



DATE PRESENTING CLINICAL SIGNS

2/6/26

Patient History: Mike presented for some very stertorous breathing (owner described as he sounds like he is breathing under water) with no nasal discharge that had started about 3 days prior. On PE he had stertorous breathing that was so loud the heart was unable to be heard. Radiographs were taken of his skull and thorax and there were several abnormalities noted. He had increased bronchial markings in his thorax and also cardiomegaly. Hepatomegaly and a possibly thickened stomach wall were also noted. Bloodwork showed only a globulinemia and decreased albumin:globulin ratio.

PATIENT

Mike Stettes

SPECIES

Feline

Current Medications: None currently.
Labwork Results: Diagnostics attached, reported as: Globulin=6.8, Alb:glob=0.3
Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SEX

Neutered Male

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

7/1/14

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.

WEIGHT

9 Pounds

The left kidney has a normal shape and size (3.87 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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
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ACVIM (Small animal
Internal Medicine)

The right kidney has a normal shape and size (4.17 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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

Cat Sense Feline
Hospital and Boarding,
Inc.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

REFERRING VET

Dr. Sinclair

Spleen

INVOICE

35737

The spleen is subjectively normal in size (0.9 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.

Liver

The liver is subjectively large and somewhat rounded. 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 stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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.

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 0.32 cm in diameter and the jejunum measured 0.23 cm in diameter. 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 hypoechoic in both limbs (left is greater than right) as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. The pancreatic duct is prominent. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is no free fluid. There is a cluster of prominent mesenteric lymph nodes visualized around the ileocecal junction, examples measure 0.49 cm and 0.69 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Subjectively large rounded liver- Findings could be consistent with anatomic variation, congestion, infiltration (fat and neoplastic cells), inflammatory or infectious conditions.

- Diffusely ropey small intestine with prominent muscularis layer- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent and hypoechoic mesenteric lymph. Nodes- Findings are most consistent with severely reactive lymph nodes, although an early neoplastic process cannot be ruled out.

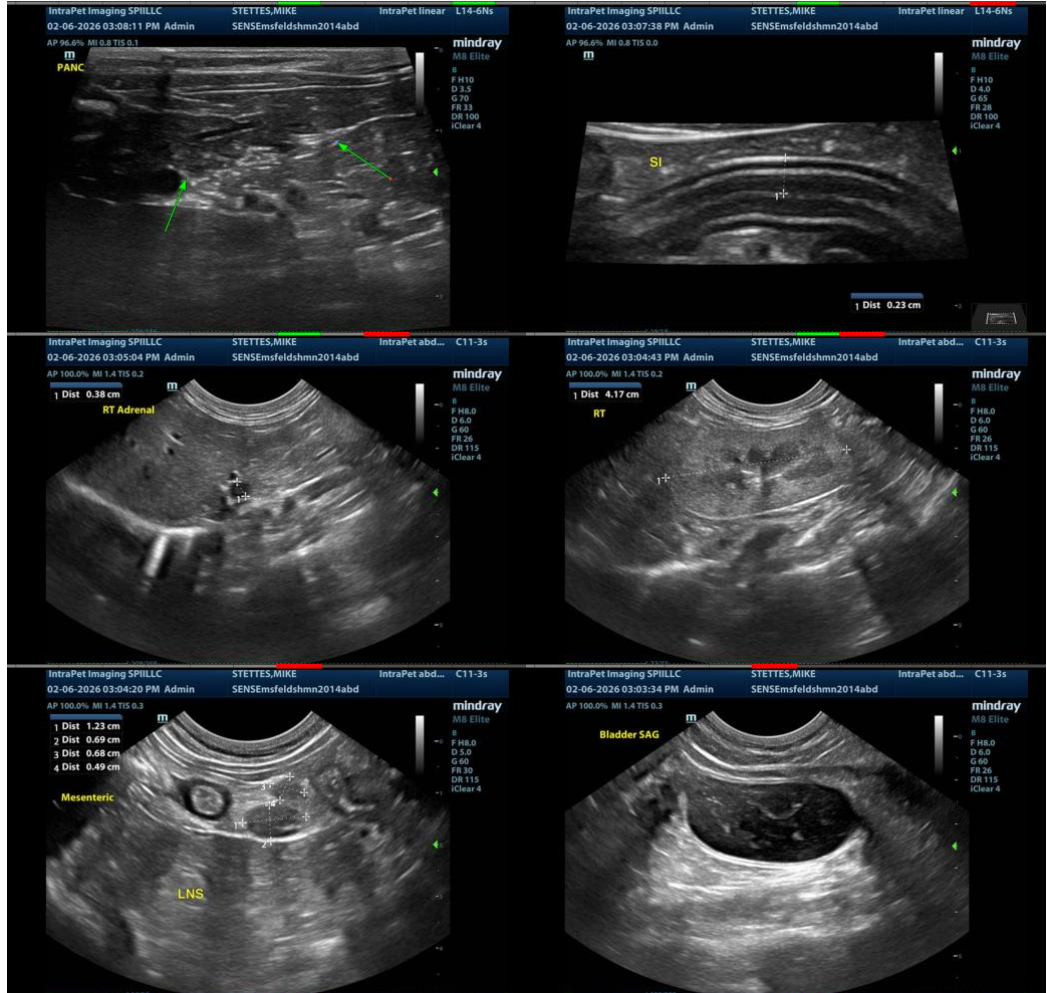
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

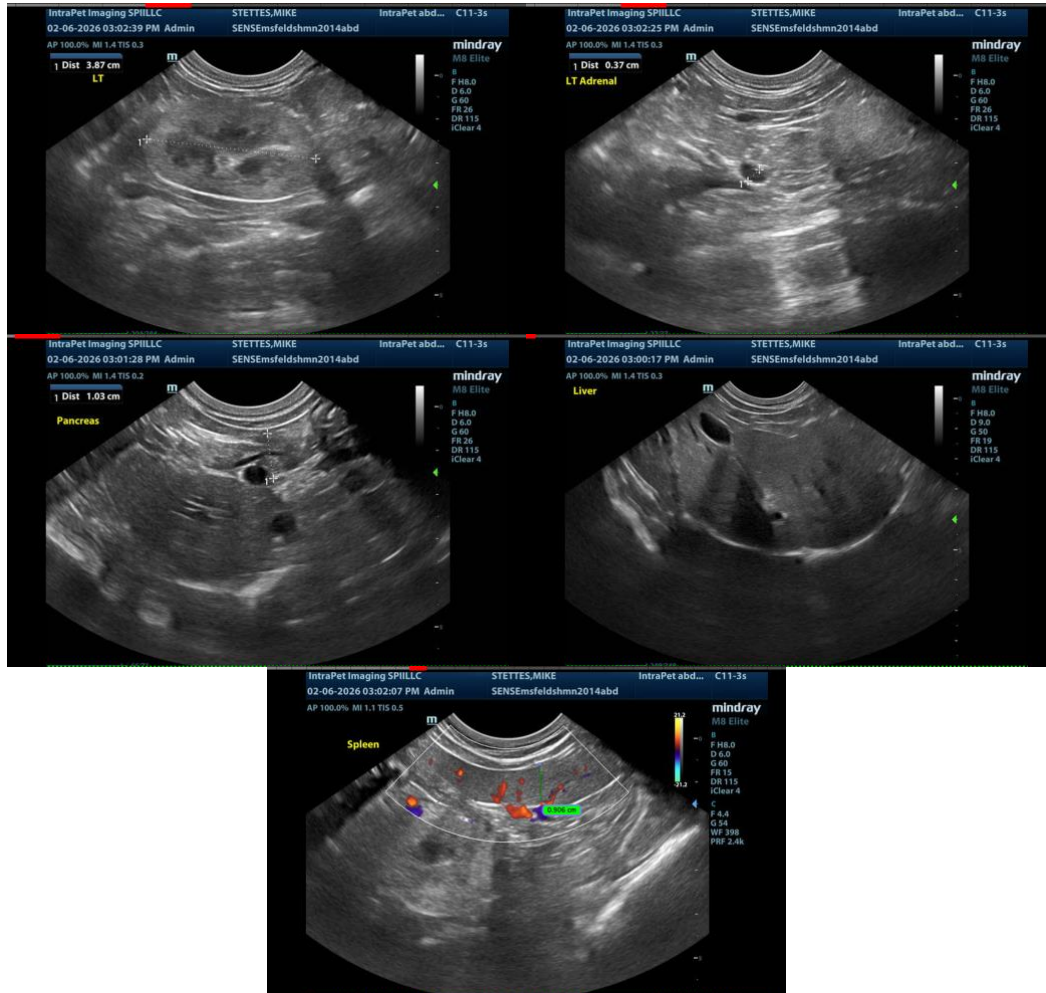
No large focal mass lesions are visualized to associate with the upper respiratory symptoms reported. There are some mild changes visualized associated with the small intestine suggestive of an inflammatory type process and some prominent lymph nodes. The significance of this in the absence of underlying gastrointestinal symptoms is uncertain. If a safe window for sampling is available for one of the larger lymph nodes, a fine needle aspirate could be considered. You could consider initial empirical treatment for IBD with a novel protein diet.

The pancreas is prominent and hypoechoic with no focal nodules or mass lesions. Findings are suggestive of pancreatic remodeling. If there are concerns for active pancreatitis, PLI level could be considered an empirical therapy could be considered.

The liver is somewhat rounded. No focal lesions are visualized. If there is significant concern for infiltrative disease, or primary hepatopathy based on lab results, a fine needle aspirate could be considered (provided coagulation parameters are normal).

Consider an upper airway exam +/- a CT scan, looking for evidence of laryngeal dysfunction, a mass, polyp, etc.





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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