



**PATIENT PRESENTING CLINICAL SIGNS**

Ringo Marshall Weight loss, intractable diarrhea meds: B12 inj monthly, Mirataz daily

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CBC - wnl, Chem - SDMA 32, Creat 209, BUN wnl.  
Feline Phosphorous 1.5, Calcium 3.0 - elevated - has had ionized calcium done in the past and was wnl. fPL wnl, T4 - wnl

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Norwegian Forest Cat

**Urinary System**

**SEX** 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.

Neutered Male

**AGE** The left kidney has a normal shape and size (3.44 cm). Overall echogenicity is slightly hyperechoic with poor 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.

1 Year

**WEIGHT** The right kidney has a normal shape and size (3.56 cm). Overall echogenicity is slightly hyperechoic with poor 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.

2.54 kg

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.23 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.

**IMAGING PERFORMED BY**

Kelly Reschny

The right adrenal gland is normal in size measuring 0.31 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.

**HOSPITAL NAME**

Aldershot AH

**Spleen**

The spleen is subjectively normal in size (0.75 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.

**REFERRING VET**

Dr. Wallace

**INVOICE**

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**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.

**DATE**

2/9/23

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.



**PATIENT**

***Gastrointestinal***

Ringo Marshall

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.

**SPECIES**

Feline

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. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Norwegian Forest Cat

**SEX**

Neutered Male

The large intestine appears fluid distended throughout the abdominal cavity. There is an area of bowel that appears thickened, associated with a dilated bowel loop with wall measuring 0.32 cm. I suspect this is ileocecal junction, but I cannot definitively identify it. In this section of bowel, the wall layers are somewhat indistinct, and there is a prominent lymph node and surrounding inflammation in the region.

**AGE**

1 Year

***Pancreas***

**WEIGHT**

2.54 kg

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***Free Abdomen***

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MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent lymph node adjacent to the thickened prominent section of bowel measuring 0.50 cm. Additionally, there is another mesenteric lymph node measuring at 0.55 cm. The omentum is hyperechoic around the suspected ileocecal junction.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Fluid distended colon with a focal area of wall thickening and surrounding inflammation – likely associated with the ileocecal junction.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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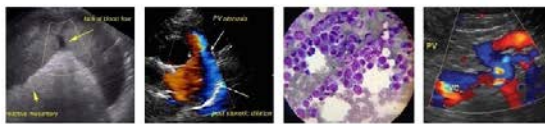
The GI tract appears relatively normal on today's scan aside from the fluid distended colon and possible thickening and inflammation at the ileocecal junction. Recommend continued monitoring of this region. A fine needle aspirate of the prominent lymph node could be considered.

**DATE**

2/9/23

The most common differentials for chronic diarrhea in a young cat would be food allergy/dietary intolerance, GI parasitism, dysbiosis, and much less likely IBD or neoplasia. Unfortunately, the ileocecal junction is a predilection site for both FIP and lymphoma, so sampling local lymph node would be idea. Additionally, consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)



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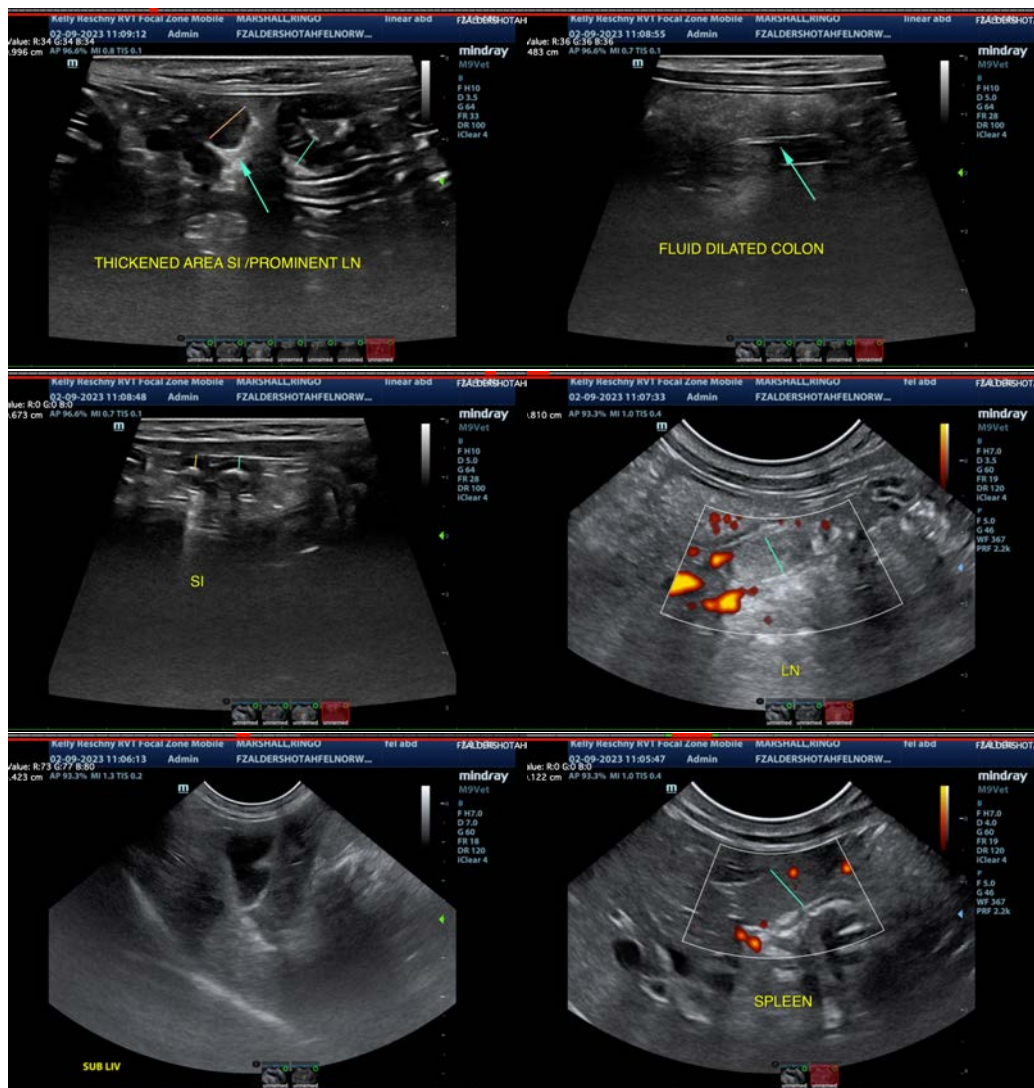
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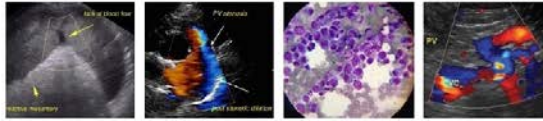
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- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- If not already done, consider empirical deworming and screening (additional consider protozoal causes for diarrhea).
- Recommend pre- and probiotic therapy for possible dysbiosis (Proviaable Forte)
- If there is no response to these steps and cytology of the local lymph node is not helpful, then consider obtaining GI biopsies (+/- reevaluate with ultrasound).
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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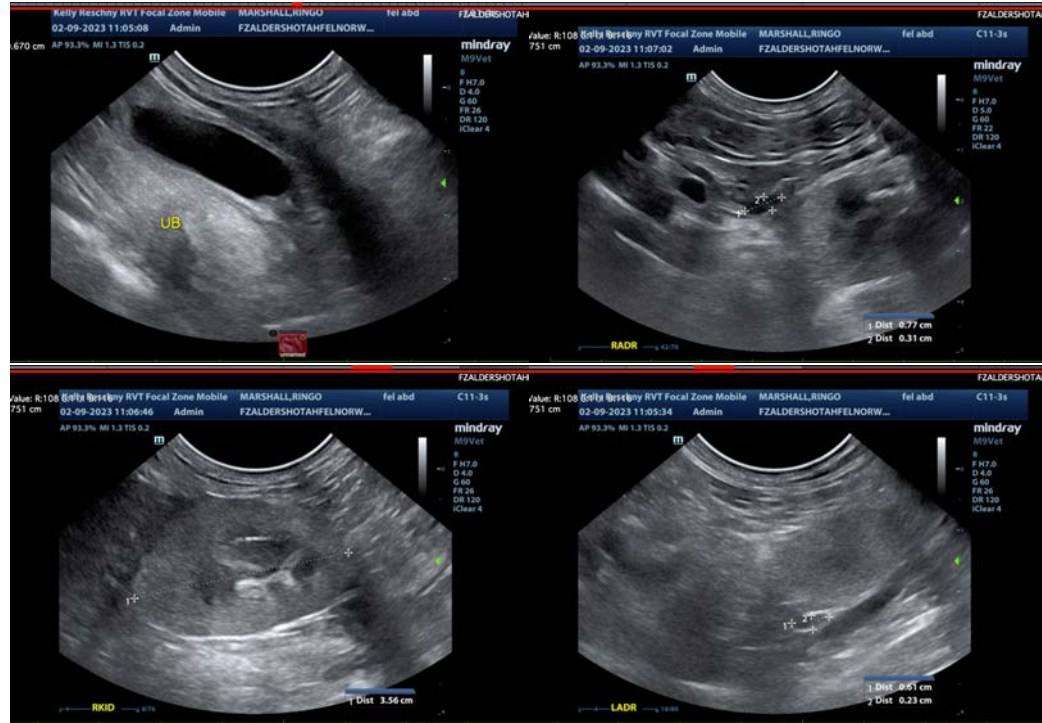
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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