



PATIENT PRESENTING CLINICAL SIGNS

Birdie Edwards
Chronic vomiting. Once per week last year and then decreased to about once per month. Vomited once between December 22, 2021 and 1/31/2022. Gained 1# from December to January. No change in vomiting since visit 1/31/2022.

SPECIES
Abnormal PE/Chem/CBC/UA Results: 12/23/2021 Total protein low 5 Albumin low normal 2.5

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DMH
The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

SEX

Spayed Female
The left kidney has a normal shape and size (3.96 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.

AGE

5 Years

The right kidney has a normal shape and size (4.41 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

10 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Lucas Budden

Spleen

The spleen is subjectively normal in size, 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.

HOSPITAL NAME

Frontier Vet Hospital

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.

REFERRING VET

Dr. Lucas Budden

The gallbladder 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.

INVOICE

35506

Gastrointestinal

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.

DATE

2/8/22



PATIENT

Birdie Edwards

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. Duodenum wall measured 0.28 cm. Jejunum wall measured 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

BREED

DMH

Pancreas

The pancreas is prominent and mottled 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.

SEX

Spayed Female

Free Abdomen

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.

AGE

5 Years

PRIMARY FINDINGS

WEIGHT

10 Pounds

- Prominent muscularis layer to 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.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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SECONDARY FINDINGS

- Mildly echogenic urine in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronic vomiting, I suspect primary GI disease is the most likely reason for the low albumin reported (protein losing enteropathy), but recommend confirmation that there is not additional issues going on.

HOSPITAL NAME

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- Recommend urine protein/creatinine ratio.
- Recommend liver function test to rule out liver disease as a source of the hypoalbuminemia.
- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the small intestine and pancreatic changes observed.

REFERRING VET

Dr. Lucas Budden

If these other sources for possible protein loss are excluded, then primary GI disease is most likely. If the low albumin levels are repeatable, I would recommend obtaining GI biopsies. Therapeutically, you could consider:

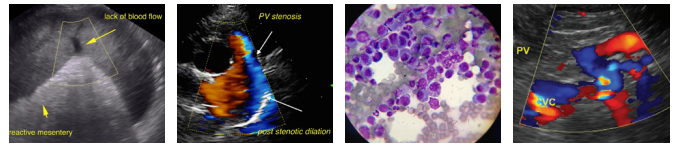
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- Novel protein/hydrolyzed protein prescription diet.
- Chronic probiotic therapy.
- Testing for GI parasites and empirical treatment.
- Scrutinizing bloodwork for any supportive evidence of possible Addison's disease +/- testing.

DATE

2/8/22



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- Recommend 3-view thoracic radiographs to look for any evidence of concurrent intrathoracic disease.

Ideally, the results of GI biopsies would help to specifically guide future therapy.

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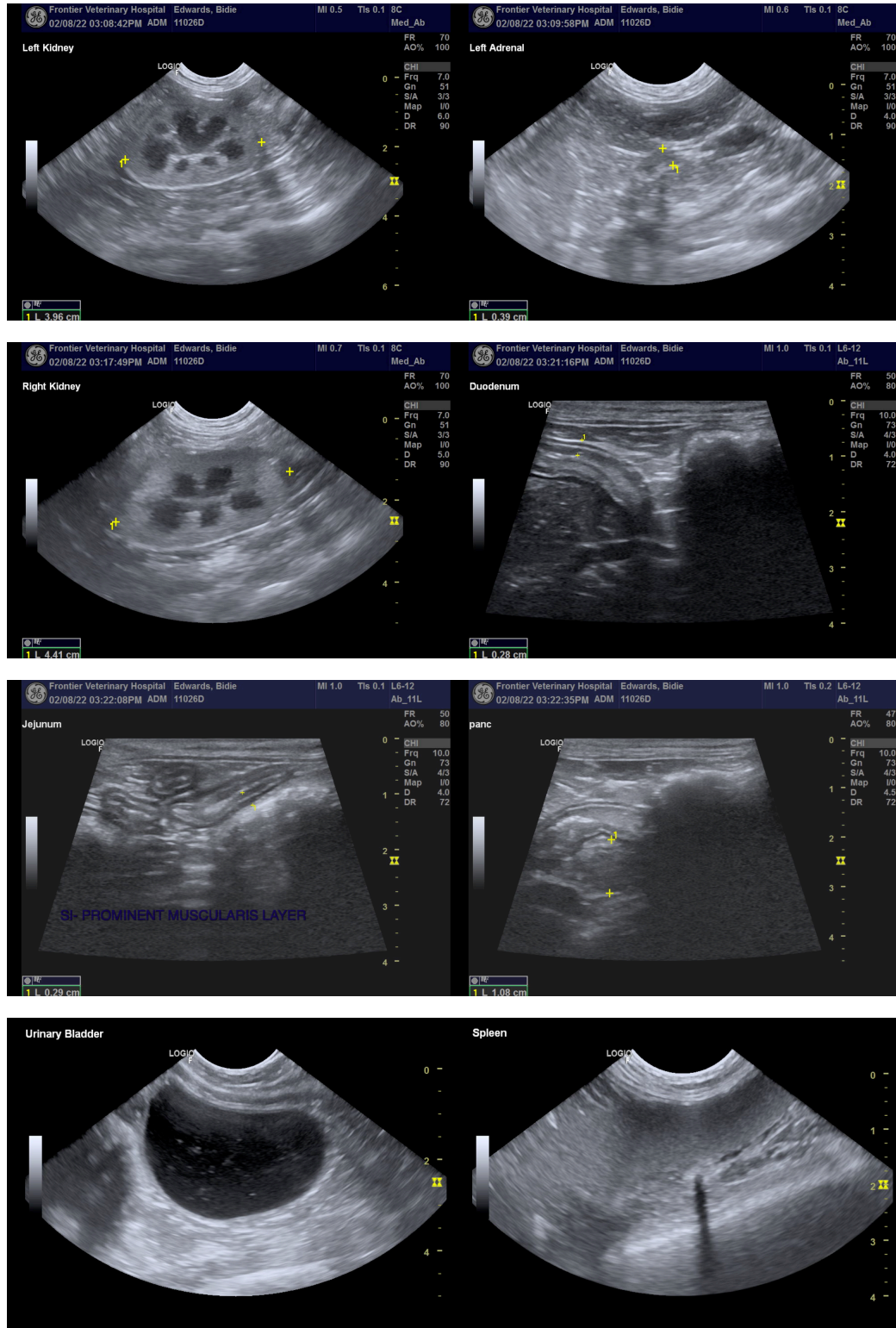
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DATE

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PATIENT

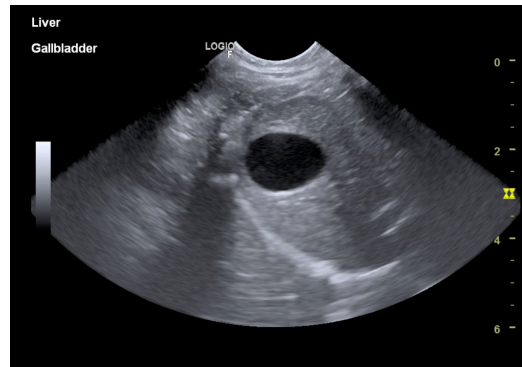
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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