

**DATE PRESENTING CLINICAL SIGNS**

2/24/2023 2-24-23 – Abbey Animal Hospital – Dr. Kluttz.  
Josie Heisey Feline DSH 5.9lbs FS 9/6/2021.

**PATIENT**

Josie Heisey Chronic weight loss, decreased appetite, decreased activity over the past month. Becoming more fractious.  
Has lost 30% on body weight in one month. On physical exam =NSF. BW=NSF. Radiograph= NSF.

**SPECIES**

Feline

Current Medications: B12 injection.  
Lab Results: See attached.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Gas anesthesia via induction box & mask.  
Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

9/6/2021

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.

**WEIGHT**

5.9lbs

The left kidney has a normal shape and size (3.38 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)

The right kidney has a normal shape and size (3.13 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.

**HOSPITAL NAME**

Abbey Animal Hospital

**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.

**REFERRING VET**

Dr. Kluttz

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**INVOICE**

10072

**Spleen**

The spleen is subjectively normal measuring 0.60 cm in width at the level of the hilus, 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.

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.

### ***Gastrointestinal***

The stomach contains mild luminal contents. The gastric wall measures at 0.50 cm. 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 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. The jejunum measured 0.24 cm in diameter. Visualized peristalsis appears appropriate. The proximal duodenum appears somewhat fluid dilated with intraluminal shadowing material and a thickened wall which has slightly reduced layering. In this region the duodenum wall measures at 0.53 cm and the irregularity encompasses approximately 2.9 cm of duodenum. Findings are most consistent with focal enteritis, possibly secondary to ingested foreign material +/- infiltrative disease.

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, there are prominent mesenteric lymph nodes visualized measuring 0.68 cm and 0.65 cm. Additionally, at the root of the mesentery there is a lymph node measuring 0.72 cm. The omentum is hyperechoic around the thickened duodenum and enlarged lymph nodes.

### **PRIMARY FINDINGS**

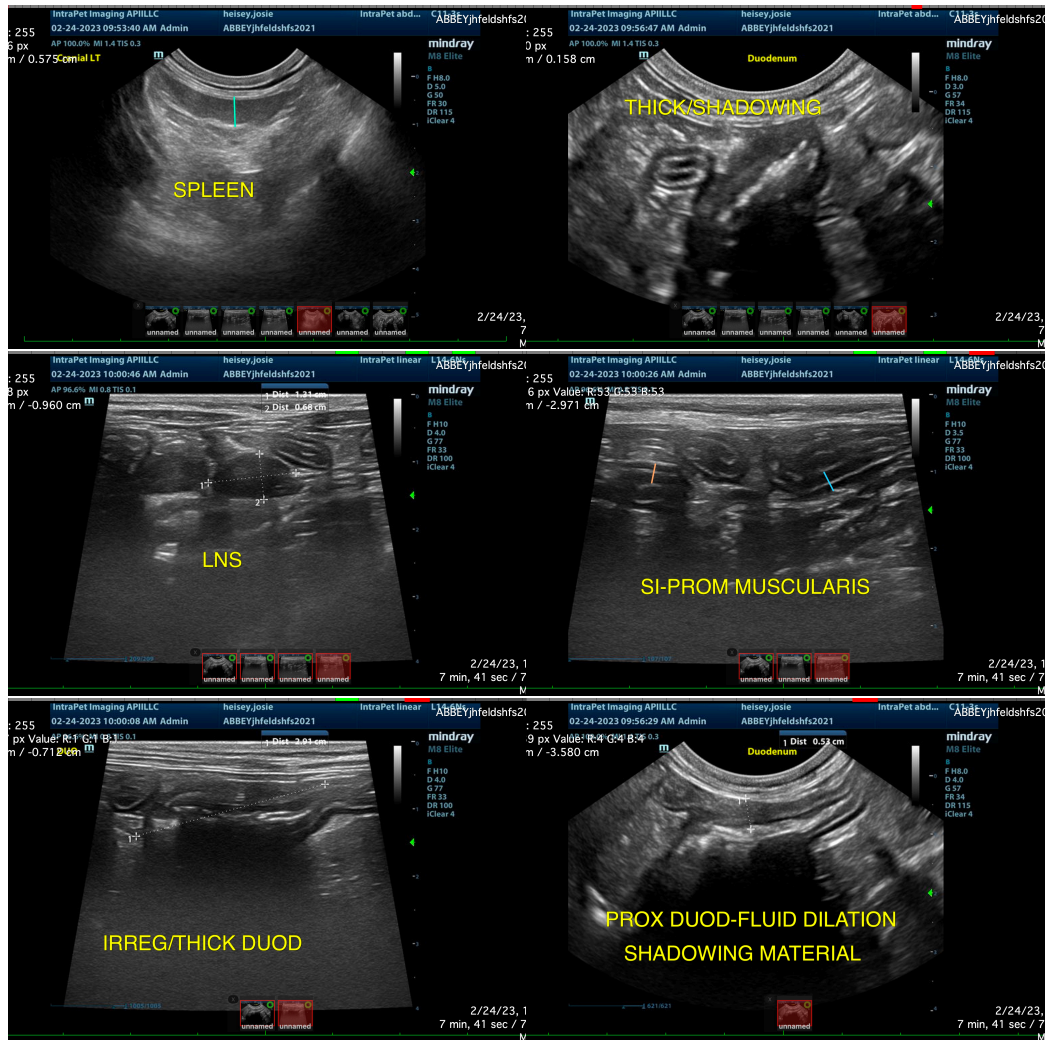
- Prominent hypoechoic pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Focally distended proximal duodenum with intraluminal shadowing material and a thickened wall with reduced wall layering. Findings are most consistent with severe focal enteritis, secondary to intraluminal foreign material +/- primary infiltrative disease.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

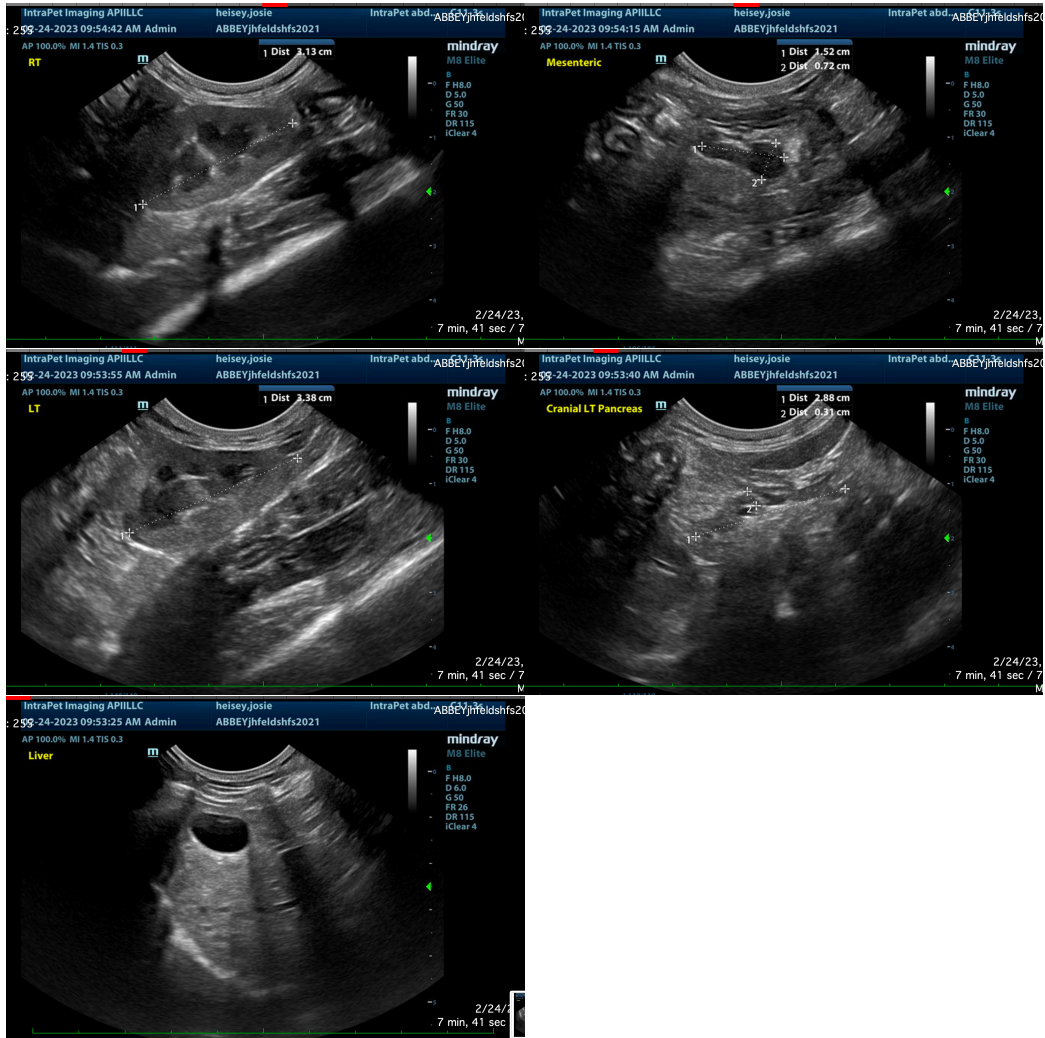
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The proximal duodenum appears somewhat distended with fluid and intraluminal shadowing material. There is a small amount of fluid in the stomach, an overt complete obstruction is not observed but possibly

a partial obstruction is suspected. The duodenal wall appears thickened with reduced detail wall layering, this could be due to severe inflammation or infiltrative disease, such as round cell neoplasia etc. Options moving forward would include medical management, with close monitoring of this region. To determine if the foreign material is passing and the bowel thickening is resolving or surgical evaluation to investigate/possibly remove the foreign material and biopsy the small intestine +/- mesenteric lymph nodes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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