid for fluid analysis and cytology. The pancreas is somewhat hypoechoic and mottled with surrounding hyperechoic mesentery. This could be consistent with pancreatic inflammation. Recommend correlation with a quantitative fPLI level. Additionally, the bowel appears slightly thickened with a prominent muscularis layer. This can be an indicator of underlying small intestinal disease.

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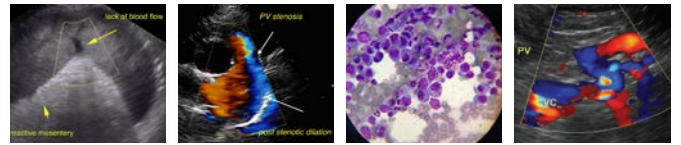
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- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

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- Recommend symptomatic treatment for pancreatitis with pain medications, nausea medications, supportive therapy, etc.

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- Recommend fluid analysis and cytology.

**BREED**

DSH

If symptoms are progressing or persisting despite additional therapy, and biochemical results are normal as well as thoracic radiographs, you could consider obtaining GI biopsies and possibly reevaluation of the pancreas/abdomen with ultrasound.

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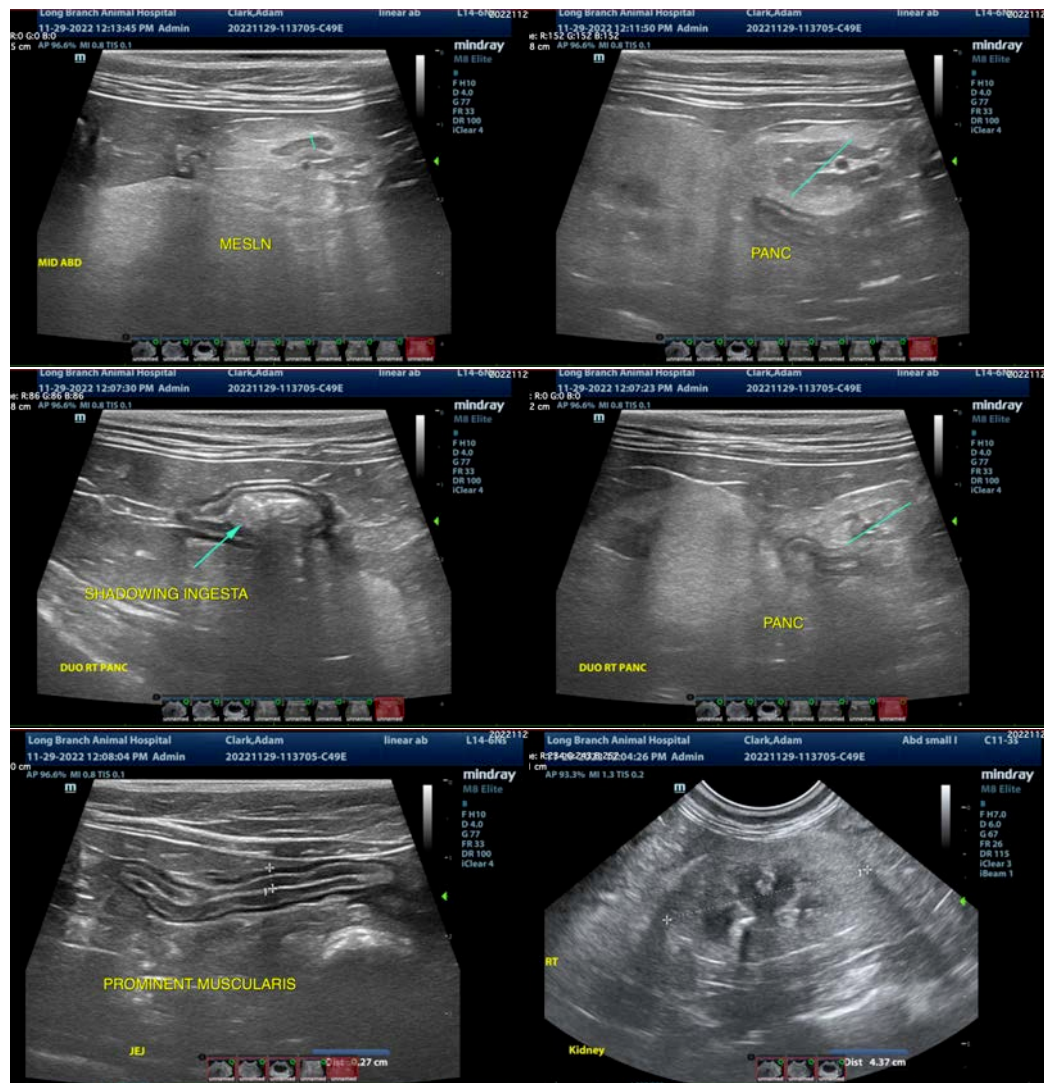
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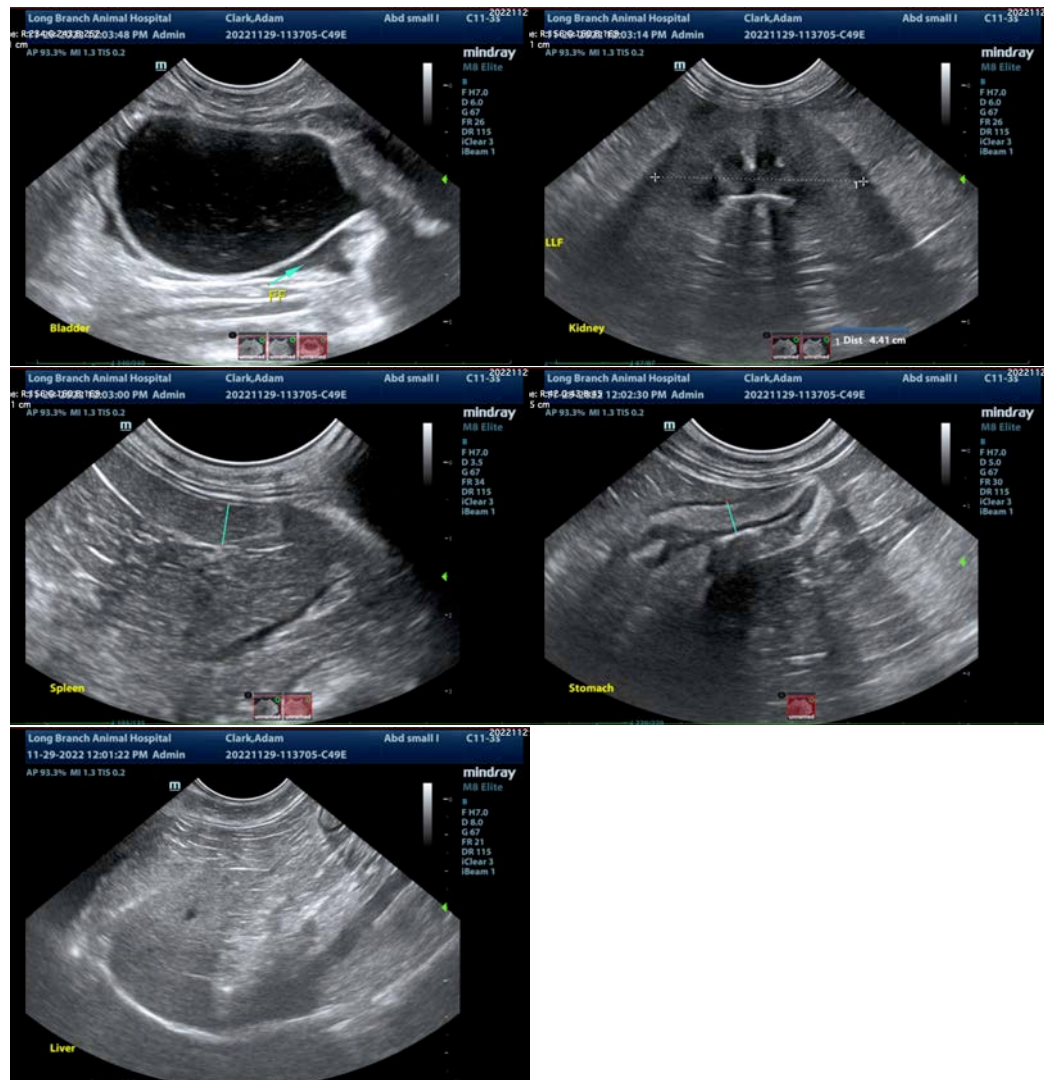
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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