



**PATIENT PRESENTING CLINICAL SIGNS**

Smokey Cooney

History of IBD and lifelong grade 2/6 heart murmur unchanged. Recently not eating well, seems nauseated. Had a small bite of breakfast this am before the ultrasound. Has been on Prednisolone 2.5mg daily and Cerenia 4mg EOD, Zylkene and Fortiflora.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Sp. Grav first AM 1.033, MCH 17.1(12.6-16.5), Monocytes high, Platelets low(moderate clumping on sample) Glucose 13.3(4.0-9.7) Potassium 3.3(3.7-5.2) Na:K ratio high, Creatine Kinase 501(64-440), spec fPL normal, T4 normal.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

16 Years

The left kidney has a normal shape and size (3.78 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

9 Pounds

The right kidney has a normal shape and size (3.88 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Crystal Hill

The left adrenal gland is normal 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.

**HOSPITAL NAME**

Beamsville AH

The right adrenal gland is normal in size measuring 0.37 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.

**REFERRING VET**

**Spleen**

Dr. Laura

The spleen is subjectively normal in size (0.69 cm), 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.

**INVOICE**

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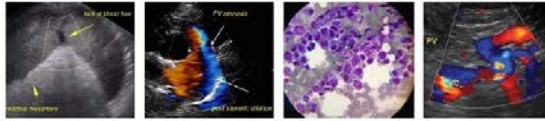
**Liver**

**DATE**

2/21/23

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



**PATIENT**

***Gastrointestinal***

Smokey Cooney

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.

**SPECIES**

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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 measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

DSH

**SEX**

Spayed Female

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.

**AGE**

16 Years

***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. Prominent pancreatic duct noted.

**WEIGHT**

9 Pounds

***Free Abdomen***

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

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.

**IMAGING PERFORMED BY**

Crystal Hill

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic, prominent pancreas with prominent pancreatic duct – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

**HOSPITAL NAME**

Beamsville AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively normal. No focal lesions are visualized associated with the gastrointestinal tract. While the GI tract does not appear overtly thickened, there is possibly some subjective reduction in detail of wall layering and mild to moderate fluid distention in some areas, possibly consistent with enteritis.

**REFERRING VET**

Dr. Laura

Additionally, the pancreas is somewhat prominent and hypoechoic, but there is not a significant amount of inflammation surrounding. This could be consistent with mild pancreatic inflammation or previous episodes of pancreatic inflammation. Correlate with a quantitative PLI level and consider treatment for pancreatitis/gastroenteritis. There is also the possibility of IBD progressing and worsening. Consider the following (if not already done):

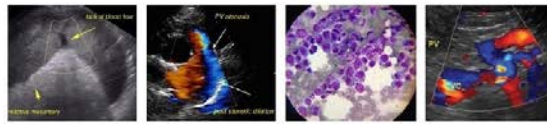
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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease. If this has already been done but not current, recommend repeating this.
- Recommend probiotic therapy.



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**IMAGING  
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**HOSPITAL NAME**

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Dr. Laura

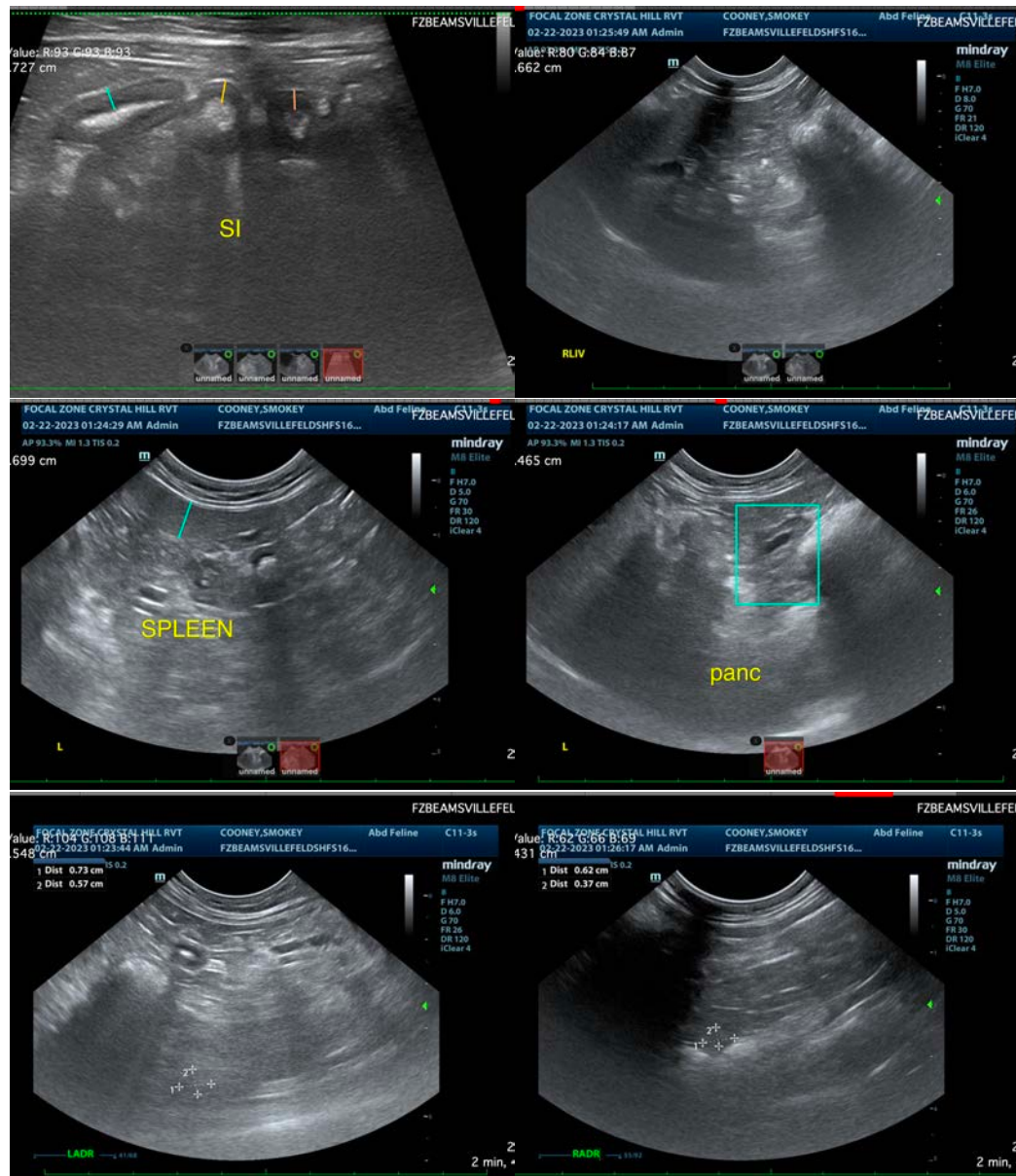
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- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.
- If symptoms are persisting and there is no response to symptomatic therapy (nausea medication, appetite stimulants, etc.) then options would include obtaining GI biopsies or considering an increase in the Prednisolone dose with the knowledge that it may make additional diagnostics difficult to interpret.





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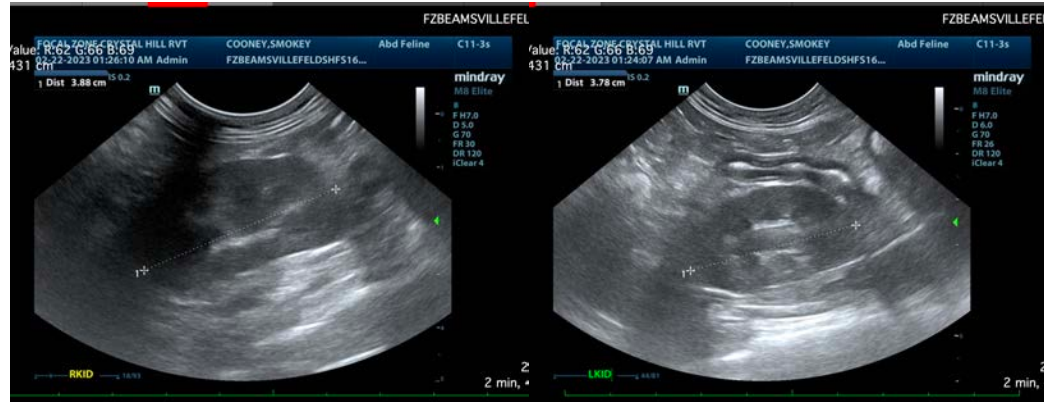
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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