

**PATIENT**

Yang Guffens

**PRESENTING CLINICAL SIGNS**

History: Yang was brought in on December 24th for anorexia and vomiting. Slightly lethargic. Indoor cat who goes out into a patio outside. No known access to anything toxic.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Exam WNL, bloodwork showed a mild- mod azotemia with a USG of 1.045. Urine had protein, glucose and cocci present. Fructosamine ran: WNL X-rays WNL No response to IV fluids, cerenia, mirtazipine, pantoprazole, ampicillin and buprenorphine

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

11 Years

The left kidney has a normal shape and size (3.1 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 infarcts or hydronephrosis. There is renal pelvic dilation present (0.2 cm). Renal vasculature is normal.

**WEIGHT**

3.37 Lbs.

The right kidney has a normal shape and size (3.8 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 infarcts or hydronephrosis. There is renal pelvic dilation present (0.18 cm). Renal vasculature is normal.

**Adrenal Glands**

**INTERPRETED BY**

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

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.

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.

**IMAGING PERFORMED BY**

Alejandro Vargas  
Lumbreras

**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.

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Central Island VEH

**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. The gall bladder 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.

**REFERRING VET**

Dr. Christie Lauzon

**Gastrointestinal**

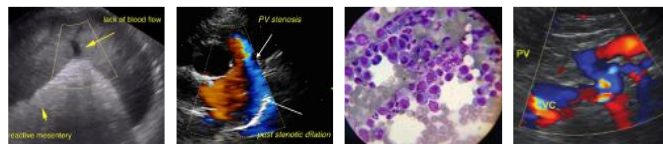
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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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

**BREED**

DLH

***Pancreas***

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**

Spayed Female

***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**

11 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

3.37 Lbs.

- Mild renal pelvic dilation in both kidneys. Pyelectasia of the left and right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with moderate pancreatitis or a recent episode of pancreatic inflammation.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is mild pyelectasia visualized in both kidneys. Given the history of cocci and glucose in the urine, I recommend urinalysis and culture. I recommend a blood pressure evaluation and continued monitoring of renal values.

**IMAGING PERFORMED BY**

Alejandro Vargas  
Lumbreras

The pancreas is somewhat prominent, consider a GI panel (to Texas A & M) for a qualitative PLI, TLI, cobalamin and folate, to further evaluate the pancreas and to look for evidence of additional small intestinal disease.

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If the PLI is normal and urine culture is negative with no evidence of underlying renal disease, then consider the possibility of underlying gastrointestinal disease that has not produced large focal lesion.

**REFERRING VET**

Dr. Christie Lauzon

- Consider a prescription novel protein diet or hydrolyzed prescription diet
- Consider probiotic therapies
- If symptoms are persistent, consider obtaining GI biopsies.

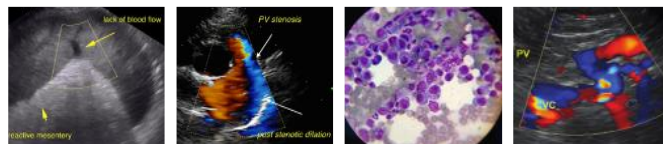
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- Prior to anything invasive, I recommend three-view thoracic radiographs to rule out concurrent intrathoracic disease.

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**IMAGING  
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Alejandro Vargas  
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**HOSPITAL NAME**

Central Island VEH

**REFERRING VET**

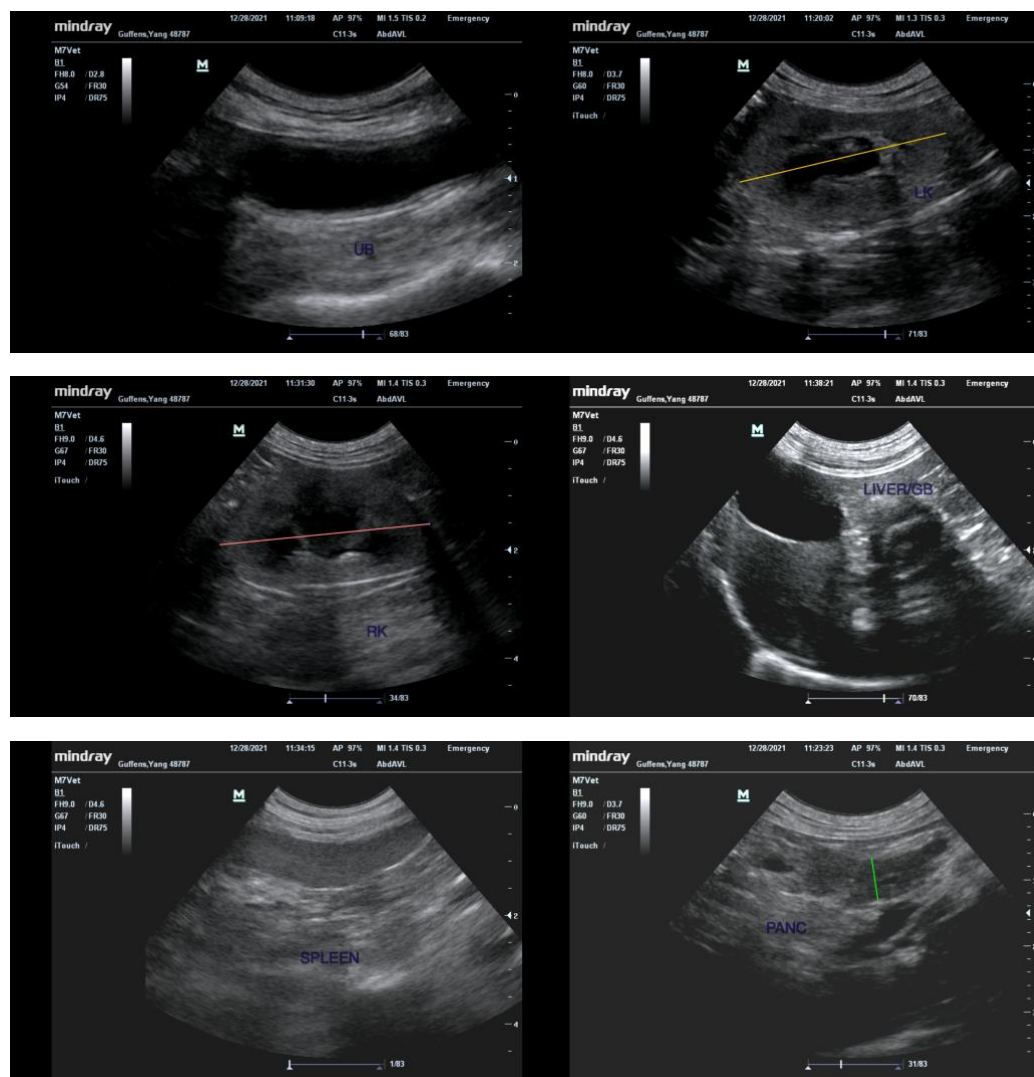
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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