



**PATIENT PRESENTING CLINICAL SIGNS**

**Teddy Roy** PUPD Ongoing, drastic, weight loss (>10% in last two weeks alone) Increased vomiting frequency. Anxiety

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Normal blood and UA. Awaiting FA. Ultrasound with New England Vet Specialist in May 2021: -Abdominal Assessment: - R/O Small intestinal mucosal fibrosis - Chronic renal disease - R/O Chronic interstitial nephritis - Mild jejunal lymph node enlargement - R/O Inflammatory/reactive vs infiltrative/neoplastic Recent lab work attached: unremarkable.

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH 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.

**SEX**

Spayed Female

**AGE**

13 Years

The left kidney has a normal shape and size (3.6 cm) with two non-obstructive nephroliths, measuring 0.51 and 0.32 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**

9 Pounds

The right kidney has a normal shape and size (4.2 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.41 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**

Dr. Sorbo

The right adrenal gland is normal in size measuring 0.47 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**

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The spleen is subjectively normal in size (0.82 cm in width at the hilus), 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. Sorbo

**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.

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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 are normal/not visible.

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**PATIENT**

***Gastrointestinal***

Teddy Roy

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.

**SPECIES**

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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 measured 0.25 cm.

**BREED**

DSH

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female

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***

**AGE**

13 Years

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***Free Abdomen***

**WEIGHT**

9 Pounds

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.

**ULTRASONOGRAPHIC FINDINGS**

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

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasound changes observed were relatively mild. Unfortunately, the severity of ultrasonographic changes do not always correlate with the severity of Gi symptoms exhibited. Many causes for Gi signs cannot be definitively diagnosed by ultrasound alone.

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- Consider metabolic causes based on bloodwork, thyroid evaluation, Gi panel (TLI/PLI, folate, cobalamine.)

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If metabolic disease is thought unlikely, then:

- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

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In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

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- Recommend diet trial with a novel protein/hydrolyzed prescription diet
- Recommend GI panel for evaluation of B12 levels etc. (start empirical B12 while waiting for results)
- If symptoms are progressing consider obtaining GI biopsies

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- Recommend 3-view thoracic radiographs to rule out concurrent intrathoracic disease.



**PATIENT**

Teddy Roy

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**SEX**

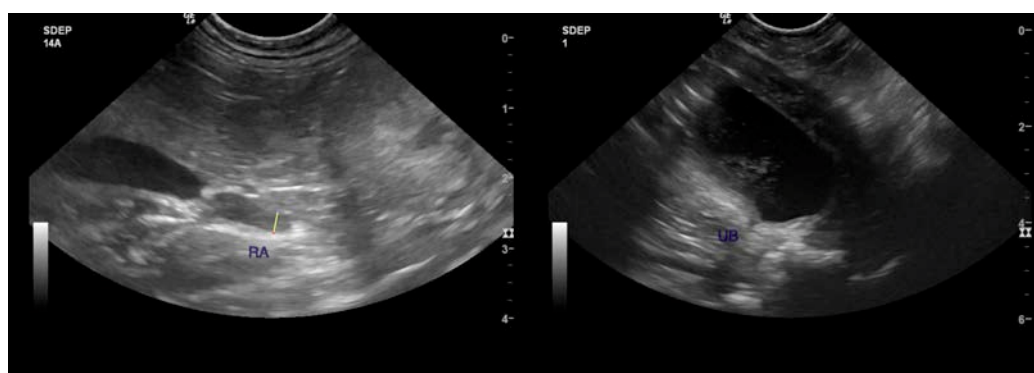
Spayed Female

**AGE**

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**WEIGHT**

9 Pounds



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**IMAGING  
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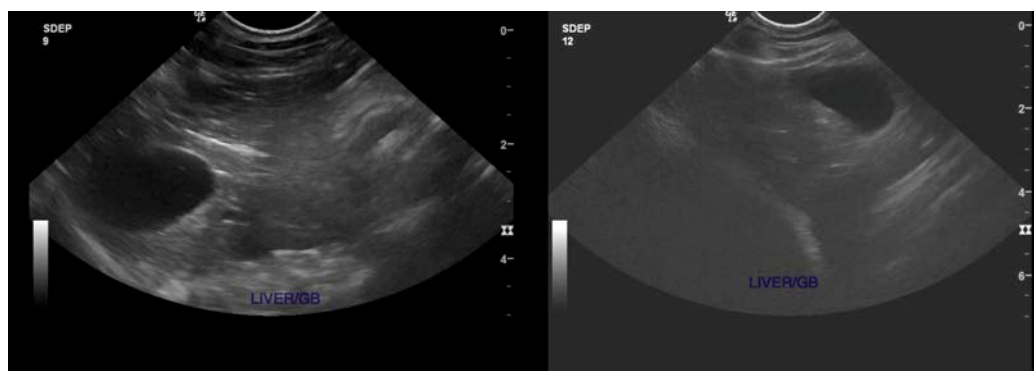
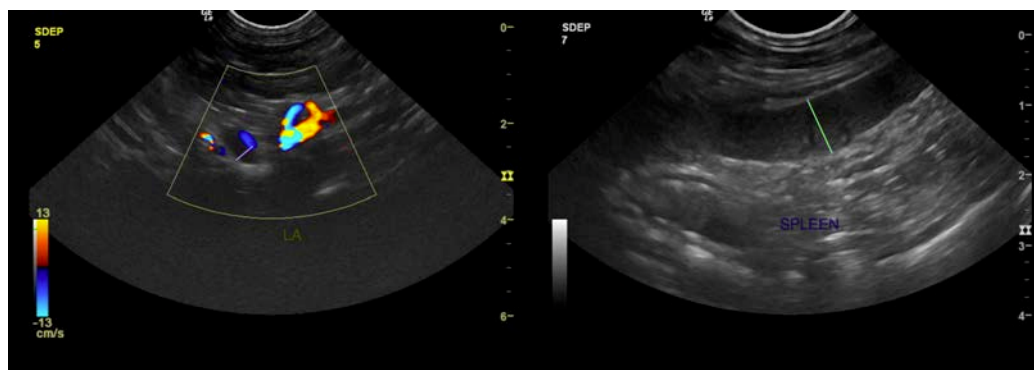
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**PATIENT**

Teddy Roy

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**

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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

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