



**PATIENT**

Stella Frazer

**PRESENTING CLINICAL SIGNS**

weight loss- diarrhea- vomiting- eating less-  
Abnormal PE/Chem/CBC/UA Results: LABS attached

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (3.5 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.

**AGE**

11 Years

The right kidney has a normal shape and size (3.9 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**

8 lb 15 oz.

**Adrenal Glands**

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.

**INTERPRETED BY**

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

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**

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

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.

**HOSPITAL NAME**

Pine Creek VC

**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.

**REFERRING VET**

Dr. Denny Nolet

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.

**INVOICE**

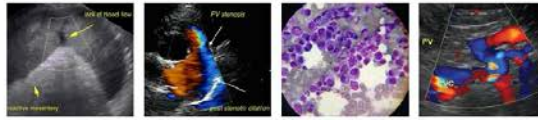
33366

**Gastrointestinal**

The stomach contains a large volume of luminal fluid. 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. There is the impression of possible reduced peristaltic activity. No masses or focal lesions were visualized.

**DATE**

12/8/21



**PATIENT**

Stella Frazer

Many of the visualized areas of duodenum and jejunum have a relatively uniform diameter with minimal to moderate fluid distension. Wall thickness in these areas generally appears normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Many areas of jejunum have a relatively normal thickness measuring 0.27, 0.24, 0.24 cm, but as the ileum approaches the ileocecal junction it becomes progressively thicker. The area of the ileocecal junction bowel is visualized measuring 0.5 cm with significant reduction in detail of layering and fluid distention.

**SPECIES**

Feline

**BREED**

DSH

The ileocecal junction is visualized and appears abnormal with thickened bowel (likely both ileum and colon) with fluid distention present. There is reduced detail of wall layering. Sections of colon are visualized with liquid fecal material and gas shadowing distally. No obstruction is noted.

**Pancreas**

**SEX**

Spayed Female

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**

**AGE**

11 Years

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant diffuse mesenteric lymphadenopathy present with lymph nodes measuring 0.75, 0.35, 0.45, and 0.72 cm. The omentum is of increased echogenicity around the thickened abnormal bowel.

**WEIGHT**

8 lb 15 oz.

**ULTRASONOGRAPHIC FINDINGS**

- Severe bowel thickening with reduced detail of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Moderate diffuse mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Severe gastric dilation – Most likely differentials would include delayed gastric emptying (ileus), or possible partial outflow tract obstruction (none clearly visualized) if adequately fasted.
- Hypoechoic prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr. Denny Nolet

**INVOICE**

33366

**DATE**

12/8/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is severe bowel thickening visualized, inflammation, and a lymphadenopathy surrounding the abnormal bowel along with what I suspect is a diffuse ileus. Primary differential would be infiltrative disease to the bowel. Ideally, recommend surgical biopsies of the bowel, colon, and mesenteric lymph nodes. Also consider evaluation of a GI panel to Texas A&M with qualitative fPLI, TLI, cobalamin and folate to look for evidence of bacterial overgrowth, B12 deficiency, etc. Additionally, some of the mesenteric lymph nodes may be large enough for a fine needle aspirate.



**PATIENT**

Stella Frazer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

8 lb 15 oz.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

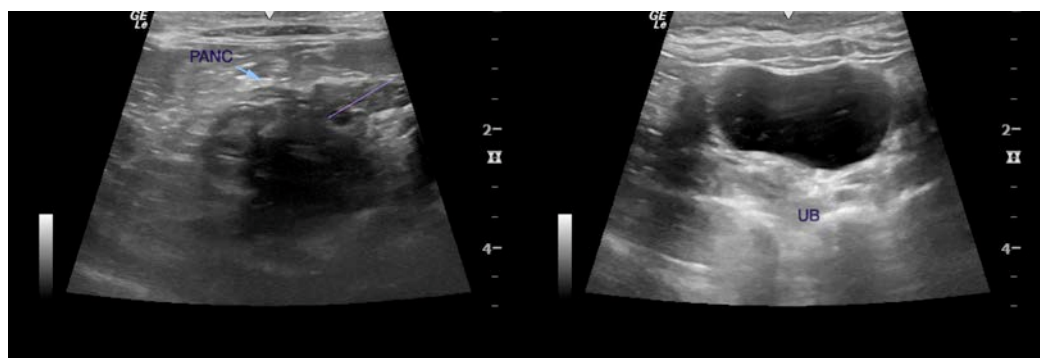
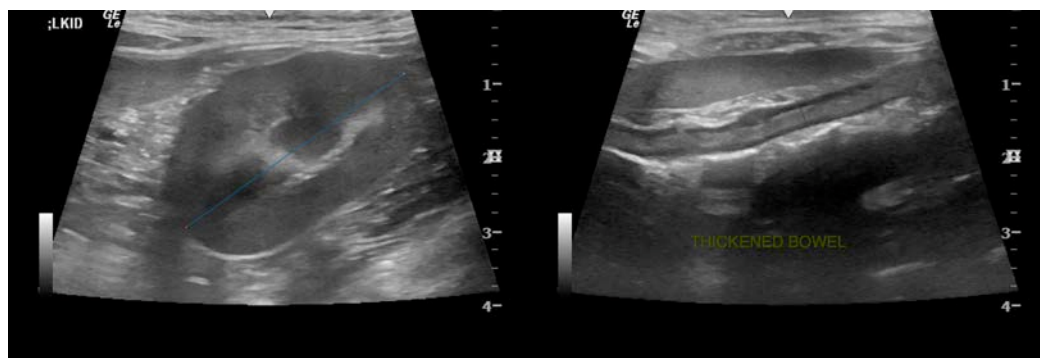
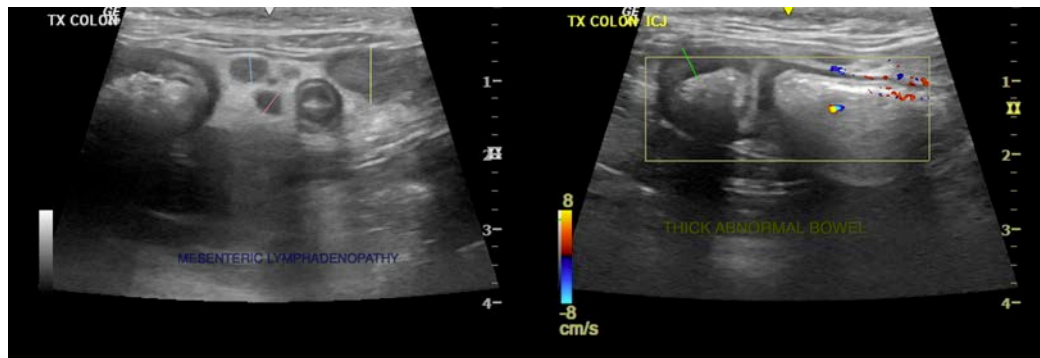
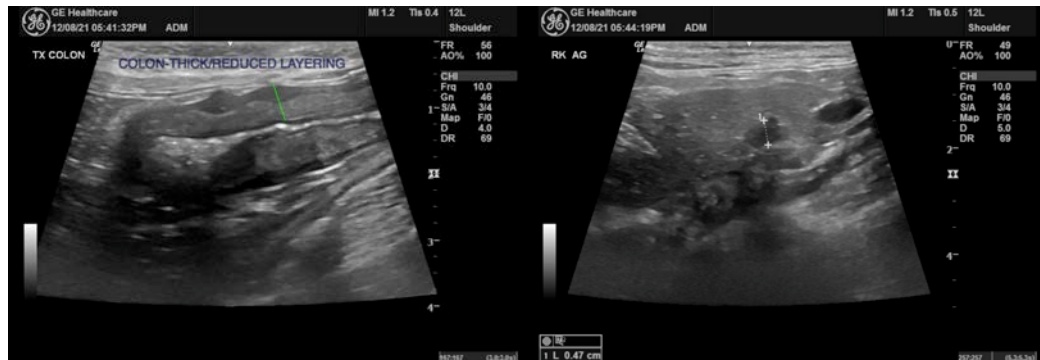
Dr. Denny Nolet

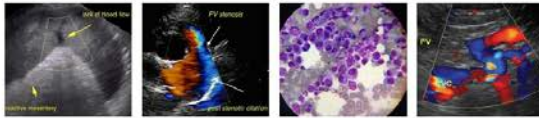
**INVOICE**

33366

**DATE**

12/8/21





**PATIENT**

Stella Frazer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

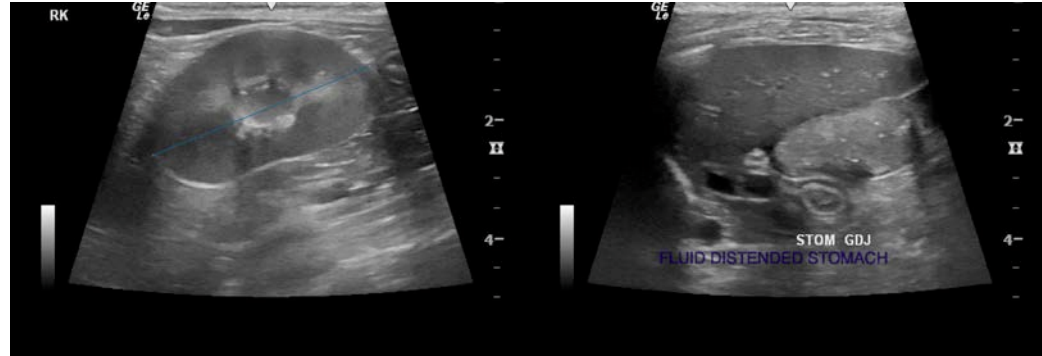
Spayed Female

**AGE**

11 Years

**WEIGHT**

8 lb 15 oz.



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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr. Denny Nolet

**INVOICE**

33366

**DATE**

12/8/21