


DATE PRESENTING CLINICAL SIGNS

3/10/26

Patient History: Acute vomiting - r/o foreign body, inflammatory bowel disease (food-responsive, antibiotic-responsive, steroid-responsive), GI lymphoma, pancreatitis. Elevated WBC, ALT, and total bilirubin (historical finding) - r/o liver disease, gallbladder disease, pancreatitis, inflammatory bowel disease

PATIENT

Riddick Mabery

Current Medications: Potassium Chloride, Gabapentin, Ondansetron, Unasyn, Cerenia.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: IV Propofol.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

DSH

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.

AGE

3/9/18

The left kidney has a normal shape and size (4.27 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.

WEIGHT

11.8 lbs

The right kidney has a normal shape and size (4.15 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.55 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. Shannahan

Spleen

The spleen is subjectively normal in size (0.96 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

73535

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The cystic and common bile duct appear dilated and tortuous with some areas exhibiting wall thickening and some mild intraluminal debris. The bile duct measures at 0.33 cm. No focal obstruction is visualized.

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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.

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 measures 0.26 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenal papilla is visualized and is prominent, measuring 0.49 cm.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall appears thickened with intact wall layering, measuring at 0.34 cm.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes. Lymph nodes near the colon measure 0.50 cm and 0.26 cm. The omentum is hyperechoic around the hypoechoic left limb of the pancreas.

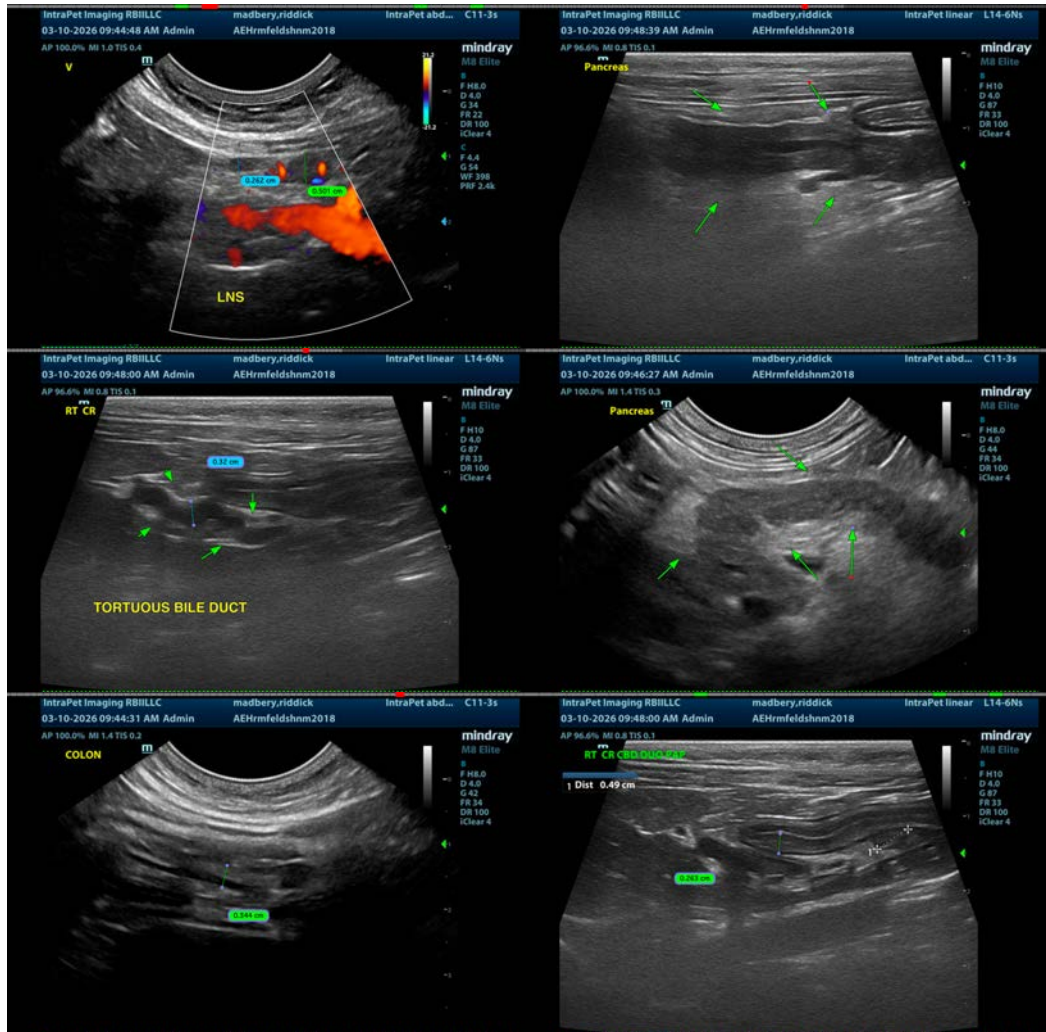
ULTRASONOGRAPHIC FINDINGS

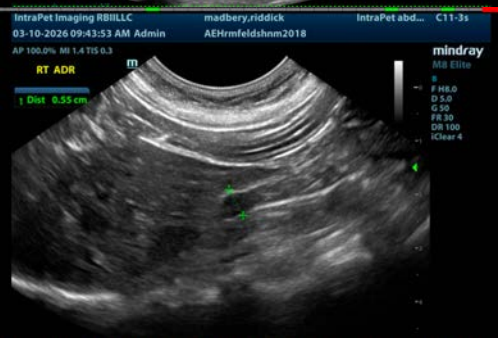
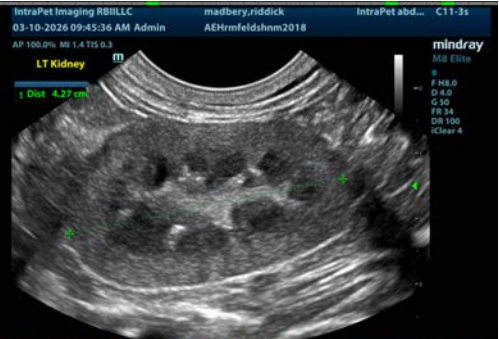
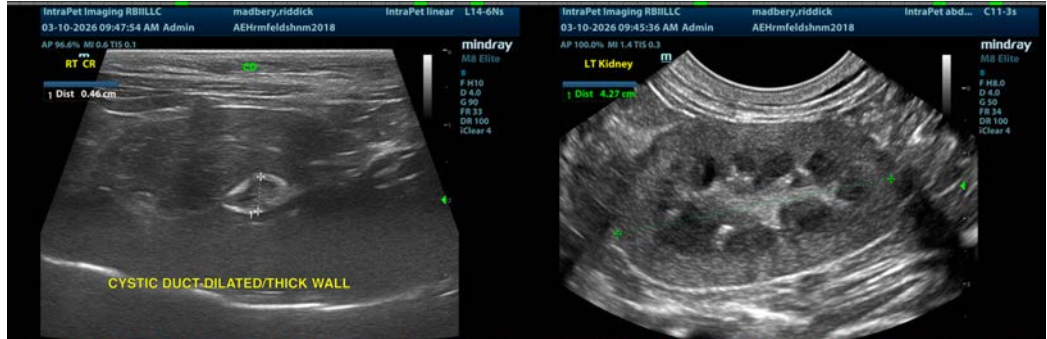
- Pancreatic changes most consistent with chronic active pancreatitis.
- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Tortuous/dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Some areas of small intestine that exhibit segmental thickening of the 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.
- Thickened descending colon wall with intact wall layering – Findings are most consistent with inflammatory change (colitis), although early neoplastic change cannot be ruled out.
- Prominent colic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left limb of the pancreas is large and hypoechoic with surrounding reactive mesentery. Changes are suggestive of chronic active pancreatitis.

Additionally, the liver is somewhat heterogeneous, and the bile duct is dilated and tortuous. Some sections of small intestine appear to have a slightly prominent muscularis layer. The combination of biliary, pancreatic and GI changes could be indicative of mild Triaditis. Consider a combination hydrolyzed protein/ultra low-fat diet (Royal Canin), empirical treatment for pancreatitis, as well as Ursodiol therapy. If symptoms are persistent, ultimately biopsies of the GI tract, pancreas and liver may be warranted. Additionally, you could consider empirical treatment for cholangiohepatitis and a fine needle aspirate of the liver.





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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