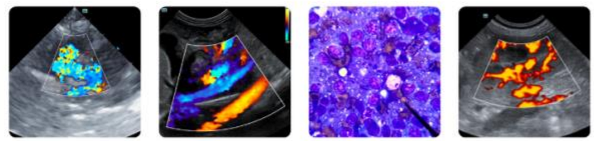


PATIENT

Evie Dang

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

14223

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- P seen 3/4 for vomiting with blood noted and hyporexia for a few days. Palso lethargic. P had diagnostic workup. sq fluids and Cerenia.
- P returned on 3/5 for continued vomiting; 1 time with blood noted. P was eating better. P more active.
- For recheck noted diarrhea light tan color with blood streaks noted. Owner has a picture of the diarrhea. P is done with carafte that was rx'd. Owner has not been using the Mirataz transdermal.
- Now P does have diarrhea at least 3-5 times a day but with no blood. No vomiting now. Eating well and activity is normal
- Hyperthyroid, colitis
- Methimazole, Ondansetron

Abnormal PE/Chem/CBC/UA Results: Full labs - elevated ALT, low protein, mild leukocytosis, hyperthyroid (new diagnosis), hypokalemia. Radiographs SI appears larger and more prominent with inflammation, suspect thickening? Dental infection, possible abscess

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

The left kidney has a normal shape and size (4.02 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.

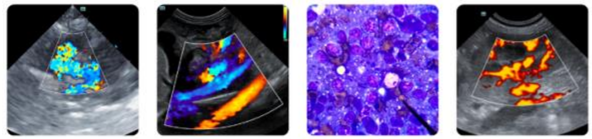
The right kidney has a normal shape and size (4.13 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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 0.42 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.

Spleen



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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. The spleen measured 0.88 cm. The spleen appears somewhat folded in position.

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 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.

Most areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid and mid gas. 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 (0.22 cm in wall thickness) and the jejunum measured as normal (0.23 cm) Visualized peristalsis appears appropriate. No focal lesions are visualized. Generally, the small intestine appears to have some gassy areas possibly consistent with an enteritis type pattern.

Sections of colon are distended with nonformed fecal material. The descending colon wall measured 0.16 cm and is normal in appearance with intact wall layering.

Pancreas

The area of 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion.

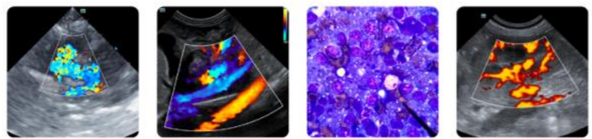
There's a large caudal abdominal lymph node visualized measuring 0.82 by 2.09 cm near the colon and a small cluster of mesenteric lymph nodes measuring 0.4 and 0.49 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild enteritis type pattern visualized associated with the small intestine.
- Fluid distended colon- findings are most consistent with the diarrhea reported.
- Prominent lymph node visualized near the colon and prominent mesenteric lymph nodes- findings are most consistent with reactive lymph nodes. Continued monitoring is warranted as early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract. The small intestine has some areas which



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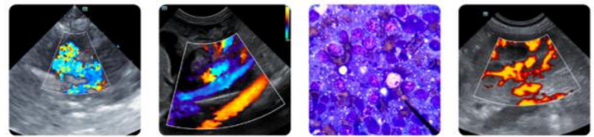
appear somewhat gassy, possibly with a mild enteritis type pattern. The colon is fluid distended with a normal appearing wall. The history and findings could be suggestive of nonspecific gastroenterocolitis (inflammatory or infectious). Recommend continued symptomatic therapy in addition to probiotic and possibly an infectious diarrhea panel. If symptoms are persistent, you could consider a hydrolyzed protein prescription diet, screening for GI parasites, a GI panel to Texas A&M (fPLI, TLI, cobalamin and folate) and ultimately, upper and lower GI endoscopy to evaluate the stomach and proximal GI tract for any ulceration or focal lesions and to obtain biopsies of the upper and lower GI tract.



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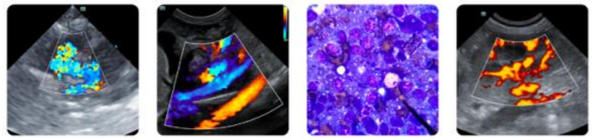
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com



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