

**DATE PRESENTING CLINICAL SIGNS**

4/26/22 Bijou has had ongoing weight loss for the past 1-2 years. His bloodwork shows CKD but is otherwise unremarkable. Suspect small intestinal disease.

**PATIENT**

Bijou Lamis Current Medications: None.  
Lab Results: BUN 39, USG 1.014.  
Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Feline Sedation: Oral gabapentin and no further meds required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Turkish Angora

**SEX**

Neutered Male

**AGE**

6/20/09

**WEIGHT**

10 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Cat Sense Feline  
Hospital

**REFERRING VET**

Dr. Sinclair

**INVOICE**

37157

**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 (3.68 cm) with pyelectasia at 0.32 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.43 cm) with mild pyelectasia at 0.26 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**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.

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.

**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.

**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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The bile duct appears mildly prominent and tortuous, measuring at 0.26 cm with no evidence of an obstruction.

**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 0.23 cm. Visualized peristalsis appears appropriate. Some of the bowel loops in the region of the prominent lymph nodes appear slightly more thickened, measuring approximately 0.30 cm, and appear slightly edematous or “fuzzy”.

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. Colon wall measured 0.21 cm.

### ***Pancreas***

The pancreas is prominent and hypoechoic as 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. There is a mesenteric lymphadenopathy present, particularly a cluster near the mesenteric root, surrounded by hyperechoic mesentery. These lymph nodes vary in size at 0.45, 0.57, 0.25, and 0.26 cm.

## **PRIMARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly thickened 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.
- Enlarged cluster of mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **SECONDARY FINDINGS**

- Prominent, slightly tortuous bile duct – This is likely an incidental finding. Recommend continued monitoring.

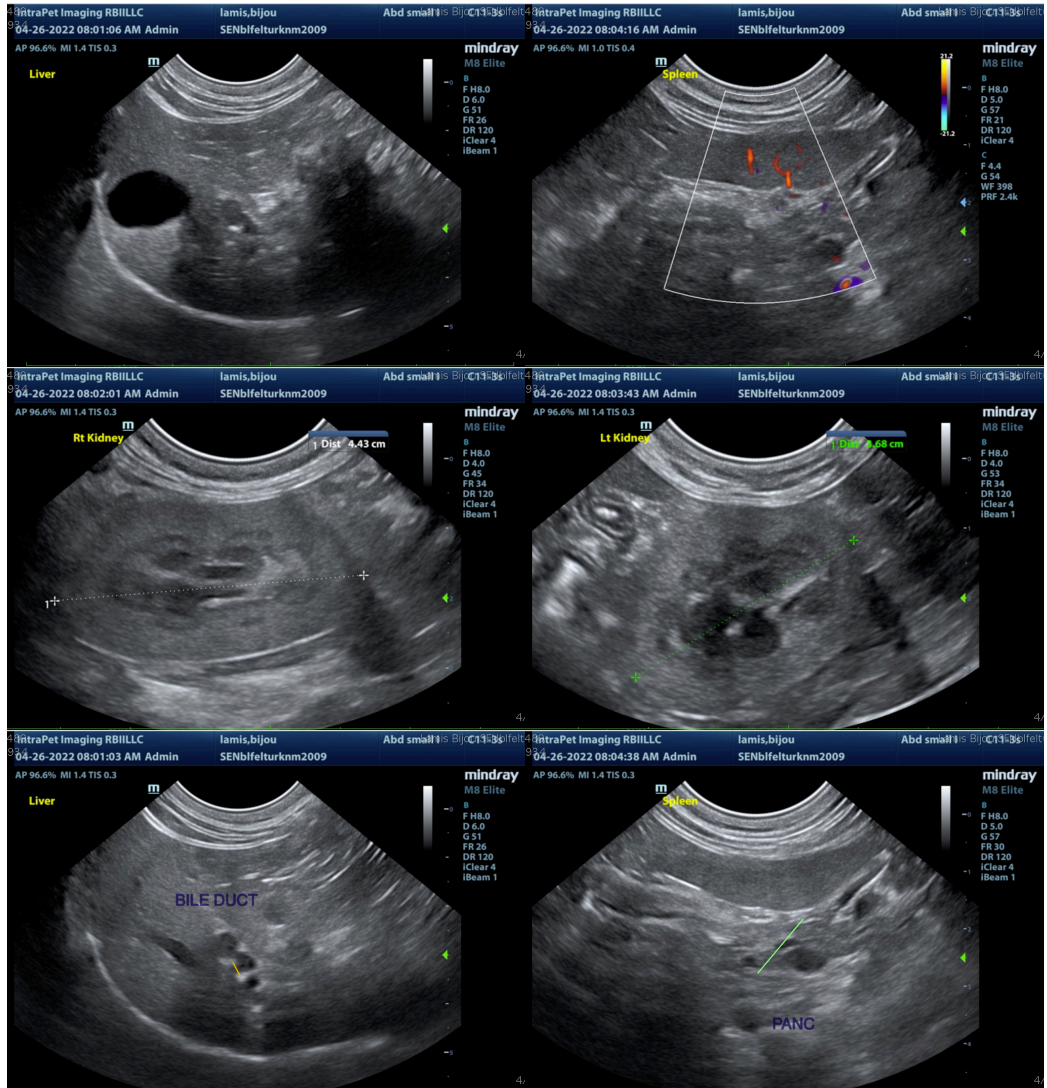
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

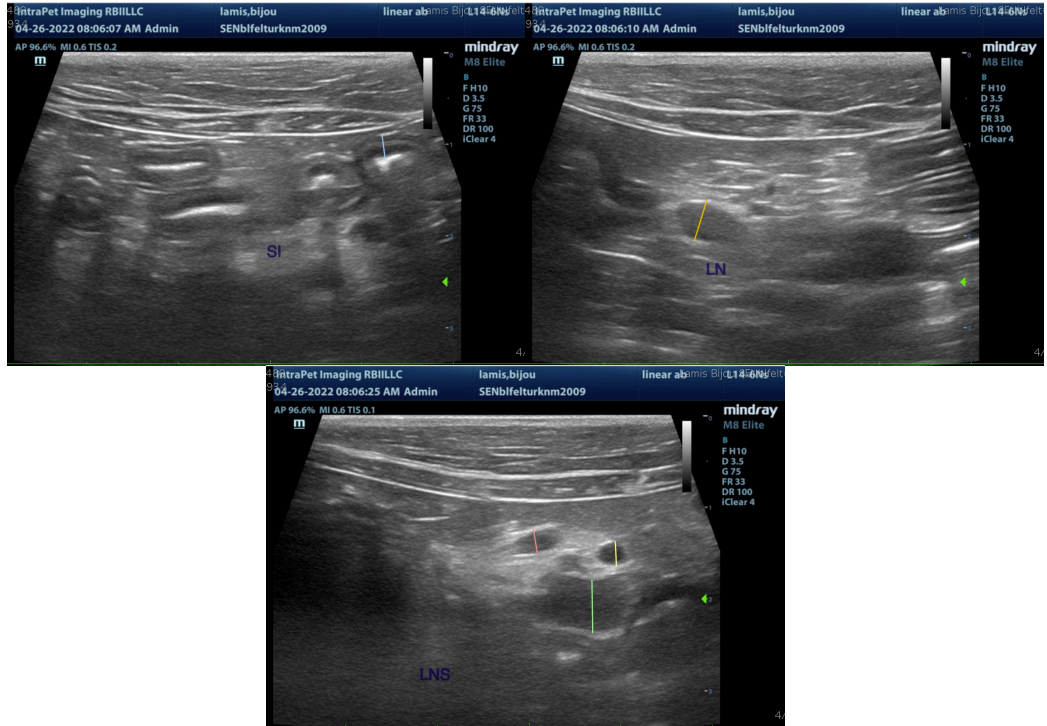
No large, focal mass lesions are observed, but there is the overall impression of mildly thickened small intestinal loops, and there is a cluster of mesenteric lymph nodes surrounded by hyperechoic mesentery, which is most likely reactive, or possibly an underlying neoplastic process (less likely). Consider a fine needle aspirate of the mesenteric lymph node.

The pancreas is somewhat prominent, but not overtly inflamed. You could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

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

If symptoms persist, and cytology and symptomatic treatment is not helpful, then consider surgical biopsies of the GI tract, abdominal lymph nodes +/- pancreas.





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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