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**DATE PRESENTING CLINICAL SIGNS**

12/9/21 History: Chronic ALP elevation, high cardio pro bnp.  
Lab Results: Chronic ALP elevation, high cardio pro bnp. Attached separately.  
**PATIENT** Radiographs: Attached separately for ancillary information.  
Caylee Quasney Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Oral Gabapentin and Trazodone.  
Stat Report: Not requested.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

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.

DSH

**SEX**

The left kidney has a normal shape and size (3.15 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.

Spayed Female

**AGE**

The right kidney has a normal shape and size (3.42 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.

9/17/08

**WEIGHT**

12 Pounds

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.34 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.

**INTERPRETED BY**

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

The right adrenal gland is normal in size measuring 0.42 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.

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**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.

Rachel Brillhart RDMS

**HOSPITAL NAME**

**Liver**

The liver is large in size, and mildly hyperechoic. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

Happy Tails VH

**REFERRING VET**

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.

Dr. Calpeno

**INVOICE**

**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.

33380

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 measures 0.31, 0.25 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 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.

### ***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 generally of normal echogenicity, but appears slightly increased in the area around the ileocecal junction.

## **ULTRASONOGRAPHIC FINDINGS**

- Large, mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

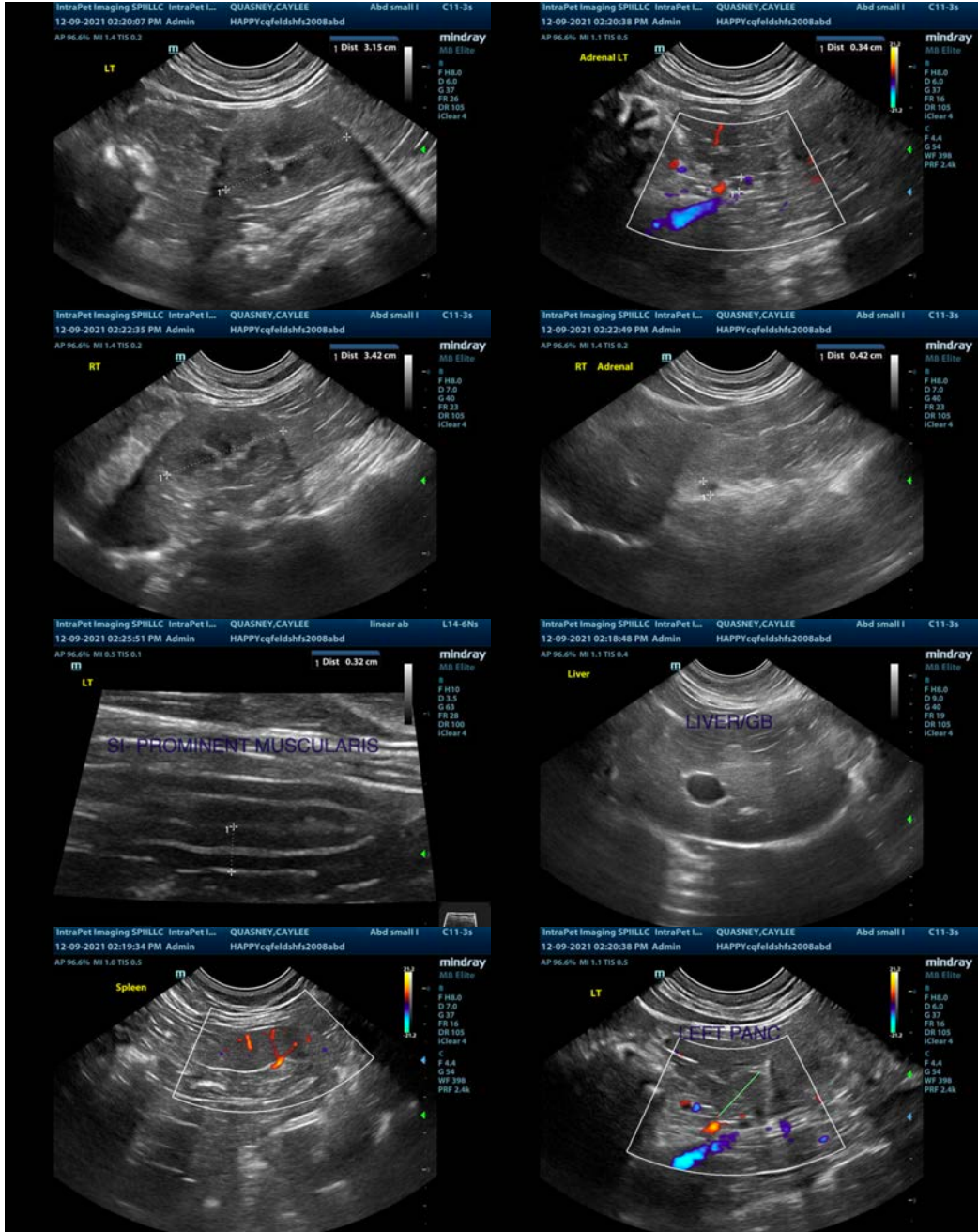
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions were observed in the liver or gallbladder to explain the elevation in ALP reported. This is a relatively mild elevation, but in general any ALP elevation in a cat is considered significant.

- Consider pre- and post-prandial bile acids to assess liver function.
- If liver function is abnormal, or the cat is not feeling well/losing weight, you could consider a fine needle aspirate of the liver.

Additionally, the muscularis layer to the small intestine is prominent. This can be an incidental finding in some older cats, but it can also represent inflammatory disease. The pancreas is also prominent. If this patient has GI signs, is losing weight, etc., then you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine, as there could be a low-grade IBD, pancreatitis/Triaditis issue occurring.

If this is an asymptomatic cat with a very mild ALP elevation and normal bile acids, you likely could monitor this closely and progress through more diagnostics if things change.





**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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