

**DATE PRESENTING CLINICAL SIGNS**

4/12/22

Patient (P) has been licking/chewing at the abdomen for over a month, causing alopecia on the abdomen, caudal thorax and medial thighs. P has been eating, drinking, urinating and defecating normally otherwise. Owner (O) stated they haven't changed P diet, P doesn't have any known allergies and there have been no known new stressors at home. O stated there has been no vomiting either.

**PATIENT**

Ringo Pennel

**SPECIES**

Feline

Current Medications: Transdermal Fluoxetine.

Lab Results: Elevated calcium, GGT, TP.

Radiographs: Moderate to severe gas in the colon with abnormal shape or appearance to the material within the lumen. Unable to appreciate the right kidney.

Date of Previous IntraPet Ultrasound: No previous.

**BREED**

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

4/7/15

**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.

**WEIGHT**

14 Pounds

The left kidney has a normal shape and size (4.25 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.

**INTERPRETED BY**

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

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**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.48 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.

**HOSPITAL NAME**

Banfield Abingdon

The right adrenal gland is normal in size measuring 0.47 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.

**REFERRING VET**

Dr. Hatchett

**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.

**INVOICE**

36816

**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 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 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 measured 0.25 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. More distally, there is a focal section of small intestine with an area of mildly prominent wall, which in some views measures up to 0.54 cm. More normal appearing distal bowel measures at 0.16 cm. There is no loss of layering in this area, and the colon is relatively empty. Findings could be consistent with focal colonic wall thickening, a stricture, or imaging artifact (fold of the mucosa, etc.).

### ***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 is an occasional prominent mesenteric lymph node, one measures 0.39 cm. The mesentery is of normal echogenicity.

## **PRIMARY FINDINGS**

- Mildly prominent muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Questionable focal colonic wall thickening. There is no mass effect here, just a prominent area of colon wall that appears somewhat thickened. Consider colitis, infiltrative disease, a stricture, normal anatomic variant, etc.

## **SECONDARY FINDINGS**

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

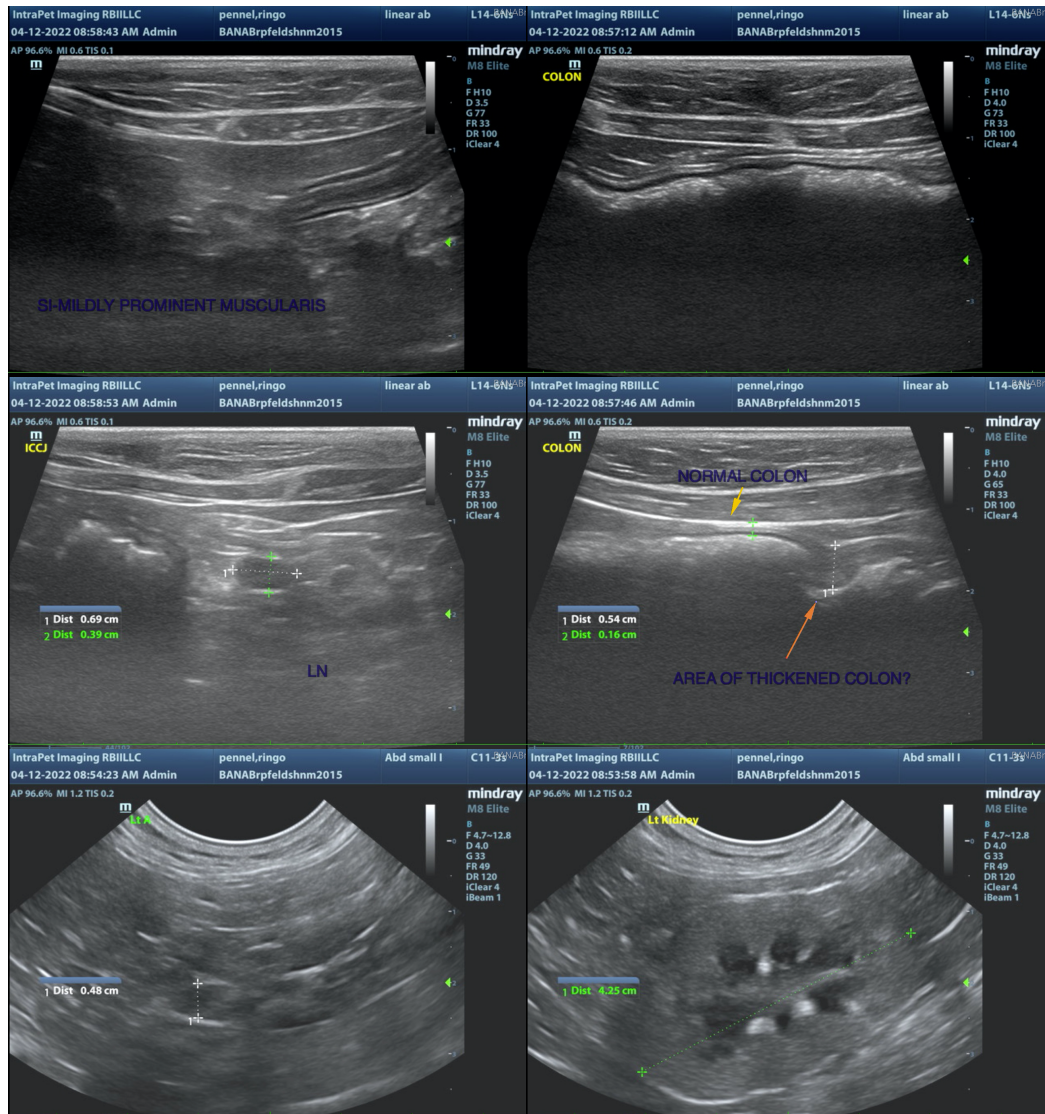
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

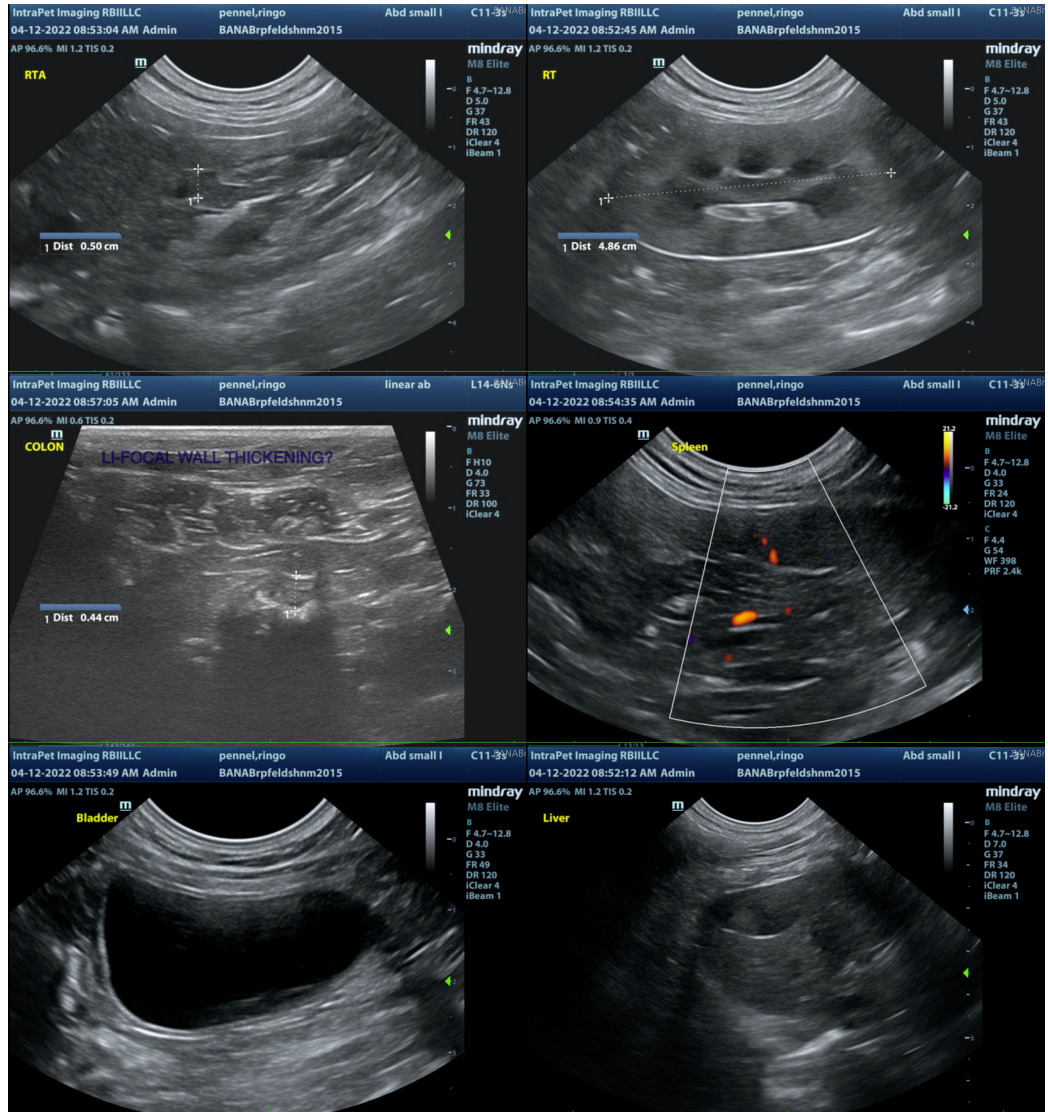
In some images, the muscularis layer appears mildly thickened. This can be an indicator of small intestinal inflammatory disease. In the absence of GI signs, I would consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to see if there is any additional supportive evidence for underlying small intestinal disease.

In some views of a focal area of colon, there is some thickening of the wall. This area doesn't appear to be a mass effect, and there is no loss of layering exhibited. This could be a normal mucosal fold or a stricture,

infiltrative disease, etc. Correlate with abdominal radiographs, looking for focal colon dilation proximal to a repeatable area. Additionally, you could consider giving a small amount of barium to see if this area is evident. Options moving beyond that would include a colonoscopy and upper GI endoscopy to obtain GI biopsies and evaluate the mucosa, or reimaging of this area in 6-8 weeks.

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





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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