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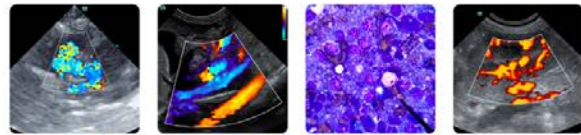

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Zsa Zsa Tully

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield Animal Hospital

REFERRING VET

Dr. Hull

INVOICE

72756

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Vomiting. Decreased appetite. Assess for neoplasia. PR wnl

Current Meds: Famotidine; Mirataz; (Gabapentin for scan)

Abnormal PE/Chem/CBC/UA Results: Well granulated mast cells in circulation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (3.39 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.

The right kidney has a normal shape and size (3.52 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

The right adrenal gland is normal in size measuring 0.38 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

The spleen is large with scalloped margins, measuring 1.64 cm. The spleen echotexture is mildly mottled. 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder appears slightly hyperechoic and prominent. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible. The distal bile duct appears dilated at the level of the duodenal papilla, measuring at 0.28 cm in diameter.

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Gastrointestinal

The stomach contains moderate fluid and ingesta. 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. In some views the pylorus appears prominent/mildly thickened, measuring at 0.59 cm.

The visualized areas of jejunum and ileum have a uniform diameter with mild to moderate fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. The proximal duodenum appears severely thickened and irregular with reduced detail/loss of layering measuring at 0.61 cm in thickness. The duodenal papilla is very large, hypoechoic and prominent, measuring 1.27 cm in diameter, with a focal mineralization measuring 0.67 cm. The duodenum wall measures 0.61 cm. Jejunum wall measures 0.34 cm. There is diffuse thickening of the small intestine with some areas exhibiting reduced detail of wall layering.

Sections of colon are visualized with non-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

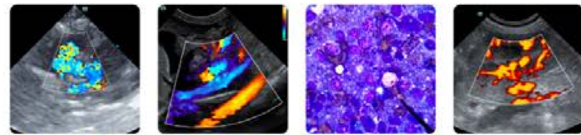
There is scant free fluid noted. No significant lymphadenopathy. The omentum is diffusely hyperechoic.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Large, scalloped, mildly mottled spleen – Given the history provided, recommend a fine needle aspirate, as there could be concern for mast cell disease/round cell neoplasia.
- Bilateral pancreatic changes consistent with mild pancreatitis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Fluid/ingesta distended stomach with a thickened pylorus – Findings are suggestive of a partial obstructive process secondary to duodenal disease. Ileus is possible. The changes in the pylorus could represent inflammatory disease or early neoplastic change.
- Diffusely fluid distended/thickened small intestine with some areas exhibiting reduced detail of wall layering – Findings are concerning for severe inflammatory or early neoplastic change.



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- Severely irregular, thickened duodenum with reduced detail of wall layering and an enlarged abnormal duodenal papilla – Findings are most consistent with infiltrative disease to the small intestine. Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal duodenum appears severely thickened and hypoechoic with reduced detail of wall layering. I suspect this is causing a partial obstruction, as the stomach is somewhat distended with fluid. Recommend a fine needle aspirate of the duodenum to further evaluate. The region of the duodenal papilla is involved, and the duodenal papilla appears large and abnormal with a focal mineralization. Prominent distal bile duct is visualized in this region.

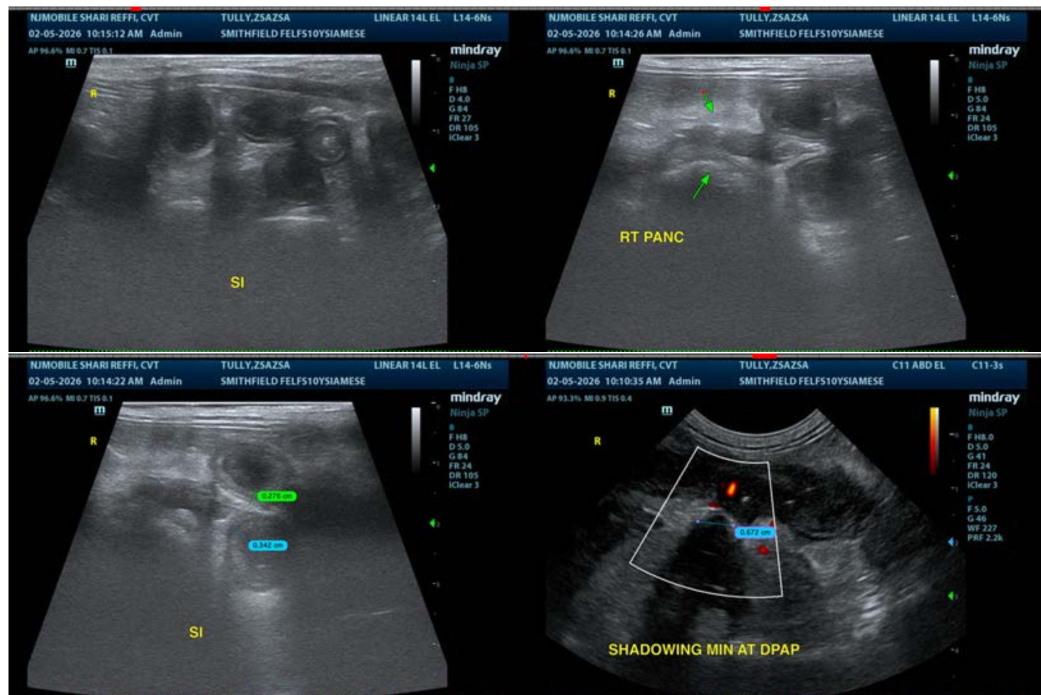
The spleen is large, scalloped, and mildly mottled. Recommend a fine needle aspirate to further assess.

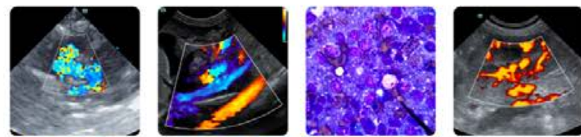
The small intestine is diffusely abnormal with moderate fluid distention, thickening, and some areas exhibit reduced detail of wall layering.

The pancreas is prominent and hypoechoic in both limbs, most consistent with mild pancreatitis.

The liver appears mildly heterogeneous. This may be an incidental finding, but if a diagnosis cannot be obtained based on aspirate of the spleen and duodenum, liver aspirates could be considered.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis. Based on the appearance of today's scan, surgical options would be limited.





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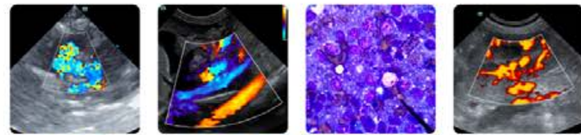

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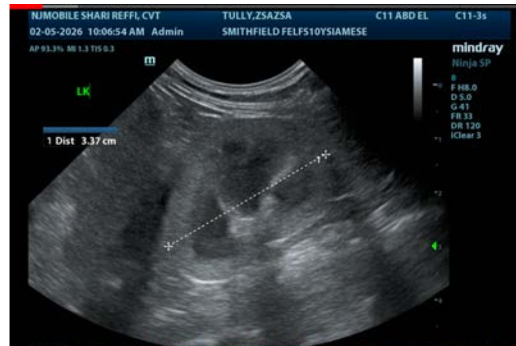

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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