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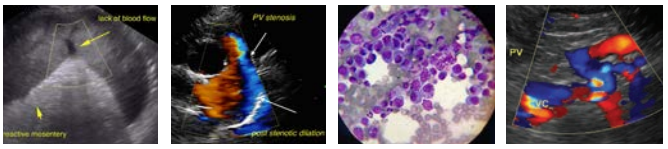


**PATIENT**

Guinness NIAH

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

6.24 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jolee Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Jolee Stegemoller

**INVOICE**

33370

**DATE**

12/8/21

## PRESENTING CLINICAL SIGNS

This is the clinic cat. Several years ago, he came to live with us when his owner was unable to afford care for hepatic lipidosis. Over the last several years, he has also been treated for inflammatory bowel disease with intermittent prednisolone treatment and vitamin B12 supplementation. After his severe illness, he's gained weight and been happy cat, now eating Satiety Support. Kennel staff that tend to his care report that they feel he's losing weight despite being absolutely ravenous. He will beg for any/all food types, and when not fed at his usual mealtime, he will tear into any other food item he can find. Weight loss over the last year is almost 1 kg.
Abnormal PE/Chem/CBC/UA Results: BCS 7/9, but muscle condition on topline is poor. CBC - unremarkable Chem - SDMA 8, Cre 1.5, BUN 15 TT4 - 1.8 (was 2.9 8/23/2021, 2.2 5/2020, 1.8 4/29/2020) Urine culture in August - negative TSH and FT4 pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with mildly echogenic urine. The apical wall of the urinary bladder is somewhat irregular and mildly thickened, and there is a focal projection of tissue or debris measuring 0.71 cm x 0.63 cm, which appears somewhat pedunculated. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of mucosal irregularities, masses or cystic calculi. Abnormalities could be consistent with cystitis and/or less likely underlying neoplasia.

The left kidney has a normal shape and size (4.75 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 (4.87 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 0.28 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.

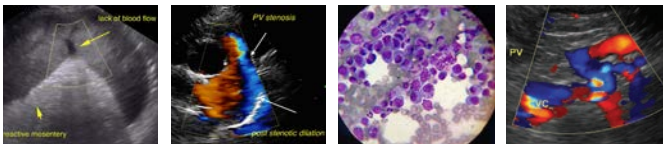
The right adrenal gland is normal in size measuring 0.27 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size, 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.



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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.

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

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 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*

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

- Apical bladder wall thickening and focal mass/polyp

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only significant lesion visualized on ultrasound is the irregularity in the urinary bladder. This is likely an incidental finding and unrelated to the weight loss, but it is unclear if this just represents inflammation and debris, or if something more serious is going on. Recommend urinalysis and culture and continued monitoring of the lesion. If culture is negative, you could consider a traumatic catheterization of the apical wall of the urinary bladder to obtain cells for cytologic examination. If an infection is present, recommend recheck ultrasound approximately two weeks into antibiotics to determine if the lesions are improving.

Your ideas regarding the Satiety diet and thyroid testing are very valid. Other thoughts include malabsorption syndromes (which do not always result in diarrhea). You could consider a TLI evaluation, checking for GI parasites, etc. No significant bowel wall thickening or changes were visualized, but IBD is still a possibility. If conditions allow, you could consider calculating ideal weight for the amount of food offered/eaten, and see if these values correlate. Additionally, consider 3-view thoracic radiographs to look for any evidence of intrathoracic disease.

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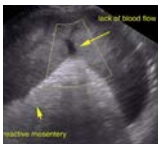
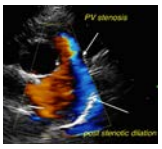
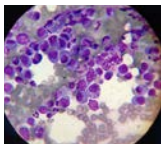
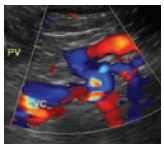

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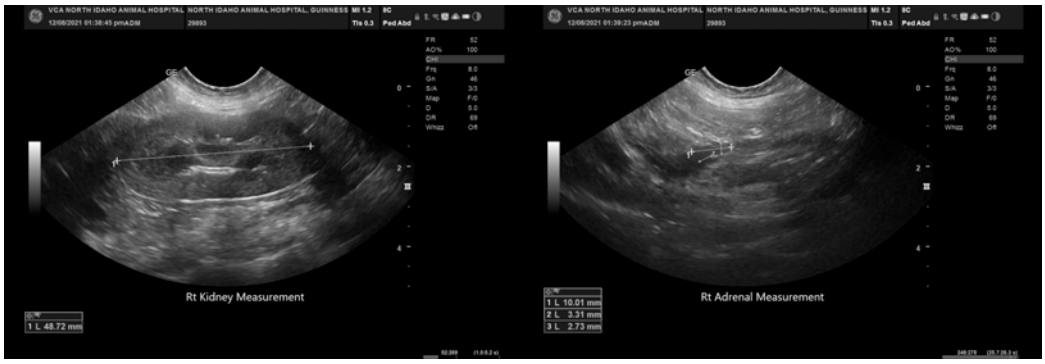


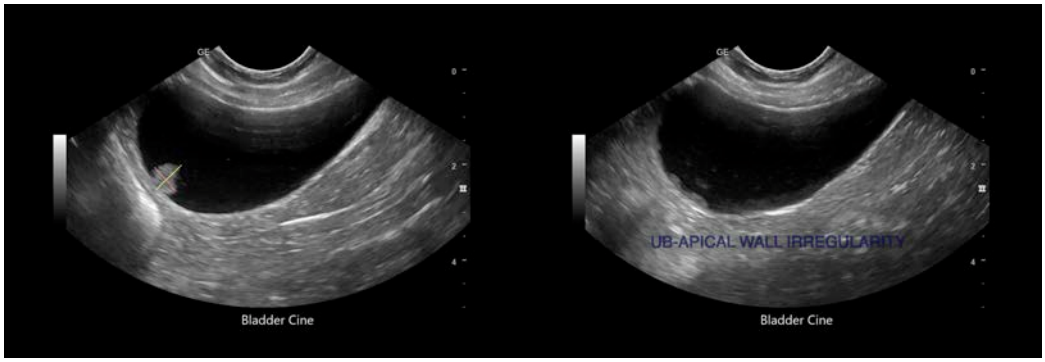


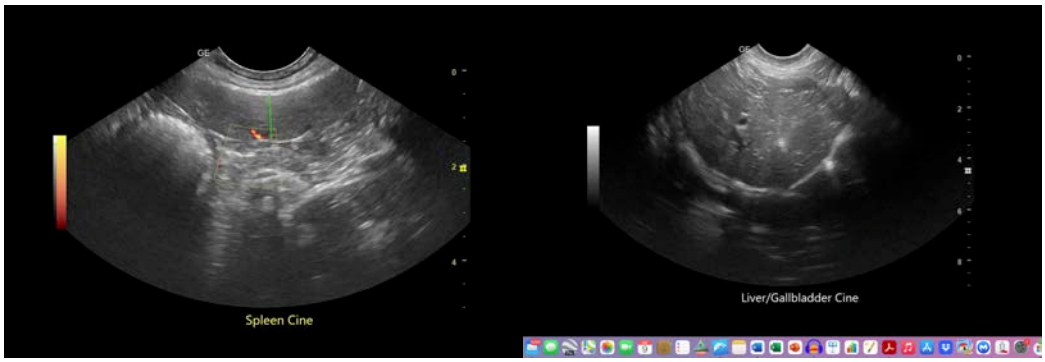

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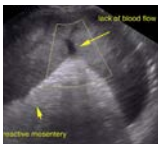
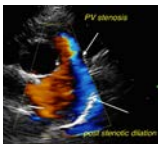
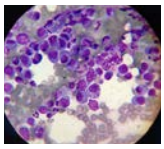
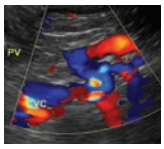

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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