



**DATE PRESENTING CLINICAL SIGNS**

2/6/26

Patient History: Maybelline is a friendly feral who presented for having very loose stools, sounds more small bowel but may be mixed bowel, and is losing weight. She has a 2-3/6 holosystolic murmur and prior to the 100mg gabapentin given she had a grade 4/6 holosystolic murmur with an arrhythmia. Bloodwork is pending.

**PATIENT**

Maybelline Warble

**SPECIES**

Feline

Current Medications: 100mg gabapentin given at 11:30am today  
Labwork Results: Labwork not attached, reported as pending.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Torbugesic.  
Stat Report: Not requested.  
Imaging Performed by: Stephanie Warga RDCS, RVT.

**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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

1/1/2015

The left kidney has a normal shape and size (3.61 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.

**WEIGHT**

7 Pounds

The right 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 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**

The left adrenal gland is normal in size measuring 0.44 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**

Cat Sense Feline  
Hospital

The right adrenal gland is normal in size measuring 0.4 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**

Dr. Sinclair

**Spleen**

The spleen is subjectively normal in size (0.8 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**

35729

**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 gall bladder 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.

### ***Gastrointestinal***

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. The duodenum measured 0.37 cm in diameter, and the jejunum measured 0.22 cm in diameter. Visualized peristalsis appears appropriate. There is a generally “ropey” appearance to the small intestine with some areas exhibiting segmental thickening of the muscularis layer with wall measurements up to 0.28 cm.

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. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2 - 0.47 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 distended with non-formed fecal material and gas shadowing distally. The transverse colon wall is prominent, measuring 0.31 cm, with intact layering and a prominent submucosal layer.

### ***Pancreas***

The pancreas is prominent and hypoechoic in the right limb 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 no free fluid. There is a mild diffuse lymphadenopathy with larger hypoechoic lymph nodes near the colon (at the ileocecal junction, measuring 0.68 cm and 0.54 cm in the transverse and at the descending colon, measuring 0.89 cm x 1.42 cm). Additionally, there are clusters of prominent mesenteric lymph nodes, examples measure 0.57 cm and 0.71 cm. The omentum is mildly hyperechoic around some of the prominent lymph nodes.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Segmental thickening of the muscularis layer of 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.

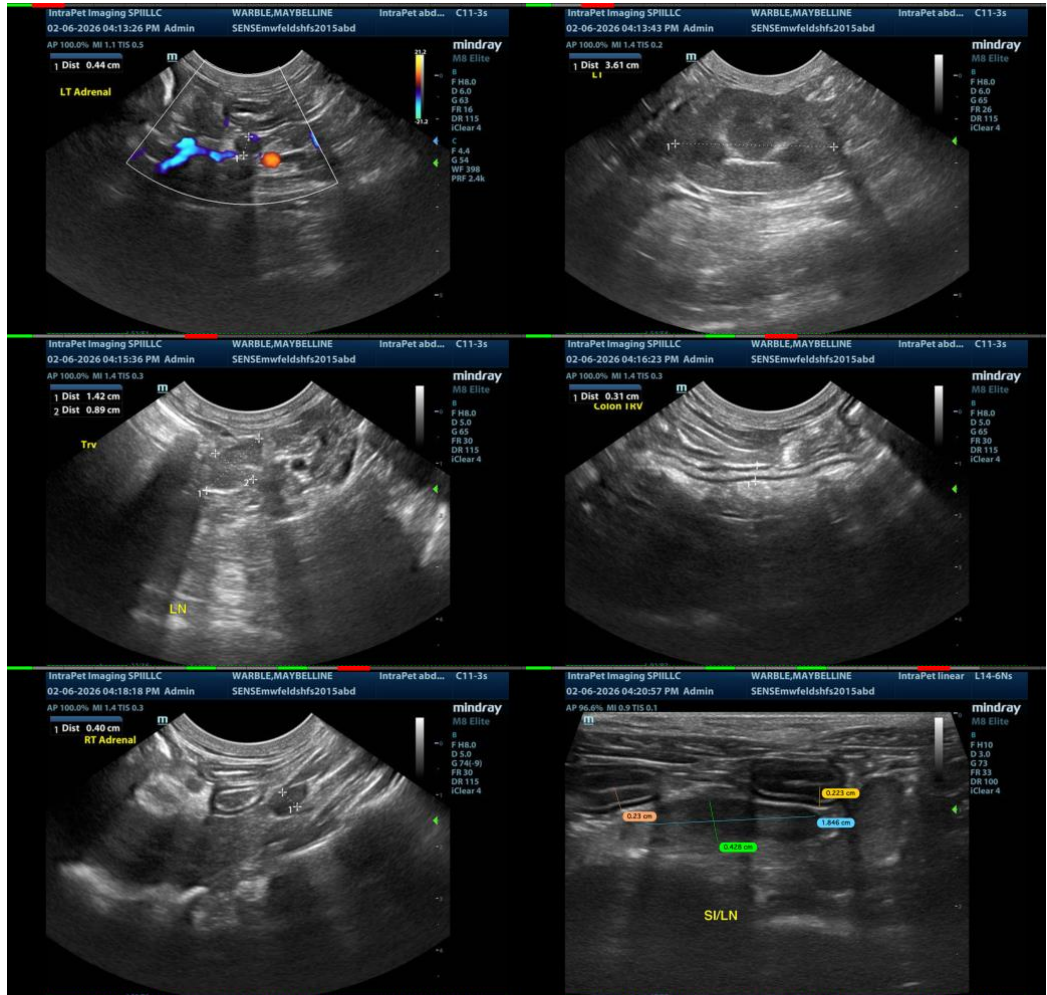
- Thickened transverse colon with intact wall layering- Findings are suggestive of colitis/inflammatory change.
- Mild to moderate mesenteric lymphadenopathy with prominent lymph nodes in regions of the colon- Findings are most consistent with highly reactive lymph nodes, although early neoplastic change cannot be ruled out.

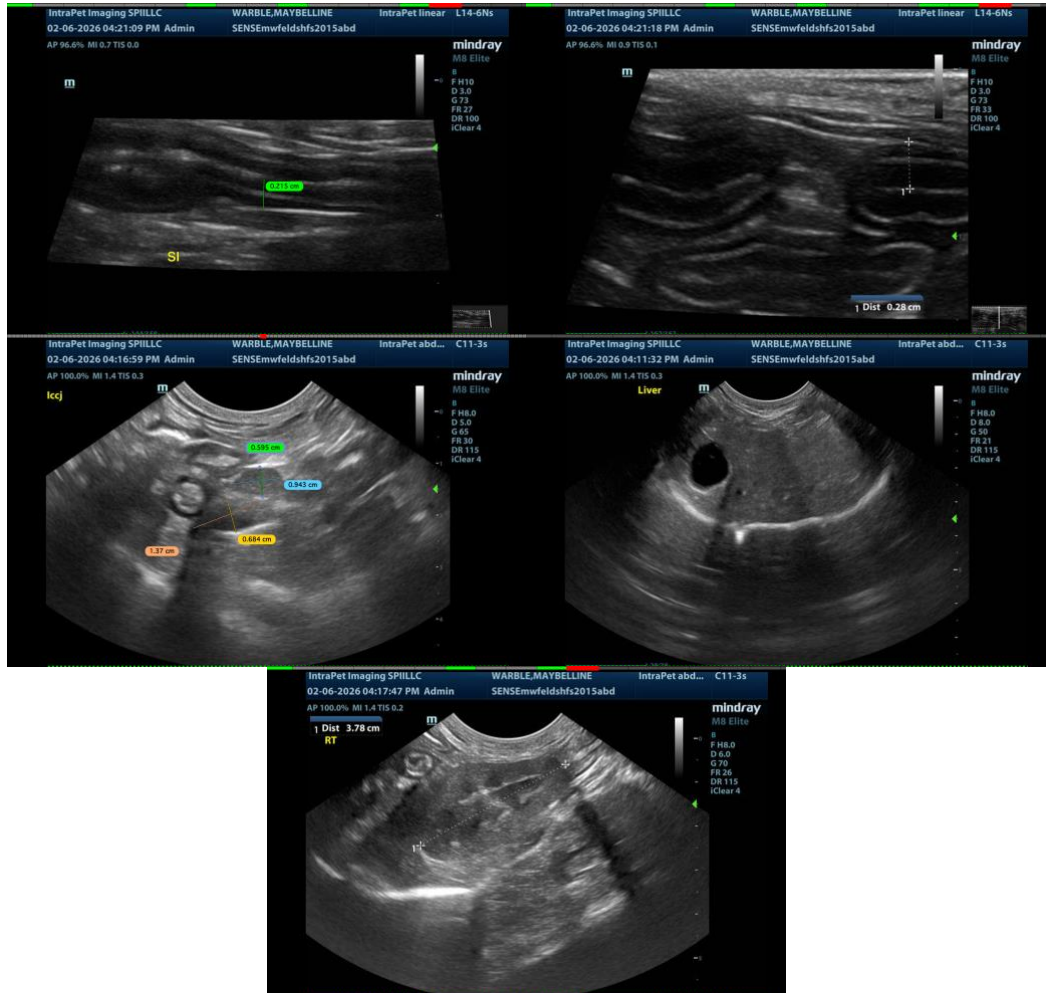
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is segmental thickening of the small intestine with some areas exhibiting a prominent muscularis layer. These changes are most consistent with inflammatory change, although transitioning early neoplastic change cannot be ruled out. Additionally, the transverse colon appears somewhat thickened and there is a mild to moderate generalized lymphadenopathy in the region. If possible, consider the following:

- 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.
- Recommend chronic probiotic therapy
- Recommend empirical deworming and parasite screening
- Consider an infectious diarrhea panel

If symptoms are persistent despite a dietary change or empirical therapy, then biopsies of the GI tract +/- sampling of the lymph nodes (fine needle aspirate or surgical biopsy may be warranted).





**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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