



**PATIENT**

Cricket Willms

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

10.74 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

33843

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

Patient with history of previously regulated constipation presents for constipation despite treatment plan of medication and special diet. Current meds: metronidazole, pred., cisapride, and lactulose. Abnormal PE/Chem/CBC/UA Results: CBC: monocytosis, rest of CBC/Chem: WNL.

**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 left kidney has a normal shape and size (3.97 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.

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.38 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 0.43 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 (0.79 cm in width at the level of 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.

**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 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.

**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.



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Most of 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 measured 0.21 cm. Visualized peristalsis appears appropriate. There is a focal area of bowel most consistent with small intestine that has irregular, thickened and hypoechoic wall with complete loss of layering. This area is surrounded by hyperechoic mesentery and is most consistent with a focal area of bowel mass. Bowel wall in this area measures 0.65 cm in diameter.

The ileocecal junction is visualized and appears relatively normal. As the colon progresses distally, the colon wall becomes subjectively thickened and irregular. The colon wall in this area measures 0.21 cm in thickness.

### **Pancreas**

Both limbs of the pancreas are prominent and hypoechoic with a prominent pancreatic duct measuring 0.27 cm. In the area of the pancreaticoduodenal flexure, the pancreas is irregular and almost nodular, possibly coalescing with some prominent mesenteric lymph nodes. Tissue surrounding the pancreas is prominent. Changes are consistent with moderate pancreatic inflammation/pancreatitis.

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a diffuse mesenteric lymphadenopathy present with prominent mesenteric lymph nodes measuring 0.37, 0.36 cm in diameter. A large colonic lymph node measures 0.49 cm. An iliac lymph node measures 0.49 cm in diameter. The mesentery is hyperechoic around the enlarged lymph nodes and the abnormal sections of bowel.

### **Other**

There is a hypoechoic, somewhat mottled and partially mineralized structure visualized caudal to the right kidney. This lesion measures 1.73 cm in diameter and is most consistent with either a pancreatic nodule or an abnormal lymph node.

## ULTRASONOGRAPHIC FINDINGS

- Irregular, hypoechoic pancreas with surrounding hyperechoic mesentery – most consistent with moderate pancreatitis, pancreatic neoplasia, or nodular hyperplasia.
- Focal area of severely irregular, thickened bowel with complete loss of layering – most concerning for an infiltrative process such as lymphoma or a carcinoma.
- Diffuse thickening and irregularity to the distal colon – could be consistent with inflammation, infection or neoplasia.
- Prominent mesenteric, colonic, and iliac lymph nodes – could be secondary to inflammation, infection, or underlying neoplasia.
- Focal hypoechoic structure caudal to the right kidney – Possible differentials include pancreatic nodule, abnormal lymph node, etc.



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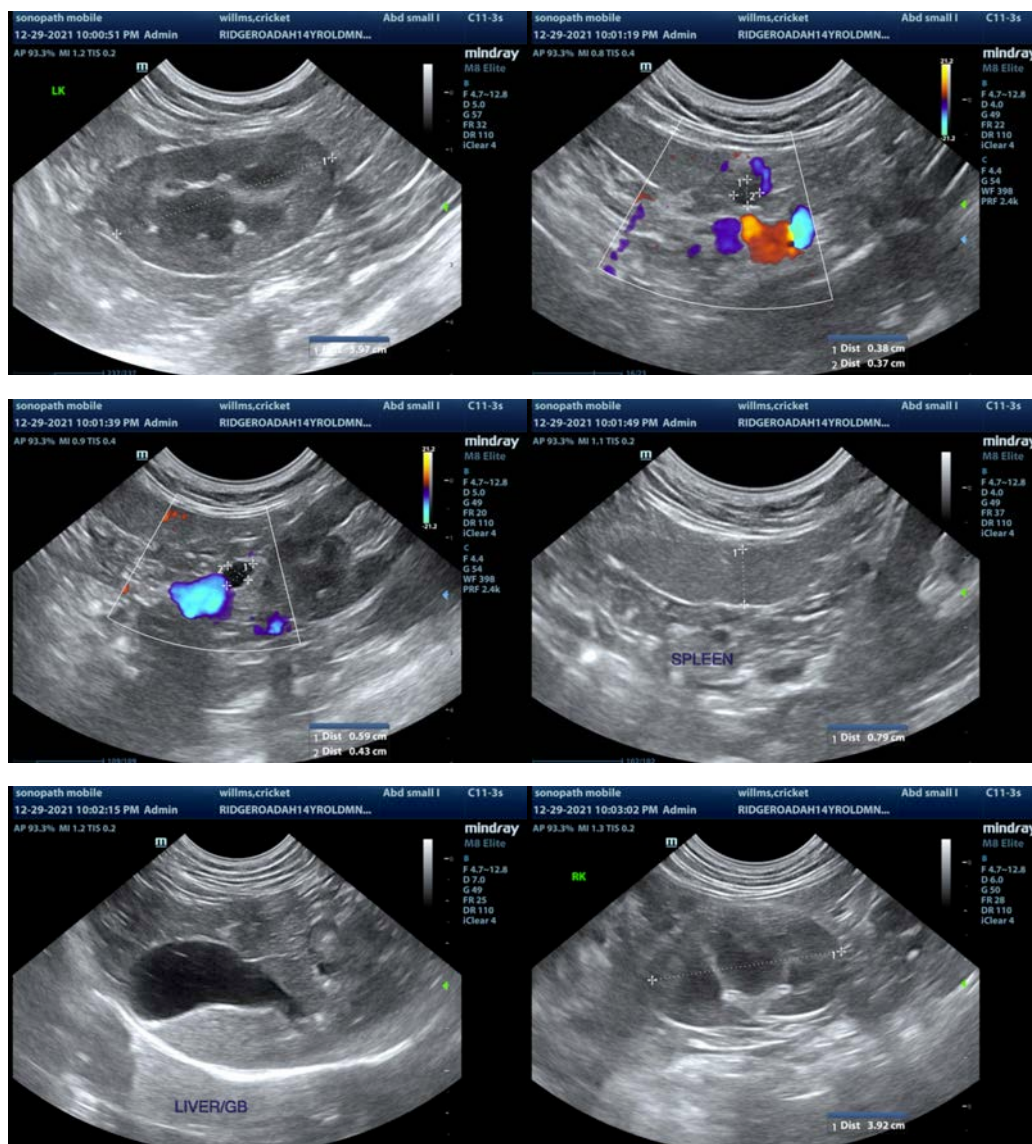
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bowel lesions visualized are dramatic and severe, and are the likely cause of this pet's constipation and not feeling well. There is high concern for an underlying neoplastic process, but biopsies are necessary to determine this. Additionally, the pancreas appears irregular and nodular. This could represent benign or neoplastic change, and there is a significant lymphadenopathy present as well as an isolated lesion caudal to the right kidney. You could consider a fine needle aspirate of the small bowel lesion as well as an aspirate of the rounded structure caudal to the right kidney. I think these would be the lesions most likely to yield a cytologic diagnosis. Otherwise, I think exploratory surgery would be necessary. Recommend 3-view thoracic radiographs. Consider switching from Lactulose to Miralax, as I feel it is better tolerated and less messy.





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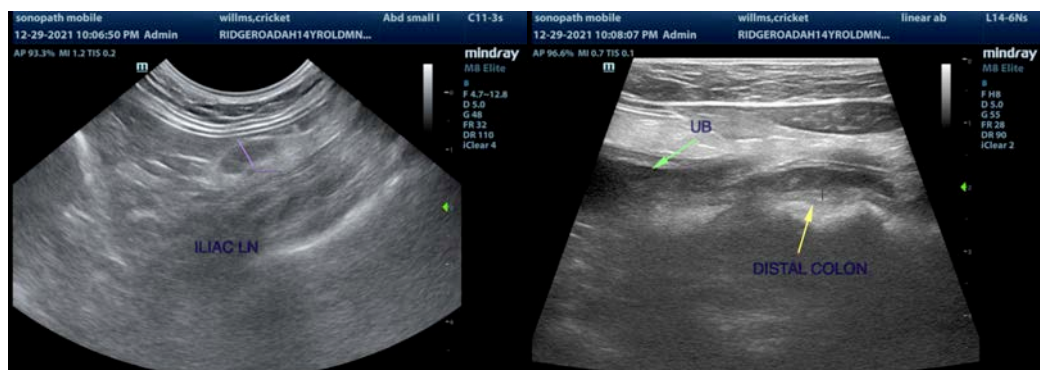
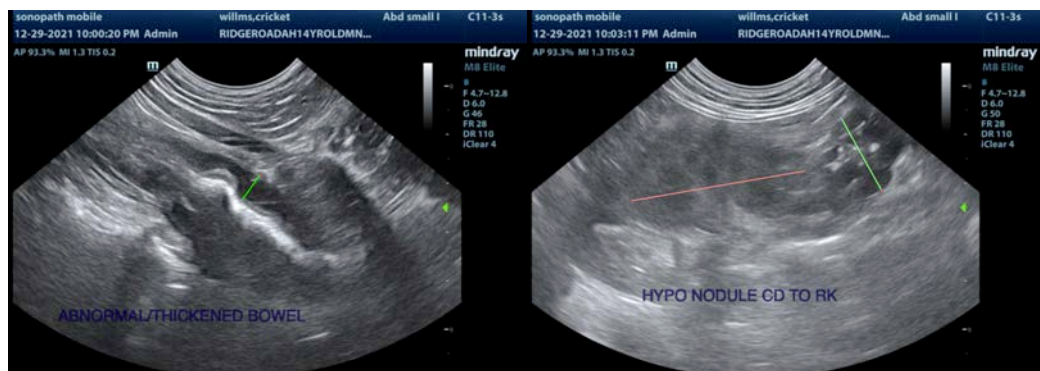
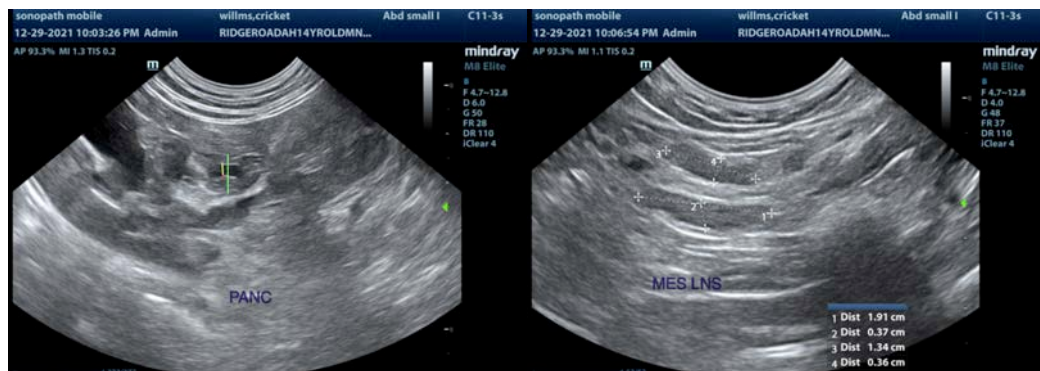
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
kathleen.sennello@sonopath.com