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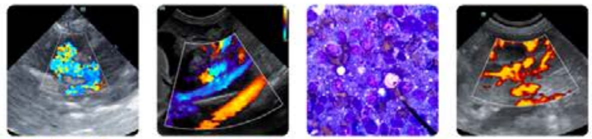


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Ivory Layton

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Hawkesworth-Heft

INVOICE

74498

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Owner states pet is less active, has had decreased appetite, and other behavioral changes at home. Pet has lost weight from 13.7 pounds in June 2025 to 11.2 pounds April 2026. A few instances of vomiting liquid owner contributes to an empty stomach.

Abnormal PE/Chem/CBC/UA Results: Sodium 158 Anion Gap 26 Total Protein 5.7 Globulin 2.8 AST 110 (June 2025 was 22) ALP 97 (June 2025 was 25) ALT is normal but has increased from 22 in June 2025 up to 71 ProBNP 184 Urinalysis: Protein 30 Blood 250 Bilirubin 6 Urobilinogen 12 RBC >50 PHPF Cocci present 1-5/ HPF Bilirubin crystals 1-5/ HPF unclassified crystals Physical Exam: Gingival recession and calculus build up on back molars

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 (4.18 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (4.4 cm). Overall echogenicity is normal with adequate 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 0.48 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.

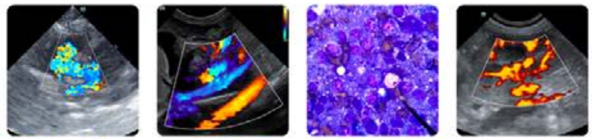
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.60 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 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.



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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 mild fluid. 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 increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.45 cm. Visualized peristalsis appears appropriate. The muscularis layer is diffusely thickened throughout the small intestine.

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

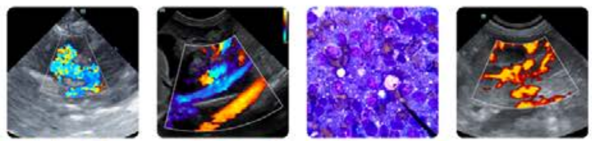
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate lymphadenopathy present with rounded hypoechoic mesenteric lymph nodes. Examples measure 0.47 cm x 1.3 cm, 0.64 cm x 1.75 cm, and 0.72 cm in diameter. In the right cranial abdomen, there is a rounded hyperechoic structure with a hypoechoic center measuring 1.32 cm x 1.6 cm, possibly consistent with an atypical lymph node. The omentum is diffusely hyperechoic, particularly around the thickened bowel loops.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- 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.
- Prominent mesenteric lymph nodes – Findings are most consistent with highly reactive or early neoplastic lymph nodes.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely significantly thickened with a very prominent muscularis layer. No focal mass lesions are observed but there is concern for possible progression to an early neoplastic process. At this time this is most consistent with either a highly inflammatory or early neoplastic process. A biopsy would be necessary to differentiate.

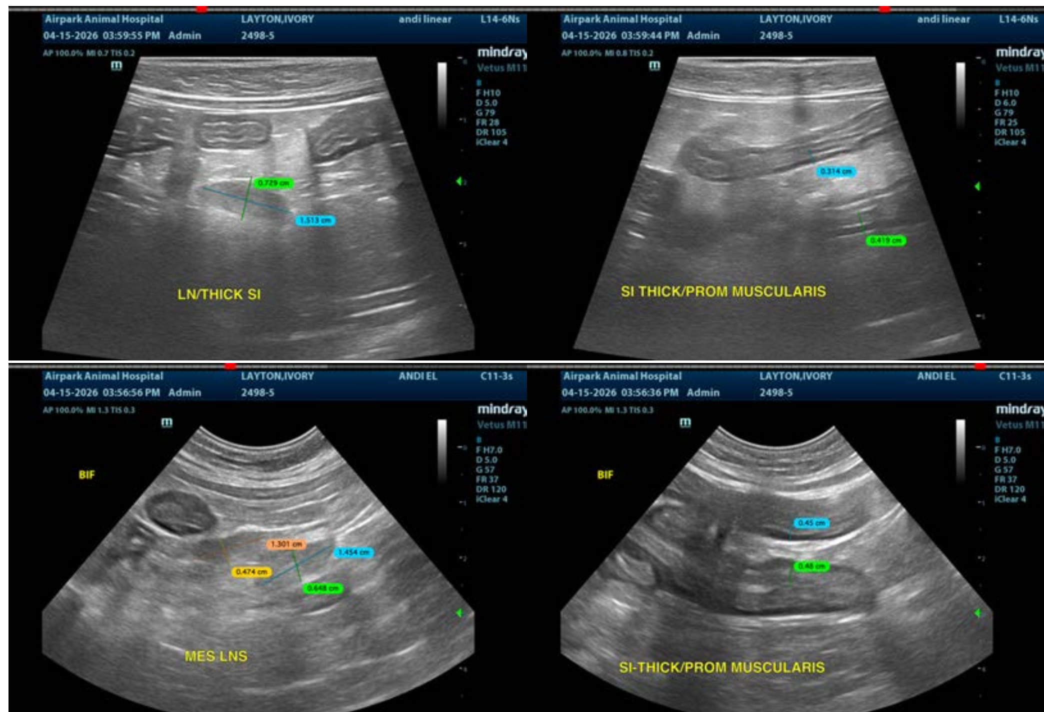
Additionally, there are some clusters of prominent mesenteric lymph nodes. These could represent highly reactive or early neoplastic lymph nodes. If a good window for sampling is available, you could consider a fine needle aspirate, but these may be challenging to sample.

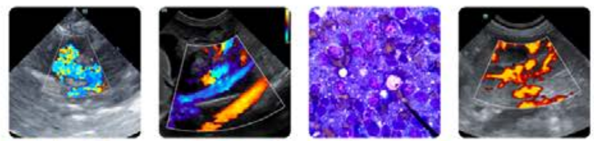
The liver appears subjectively mildly hyperechoic. This could reflect mild fatty infiltrates or even early neoplastic infiltrates. Recommend continued monitoring of liver values and consider a fine needle aspirate if liver values continue to rise.

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 symptoms are persistent, biopsies of the GI tract would be strongly recommended.





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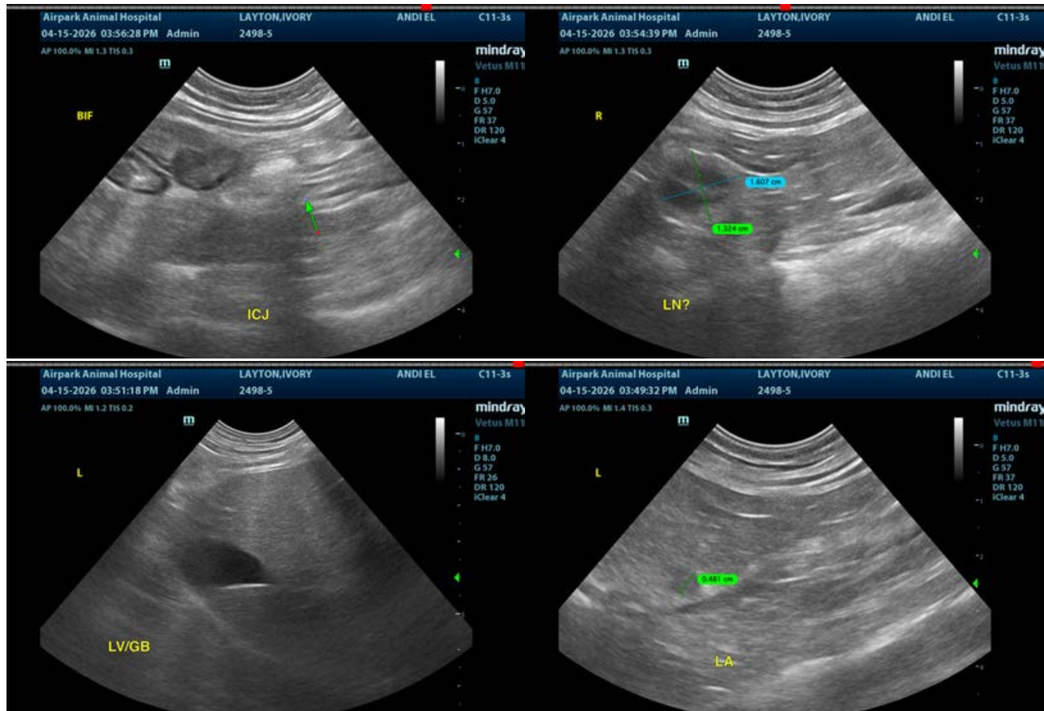

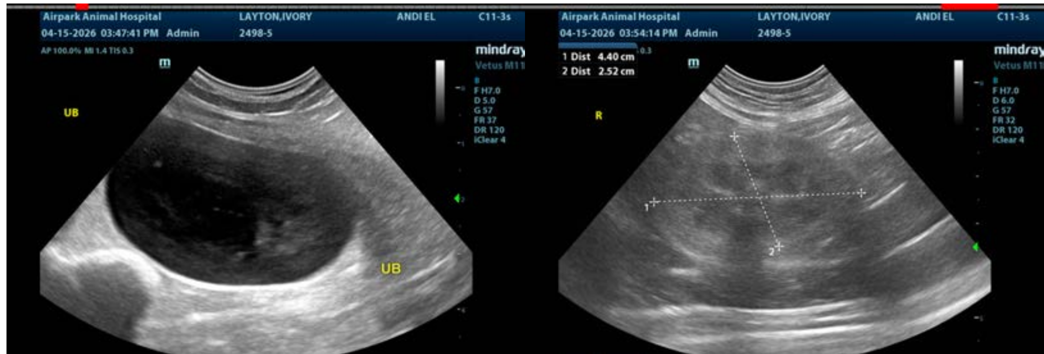

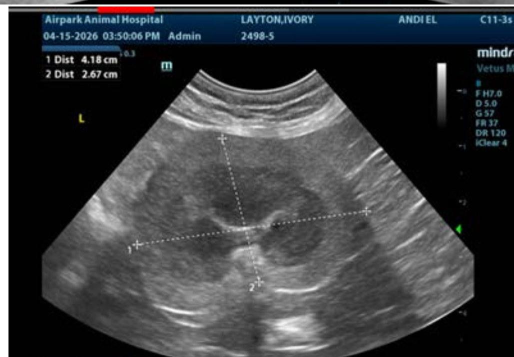

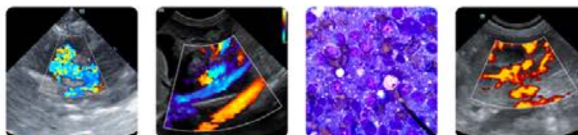

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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