



PATIENT

Izzy Newhart

PRESENTING CLINICAL SIGNS

weight loss, one of the cats in household has been vomiting, unclear if Izzy. Owner does not believe any diarrhea, concern for IBD vs GI neoplasia vs other

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BW: mild hypoproteinemia, mild hypocalcemia/natremia/chloremia.. Rads: mild granular material in stomach with mild distension, no obvious masses.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely irregular and thickened with a focal maximal thickness of 0.74 cm. The region of the trigone and ureteral papillae is somewhat irregular and thickened. The proximal urethra appears free of any calculi or focal thickening.

AGE

10 Years 11 Months

The left kidney has a normal shape and size (3.84 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

6.2 Pounds

The right kidney has a normal shape and size (4.26 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.25 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.

IMAGING PERFORMED BY

Jessica Green

The right adrenal gland is normal in size measuring 0.44 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.

HOSPITAL NAME

Stanglein Vet Clinic

Spleen

The spleen is subjectively normal in size (0.82 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.

REFERRING VET

Dr. Nathaniel Stanglein

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.

INVOICE

43408

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.

DATE

12/13/22



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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 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 measures 0.34 cm. Visualized peristalsis appears appropriate. There are several areas of focal bowel thickening observed. In these regions, the bowel wall is severely thickened, measuring 0.63 cm, with a complete loss of layering.

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

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

There is a scant amount of free abdominal fluid. There is a diffuse mesenteric lymphadenopathy with lymph nodes measuring 0.81 cm and 0.85 cm. The omentum is somewhat hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular urinary bladder – Findings could be consistent with diffuse cystitis, although an underlying neoplastic process cannot be ruled out. Recommend urinalysis and culture.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. These changes could also be seen with neoplastic infiltration.
- Focal severe thickening of the small intestine with decreased layering – Findings are concerning for a possible neoplastic process (round cell neoplasia, carcinoma, etc.), although other differentials exist.
- Mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Scant volume free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are several sections of small intestine that appear severely thickened with a complete loss of layering. This is very concerning for possible round cell neoplasia, although other differentials exist. Recommend a fine needle aspirate of the bowel wall and a mesenteric lymph node. Additionally, recommend 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, you could also consider sampling the pancreas or surgical biopsies.



PATIENT

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The urinary bladder wall is diffusely irregular and thickened. This could be consistent with diffuse cystitis or less likely neoplastic change. Recommend a urinalysis and culture. If there is no evidence of infection, consider sampling of the urinary bladder wall.

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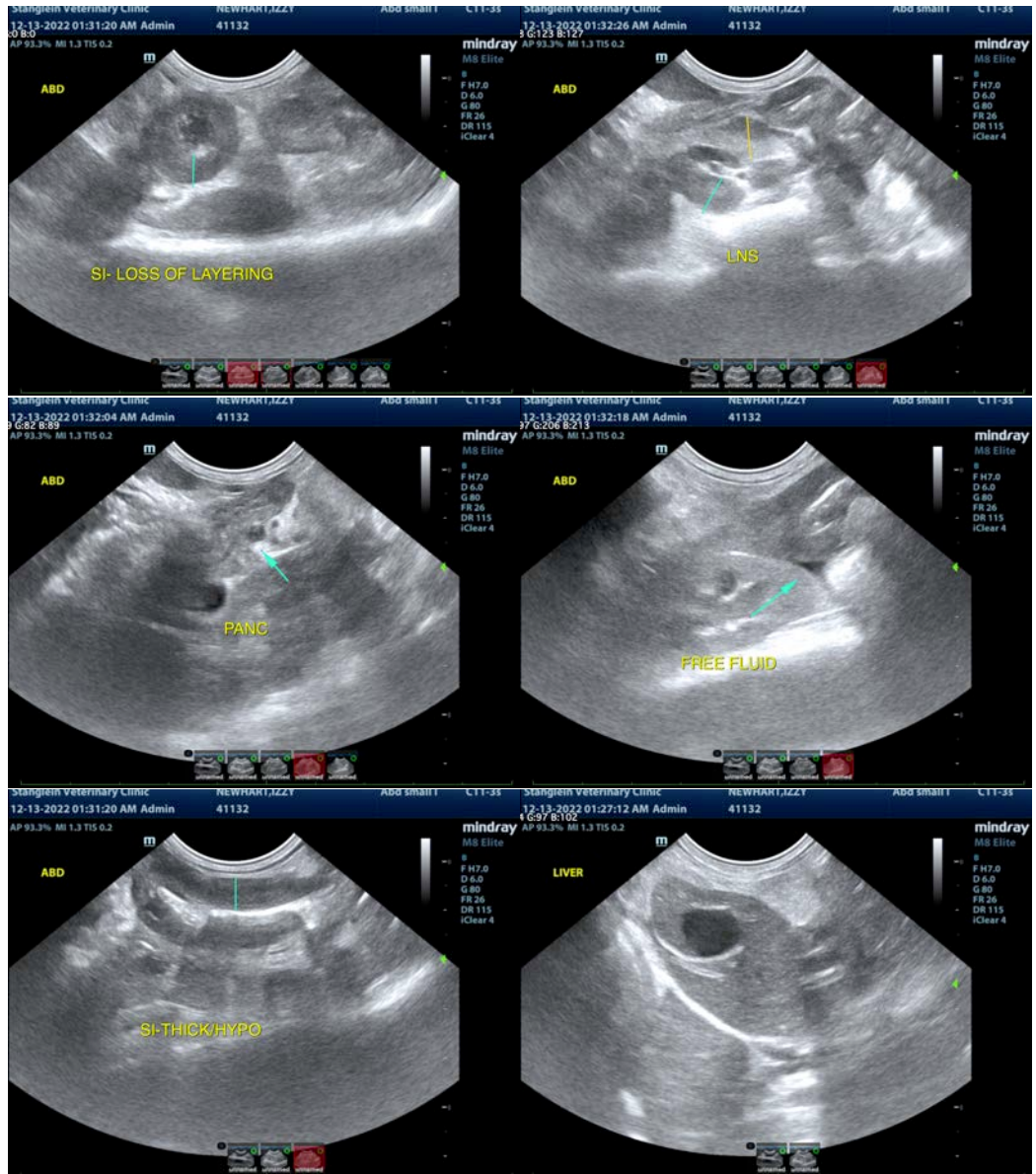
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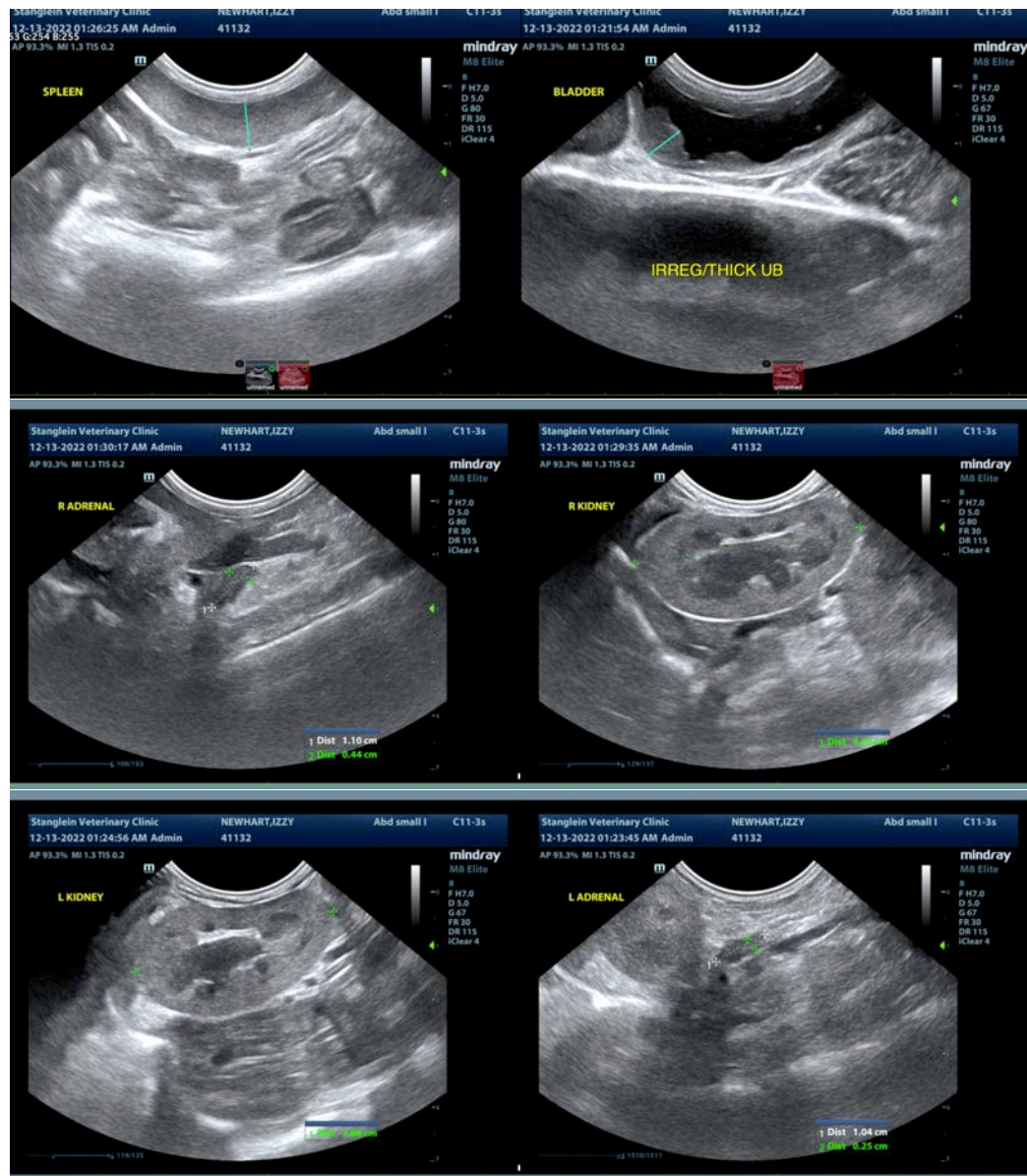
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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