



**DATE PRESENTING CLINICAL SIGNS**

3/26/26

**Patient History:** Vomiting once every couple days, increased frequency over last 3-4 days - Indoor cat with supervised deck access, does not go off deck - Found bamboo leaf in vomit; client has since removed grass access - Decreased appetite, picky eating for past couple days to weeks - Water intake unchanged - No coughing, sneezing, or diarrhea reported - Diet: grain-free food, Friskies, and housemate's prescription selective protein diet (for housemate's chronic enteropathy).

**PATIENT**

Phoebe Caponic

**SPECIES**

Feline

**Current Medications:** Sucralfate, ampicillin, maropitant, ondansetron, famotidine

**Labwork Results:** Labwork attached. Xray abdomen 2 view- mild to moderate gas and fluid in the stomach ; decreased detail noted ; gas dilated loops of intestines ; area of gas accumulation noted in the retroper space? and possible dorsal to the stomach on the lateral moderate size bladder mineralized debris noted in the stomach v/d- gas in the stomach ; areas of gas dilation in the SI; small gas pockets dots noted; decreased detail

**BREED**

DSH

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**SEX**

**Stat Report:** Not requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

3/25/12

**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, or masses. In the dependent portion of the urinary bladder there is some hyperechoic sandy debris/small calculi. An example measures 0.15 cm.

**WEIGHT**

9.08 lbs

The left kidney has a normal shape and size (3.25 cm) with pyelectasia at 0.19 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.26 cm) with pyelectasia at 0.15 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**REFERRING VET**

Dr. Willer

The right adrenal gland is normal in size measuring 0.39 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.

**INVOICE**

74045

**Spleen**

The spleen is subjectively normal in size (0.78 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.

### ***Liver***

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains mild/moderate fluid. Much of the gastric wall appears thickened with some areas exhibiting reduced detail of wall layering, measuring at 0.71 cm (and up to approximately 1.0 cm). 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 0.28 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened and ropey. Some focal areas appear more significantly thickened, measuring up to 0.40 cm.

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.

### ***Pancreas***

The pancreas is large and hypoechoic with hyperechoic surrounding surrounding mesentery. There is no evidence of nodules or cystic lesions. Findings are most consistent with moderate to severe pancreatitis.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. An example measures 0.39 cm x 0.93 cm. The omentum is diffusely hyperechoic.

## **PRIMARY FINDINGS**

- Pancreatic changes most consistent with mod/severe pancreatitis an underlying neoplastic process cannot be ruled out.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mildly fluid distended, thickened gastric wall with reduced detail of wall layering – Findings could be consistent with severe gastritis and gastric ileus, although there is concern for possible early infiltrative disease.
- Diffusely thickened small intestine with some segmental areas exhibiting more significant thickening – Findings are most consistent with severe inflammatory change and edema. An early neoplastic process cannot be ruled out.
- Severe diffuse mesenteric inflammation.

## SECONDARY FINDINGS

- Mild dependent sandy debris visualized in the urinary bladder. Recommend urinalysis and culture. This debris is likely small enough to pass.
- Age related changes visualized associated with both kidneys.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

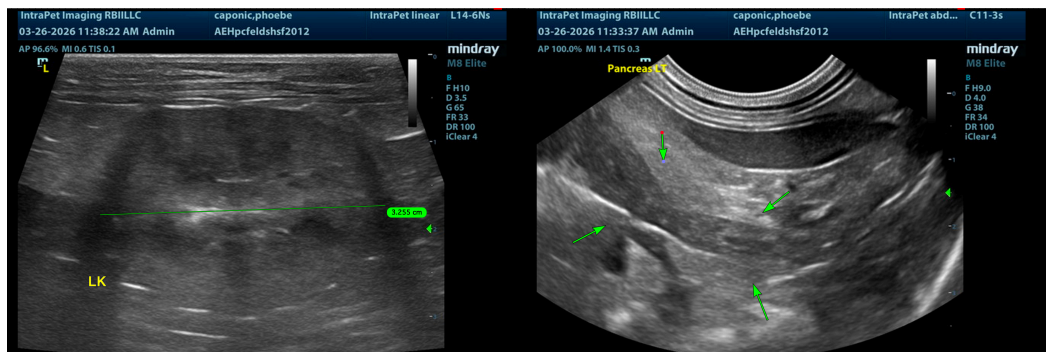
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

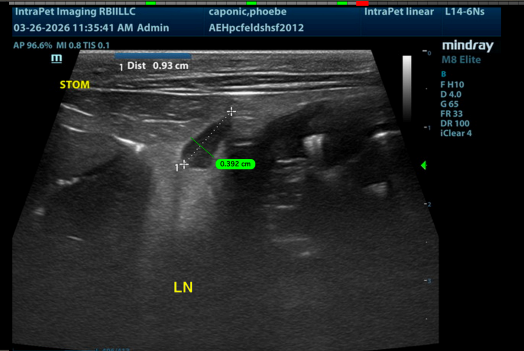
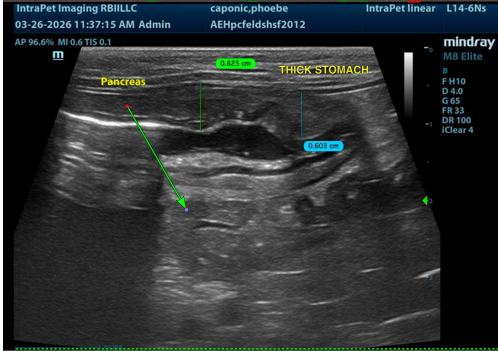
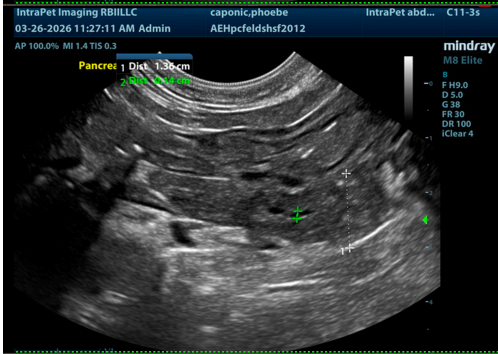
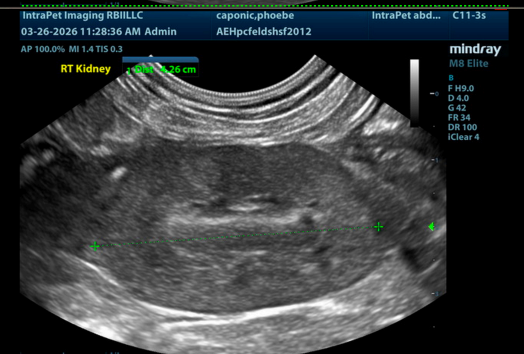
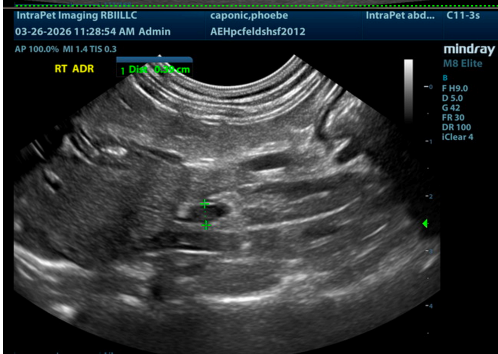
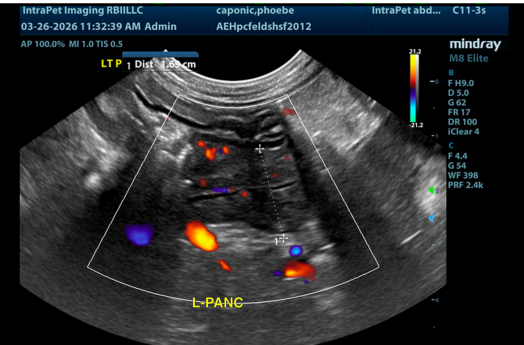
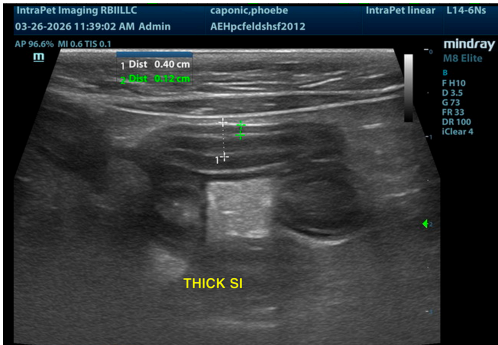
Both limbs of the pancreas are large, hypoechoic, and have a significant amount of reactive surrounding mesentery. Additionally, the stomach has mild fluid distention and a thickened wall with reduced detail of wall layering. This could be severe gastritis, as the inflamed pancreas lies adjacent to the thickened gastric wall. Alternately, this could represent an early neoplastic process. Recommend aggressive treatment for pancreatitis and continued monitoring of the gastric wall. A fine needle aspirate could be considered, particularly if there is no improvement with therapy.

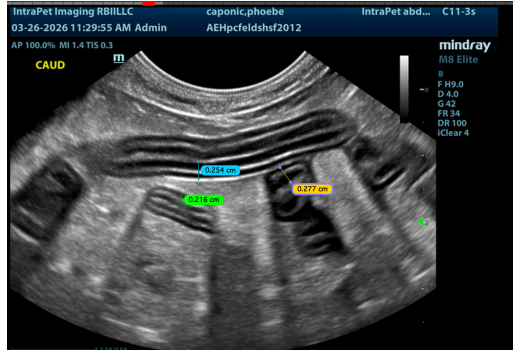
The small intestine appears diffusely thickened with some areas exhibiting more significant thickening and a prominent muscularis. These changes are most consistent with diffuse inflammatory change and possibly edema secondary to the significant mesenteric inflammation. Recommend treatment for enteritis. If symptoms are persistent, ultimately biopsies of the GI tract may also be warranted.

The liver is large and heterogeneous. Based on the supplied lab work, new onset diabetes is suspected. Correlate with clinical assessment and the potential need for insulin therapy.

If the patient is not responding to therapy as would be expected, consider re-evaluation looking for the progression of today's lesions or the development of new lesions.







**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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