

## PATIENT

LittleNugget Little

## PRESENTING CLINICAL SIGNS

### SPECIES

Feline

### BREED

DLH

### SEX

Neutered Male

### AGE

5 Years

### WEIGHT

9 Pounds

### INTERPRETED BY

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

### IMAGING BY

Loetitia Saint-Jacques,  
LVT

### HOSPITAL NAME

Pine Creek VC

### REFERRING VET

Dr. Denny Nolet

### INVOICE

36068

### DATE

3/9/22

History O claims that the Pt has not eaten in 2 weeks Physical Findings BUN 87 CRE 1.8 Cl 99 Na (n) U/A mild UTI Currently on SQ Fluids and mirtazapine, no appetite stimulated Abdomen not painful to palpation Report Radiographic Findings 2 orthogonal projections of the abdomen including a portion of the thorax are provided. The stomach contains a small volume gas and scant fluid. Small intestines are normal in diameter, variably fluid and gas filled. There is a moderate volume gas and small volume mildly desiccated feces in the colon. On the lateral projection, there is generalized soft tissue opacity surrounding the intraluminal fecal content in the mid to distal descending colon. The liver and spleen are normal. Kidneys are minimally decreased in size. The urinary bladder is mildly distended and soft tissue opaque. Peritoneal serosal detail is mildly decreased centrally with a few wispy soft tissue striations overlying the mesenteric fat in the left cranial abdomen on the VD. The included thorax and musculoskeletal structures are within normal limits. Conclusion Intraluminal soft tissue opacity of the descending colon is likely fluid; however, concurrent asymmetric mural thickening (e.g. infectious/noninfectious inflammatory or neoplastic infiltrative disease) is possible. Mild constipation. Minimal chronic renal changes. Suspected peritonitis or small volume peritoneal effusion. Abdominal ultrasound could be performed for further evaluation as clinically indicated.  
Abnormal PE/Chem/CBC/UA Results: Had a previous very low Na = 123, is now 146, Cl was 95 is now 91 and the BUN is increased to 87 from 55.

## 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 (3.99 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 (3.89 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 0.49 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 0.39 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.



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**Spleen**

The spleen is subjectively normal in size (0.99 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 subjectively normal in size, and hypoechoic 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 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 cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach is moderately dilated with irregular shadowing material, which could be consistent with normal ingesta and gas. Alternately, this could be consistent with a hairball or other shadowing material. The visible portions of gastric wall appear to have a normal layering and normal wall thickness of <0.36 cm with some variability due to the presence of rugal folds. No focal mass lesions are observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

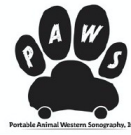
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible/prominent mesenteric lymph nodes visualized at 0.37, 0.43, 0.49 cm. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Mild shadowing material within the gastric lumen – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).
- Mildly heterogeneous and hypoechoic liver – Hepatic changes are non-specific and could be



Portable Animal Western Sonography, Inc.

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consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipodosis or other hepatopathy.

**SPECIES**

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- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**BREED**

DLH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are observed to explain the anorexia and symptoms described in the history. There does appear to be some shadowing material within the gastric lumen. Correlate this finding with abdominal radiographs, as it could be normal ingesta, a hairball, etc.

**SEX**

Neutered Male

The liver subjectively appears hypoechoic and heterogeneous. If liver enzyme values are normal on blood work, then this is likely an incidental finding. If there are liver enzyme elevations present, then consider liver function testing and a fine needle aspirate.

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Based on the azotemia and the hyponatremia reported, recommend screening for Addison's disease and a urinalysis, culture and blood pressure evaluation.

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If symptoms persist with no identifiable cause, then consider possible gastrointestinal disease, as this can sometimes have significant symptoms with limited ultrasonographic lesions. You could consider a GI panel to Texas A&M for a qualitative PLI, RLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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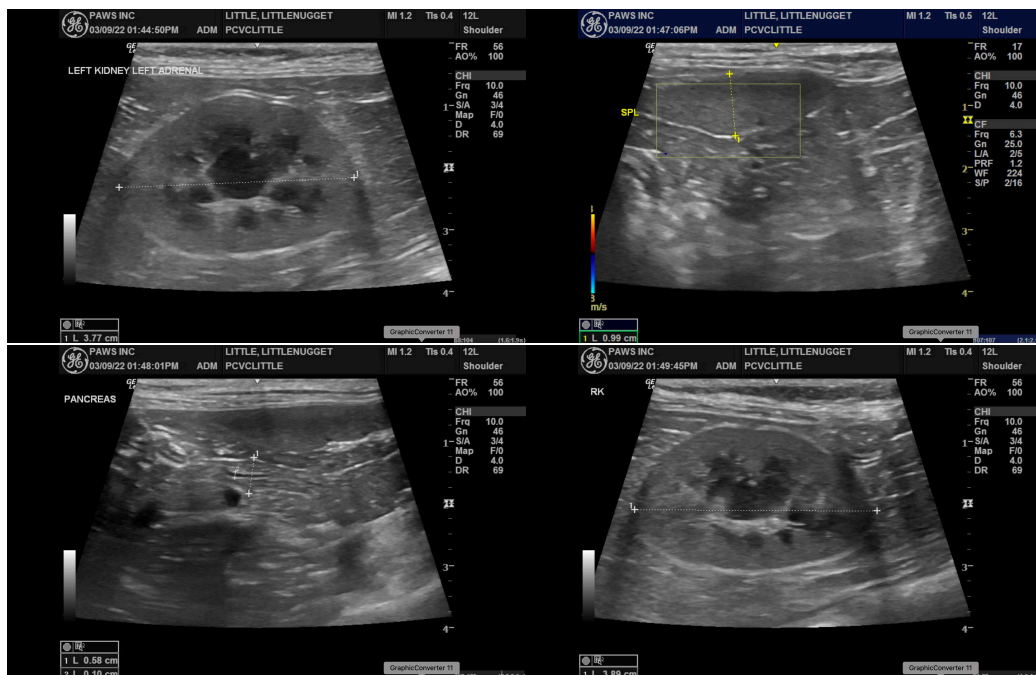
Dr. Denny Nolet

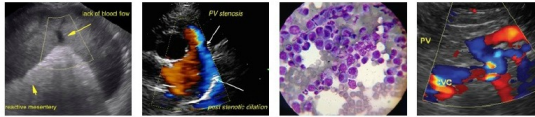
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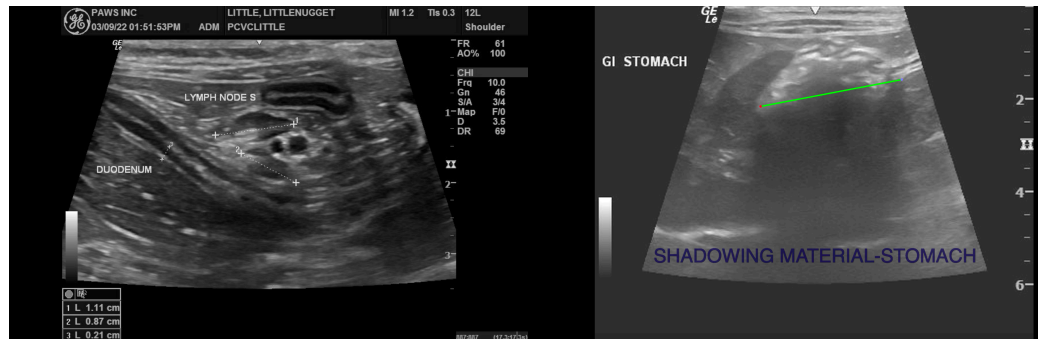
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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