



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Shadow Califas

SPECIES Feline

BREED DLH

SEX Spayed Female

AGE 15 Years

WEIGHT 3.1 kg

Lethargic, not eating much for the last 2-3 days. Did eat a bit when o changed the diet. Normal bm, urine, a bit less bm since she is not eating. Seems to be uncomfortable. No v/d/c/s. T 38.2 HR 200no murmur or arryth, strong femoral pulses RR 36, lung sounds WNL MM pink/moist, CRT < 2sec Abdomen soft nonpainful, very small bladder, poss mass ventral cranial abdomen approx 1 " wide EENT, LN Skin and coat WNL Teeth mild tartar, missing many teeth BS 3/5 QAR Wt loss Poss abdominal mass X-ray - mineralization cranial abdomen, no obvious mass but some loss of detail. Concerned with poss underlying neoplasia. Will see what blood results are tomorrow. Disc poss abd u/s. FGP pending Rx gabapentin Admin 2 mg mirtazipine PO meds: Gabapentin 100mg/ml 0.2ml PO Abnormal PE/Chem/CBC/UA Results: X-ray - mineralization cranial abdomen, no obvious mass but some loss of detail. Concerned with poss underlying neoplasia. SDMA 15.

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.

The left kidney has a normal shape and size (3.01 cm). Overall echogenicity is slightly hyperechoic with poor 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 (2.94 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.21 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 0.46 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

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.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chedoke AH

REFERRING VET

Dr. Heinen

INVOICE

36183

DATE

3/15/22



PATIENT

Shadow Califas

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 bile duct is visualized and appears prominent and tortuous, and mildly dilated at 0.24 cm. No obstruction is visualized.

SPECIES

Feline

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.

BREED

DLH

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is moderately to severely increased. Bowel loops tend to follow a typical curvilinear path. The majority of the wall visualized has a very prominent muscularis layer. There is a focal loop of bowel with irregular, hypoechoic, thickened walls measuring at 0.40 cm, which have greatly reduced distinction of layering. The jejunum wall measures approximately 0.32 cm in thickness.

SEX

Spayed Female

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.

AGE

15 Years

Pancreas

The pancreas is prominent and hypoechoic as 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.

WEIGHT

3.1 kg

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes amongst the thickened loops of bowel measuring 0.54, 0.47 cm. The omentum appears of increased echogenicity generally.

INTERPRETED BY

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

PRIMARY FINDINGS

IMAGING PERFORMED BY

Kelly Reschny

- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Thickened small intestine with diffusely prominent muscularis layer and a focal area of bowel with loss of layering – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hypoechoic prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

HOSPITAL NAME

Chedoke AH

REFERRING VET

Dr. Heinen

SECONDARY FINDINGS

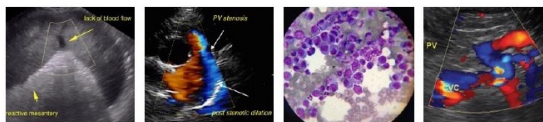
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are

INVOICE

36183

DATE

3/15/22



PATIENT

consistent with age-related change.

Shadow Califas

- Prominent, tortuous 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).

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

The small intestine is diffusely thickened with a very prominent muscularis layer. Additionally, there is a focal area of small intestine with thickened irregular walls and reduced detail of wall layering. These changes are very concerning for either severe inflammatory disease or underlying neoplasia. Other possibilities exist.

DLH

SEX

Spayed Female

- Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease.
- It will be necessary to obtain samples from the GI tract to try to determine the cause for the changes observed. Fine needle aspirate of the bowel could be considered, but may prove challenging, as there is no distinct focal mass effect. Surgical biopsies would be most likely to obtain a definitive diagnosis. Lastly, endoscopy could be considered, but may not obtain deep enough biopsies for a diagnosis.
- Additionally, you could consider a fine needle aspirate of the liver. I suspect some of this could be lipidotic change, but round cell neoplasia could be a differential.
- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider probiotic therapy.
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for B12 deficiency, dysbiosis, etc.

AGE

15 Years

WEIGHT

3.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chedoke AH

REFERRING VET

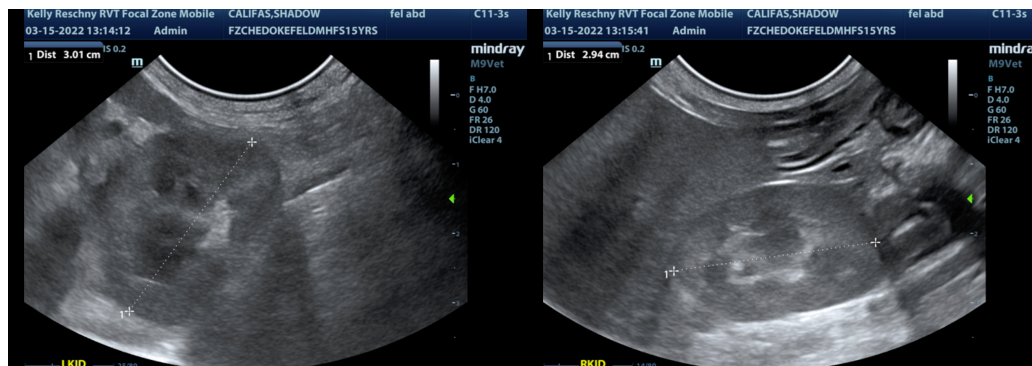
Dr. Heinen

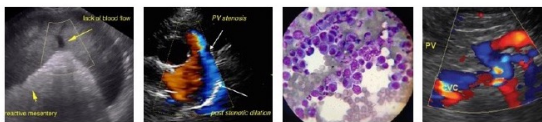
INVOICE

36183

DATE

3/15/22





PATIENT

Shadow Califas

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.1 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Chedoke AH

REFERRING VET

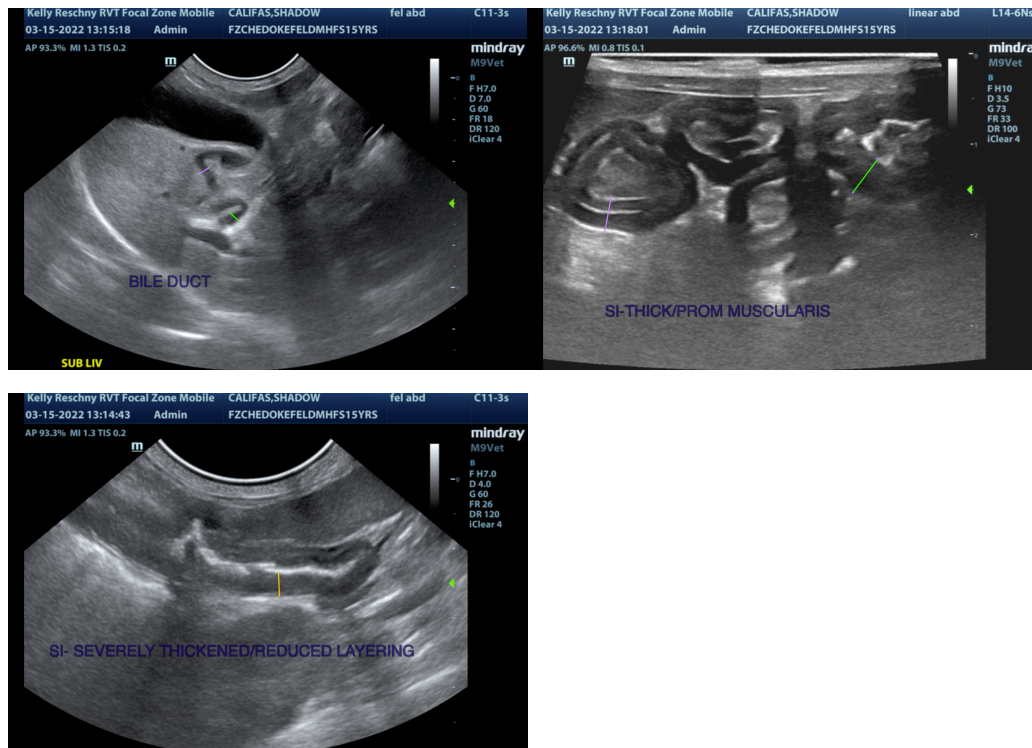
Dr. Heinen

INVOICE

36183

DATE

3/15/22



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)

kathleen.sennello@sonopath.com