

**DATE PRESENTING CLINICAL SIGNS**

2/10/22 History: Continued weight loss in spite of seemingly outwardly normal appetite. Palpated possible abdominal mass (vs aggregation of tissues) in ventrocranial abdomen in October. Not currently palpable.  
**PATIENT** Previous history of vomiting but no vomiting currently.

Mamie Donato Lab Results: WNL. Attached separately.  
 Radiographs: Attached separately.

**SPECIES** Date of Previous IntraPet Ultrasound: 2-17-21.  
 Feline Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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 small, measuring 1.2 cm with abnormal architecture, most consistent with significant renal atrophy or agenesis.

**AGE**

12/19/10

The right kidney is normal in size at 3.94 cm. It is somewhat irregular in shape and appearance, in that there is an approximately 1.0 cm hypoechoic and mildly cystic lesion in the cranial pole of the kidney, most consistent with a cystic lesion/previous infarct.

**WEIGHT**

8.37 Pounds

**Adrenal Glands**

The left adrenal gland is normal/borderline large in size measuring 0.51 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 0.41 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.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**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.

**HOSPITAL NAME**

Belvedere Vet Center

**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. Moulder

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**

35595

**Gastrointestinal**

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of

rugul folds. The distinction of the gastric wall layering 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 0.18 cm. Duodenum wall measured 0.24 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 mottled 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***

No significant effusion seen. Occasional prominent mesenteric lymph nodes are visualized measuring 0.42 cm and 0.35 cm. The omentum is generally of normal echogenicity.

## **PRIMARY FINDINGS**

- Small, abnormal left kidney – most consistent with atrophy or agenesis
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Normal sized right kidney with a 1.0 cm cystic lesion and possible previous infarct – Significant of these lesions is unclear, but are likely age related and benign.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **SECONDARY FINDINGS**

- Prominent adrenal glands – The significance of this is currently unclear. Recommend continued monitoring.

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

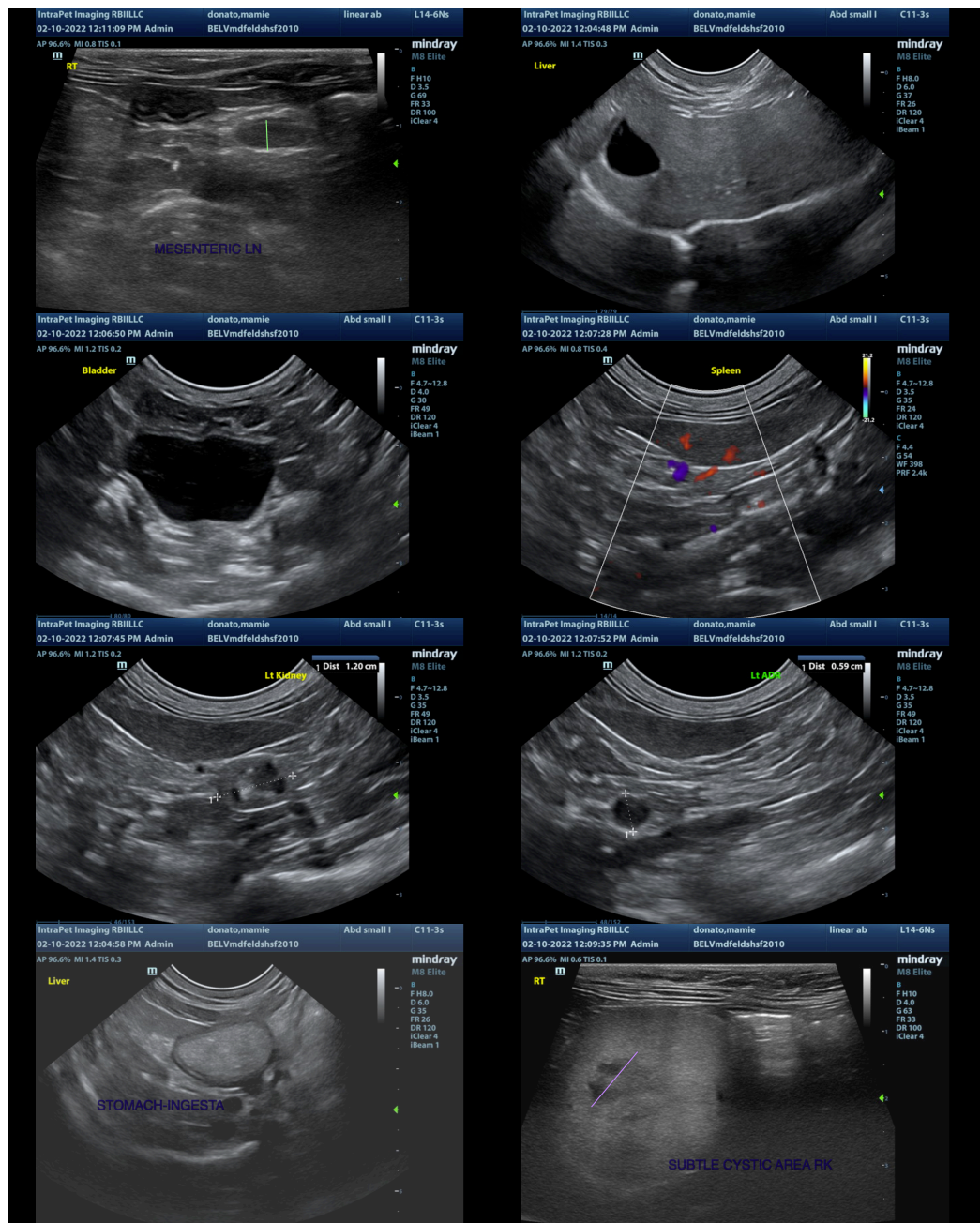
The most significant lesions observed are the changes in the kidneys. The left kidney is small and atypical, and the right kidney is larger with an atypical, somewhat cystic lesion. I suspect this a benign lesion, but continued monitoring is warranted for progression. Recommend:

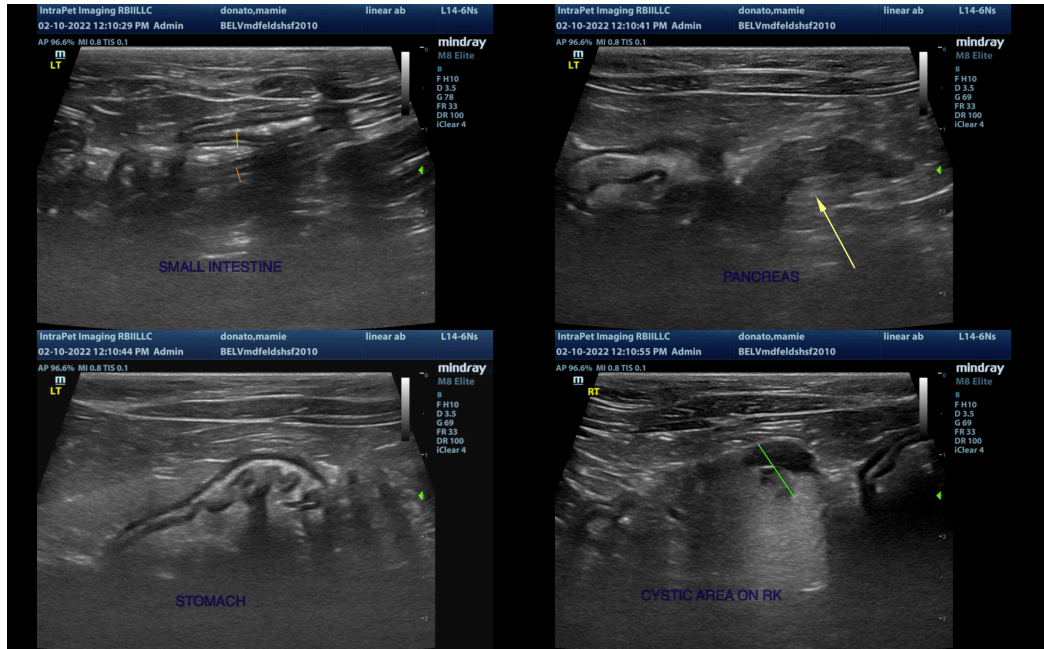
- Urinalysis and culture
- Recommend blood pressure evaluation

The pancreas is prominent and hypoechoic as compared to surrounding mesentery. It does not appear overtly inflamed, but consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. While no significant small intestinal lesions are observed, there is still the possibility of underlying small intestinal disease. If the GI panel is abnormal, you could consider trying a novel protein/hydrolyzed protein prescription diet, probiotic therapy, and even GI

biopsies if other disease processes are not identified.

Recommend 3-view thoracic radiographs to rule out concurrent intrathoracic disease.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

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