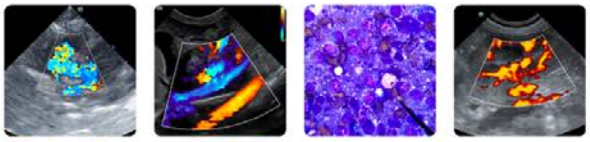


PATIENT

Lilly of the Valley Samdom

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

15

WEIGHT

5.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

73808

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Lilly is a 15-year-old geriatric cat presenting for her annual examination. The owner's primary concern is that Lily appears to be very thin, although her appetite is reportedly good. She has a history of chronic upper respiratory signs, described as being "boogery," and a history of constipation for which she is on a special diet. The owner reports that Lily's drinking, urination, and defecation habits are normal. She occasionally has a day of inappetence about once a month. There have been no other significant behavioral changes noted.

Abnormal PE/Chem/CBC/UA Results: Problem List//Differentials - **Significant Weight Loss (previously 6.6 lbs, now 5.99 lbs) and Muscle Atrophy**: Differentials include hyperthyroidism, chronic kidney disease, diabetes mellitus, gastrointestinal disease (such as inflammatory bowel disease or neoplasia), or dental disease affecting caloric intake. - **Chronic Upper Respiratory Infection with Mucopurulent Discharge**: Differentials include primary viral infection (feline herpesvirus-1), secondary bacterial infection, or chronic rhinitis. - **Dental Disease**: Periodontal disease. Labwork is attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney has a normal shape and size (3.08 cm) with mild pyelectasia at 0.13 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.62 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

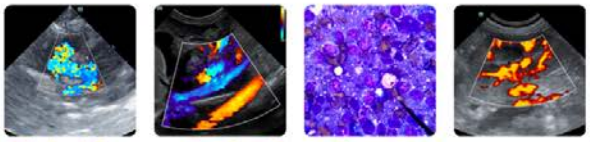
Adrenal Glands

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 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 is visualized.

Spleen

The spleen is subjectively normal in size (0.80 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.



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Liver

The liver is normal in size but slightly irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic cystic mass effect visualized in the left caudal aspect of the liver measuring 2.43 cm x 1.57 cm.

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. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened with a prominent muscularis layer.

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.

Pancreas

The left caudal limb of 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Mild dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis in the left limb.
- Hyperechoic cystic mass effect in the left caudal liver – Findings have the appearance most consistent with a cystadenoma/cystadenocarcinoma. Other differentials are possible.

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- Diffusely thickened small intestine with a prominent 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hyperechoic cystic mass effect visualized in the left caudal aspect of the liver. This has an appearance most consistent with a cystadenoma/cystadenocarcinoma. Consider a fine needle aspirate. There is the possibility that this is an incidental finding at this time. If surgical resection is considered, recommend a contrast CT scan to further evaluate.

The small intestine appears diffusely thickened and ropey with a prominent muscularis layer. These changes are most consistent with inflammatory type changes (IBD, etc.), although early neoplastic change cannot be ruled out. Consider the following:

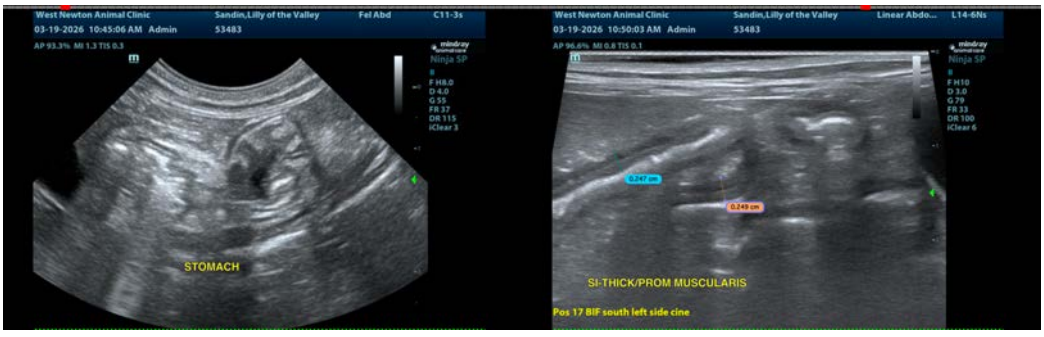
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If weight loss is persistent, biopsies of the GI tract may eventually be warranted.

The left limb of the pancreas is somewhat mottled and hypoechoic, possibly consistent with mild pancreatitis or chronic pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis.

Albumin levels are low with an elevation in globulin. It is possible that the gastrointestinal disease is significant enough to cause a protein losing enteropathy, although typically you would expect a low globulin as well. The mass effect may be playing a role here. You could consider a urine protein to creatinine ratio to look for significant proteinuria, and/or a liver function test to further evaluate causes for hypoalbuminemia. If these are negative, the combination of gastrointestinal disease and the mass effect may cause these values.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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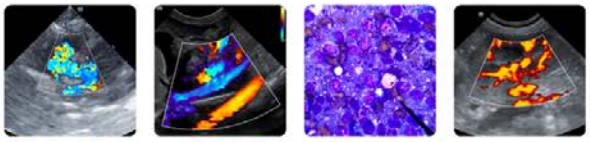

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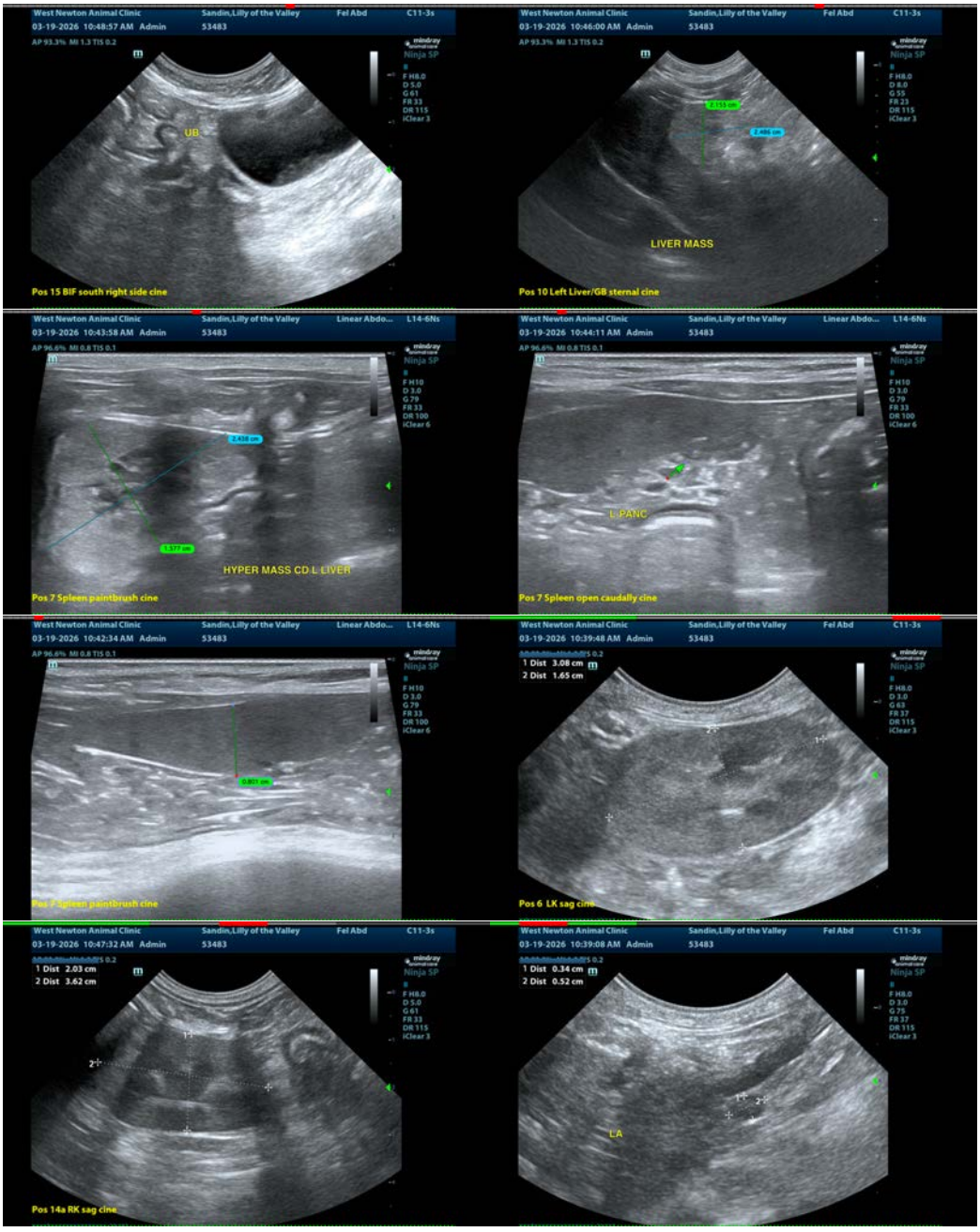

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@sonopath.com