



## PATIENT

Maxi Bartley

## SPECIES

Feline

## BREED

Maine Coon x

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Stephen Romero, DVM

## INVOICE

75172

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

Symptoms - vomiting, weight loss, reduced appetite  
History of pancreatitis with positive FPLs, but labwork is normal at this time including a negative FPL.

## 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 (4.13 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 (4.36 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 0.59 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 0.46 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.

### Spleen

The spleen is subjectively normal in size (0.72 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic nodule visualized in the parenchyma measuring 0.22 cm, most consistent with a benign myelolipoma.

### 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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## ***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 to mild 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 0.27 cm. Jejunum wall measures 0.20 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. The descending colon appears distended with non-formed/liquid fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

## ***Pancreas***

The left limb of the pancreas is large, prominent and hypoechoic. 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 occasional hypoechoic nodules in the abdomen. One is near the spleen measuring 0.36 cm in diameter. Additionally in the mid caudal abdomen there is a hypoechoic nodule that appears associated with the body wall measuring 0.93 cm in diameter. The omentum is generally of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Segmental thickening of the 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.
- Occasional hypoechoic abdominal nodules. A body wall nodule is suspected. Alternate differentials would include atypical lymph nodes.
- Fluid distended colon.

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

Some areas of small intestine appear mildly fluid distended with some areas also exhibiting a prominent muscularis layer. Findings could be consistent with an inflammatory type change, although early neoplastic change cannot be ruled out. Additionally, there are occasional hypoechoic nodules. Some of these nodules have the appearance of omental nodules, although abnormal lymph nodes are possible, and there is a larger caudal hypoechoic nodule that almost appears to be associated with the body wall (correlate with palpation). Recommend a fine needle aspirate of the suspected body wall nodule for cytologic evaluation.



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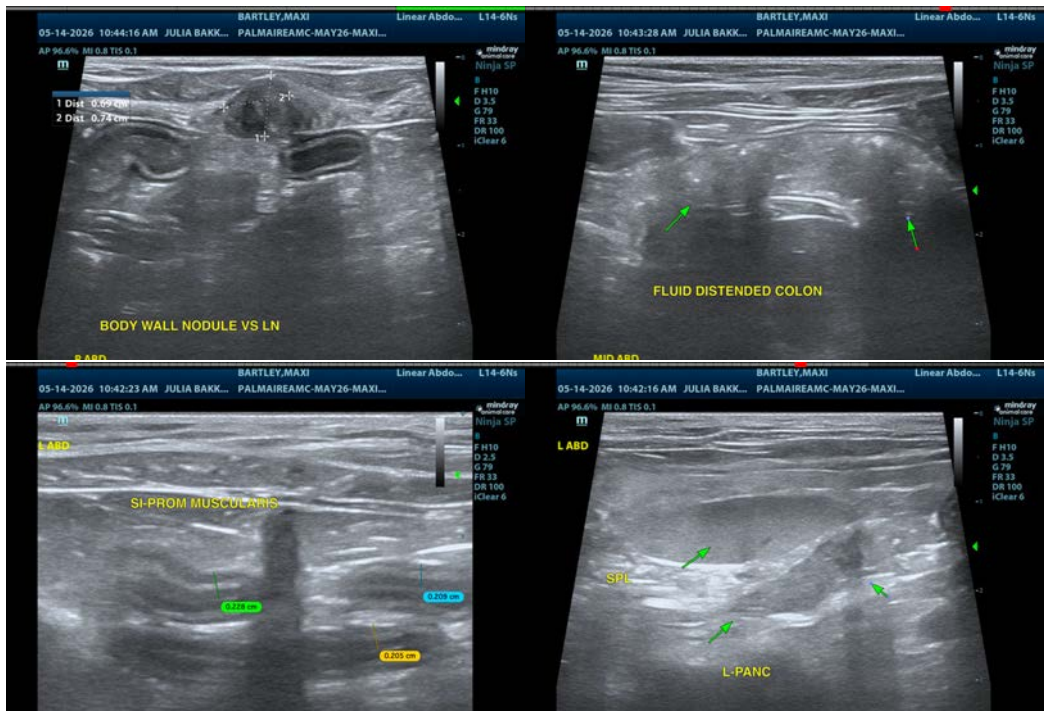
The significance of the pancreatic changes is uncertain. The left limb is prominent, most consistent with chronic pancreatitis. Consider empirical treatment for pancreatitis.

Further evaluation of possible primary enteropathy could be considered, including 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.

Recommend 3-view thoracic radiographs to look for any evidence of cardiopulmonary disease, metastatic disease, etc.

If symptoms are persistent despite taking these measures, and sampling of the nodules described is not helpful, ultimately biopsies of the GI tract +/- surgical biopsies may be warranted. Additionally, you could consider repeat imaging in the future, looking for progression of today's lesions or the development of new lesions.





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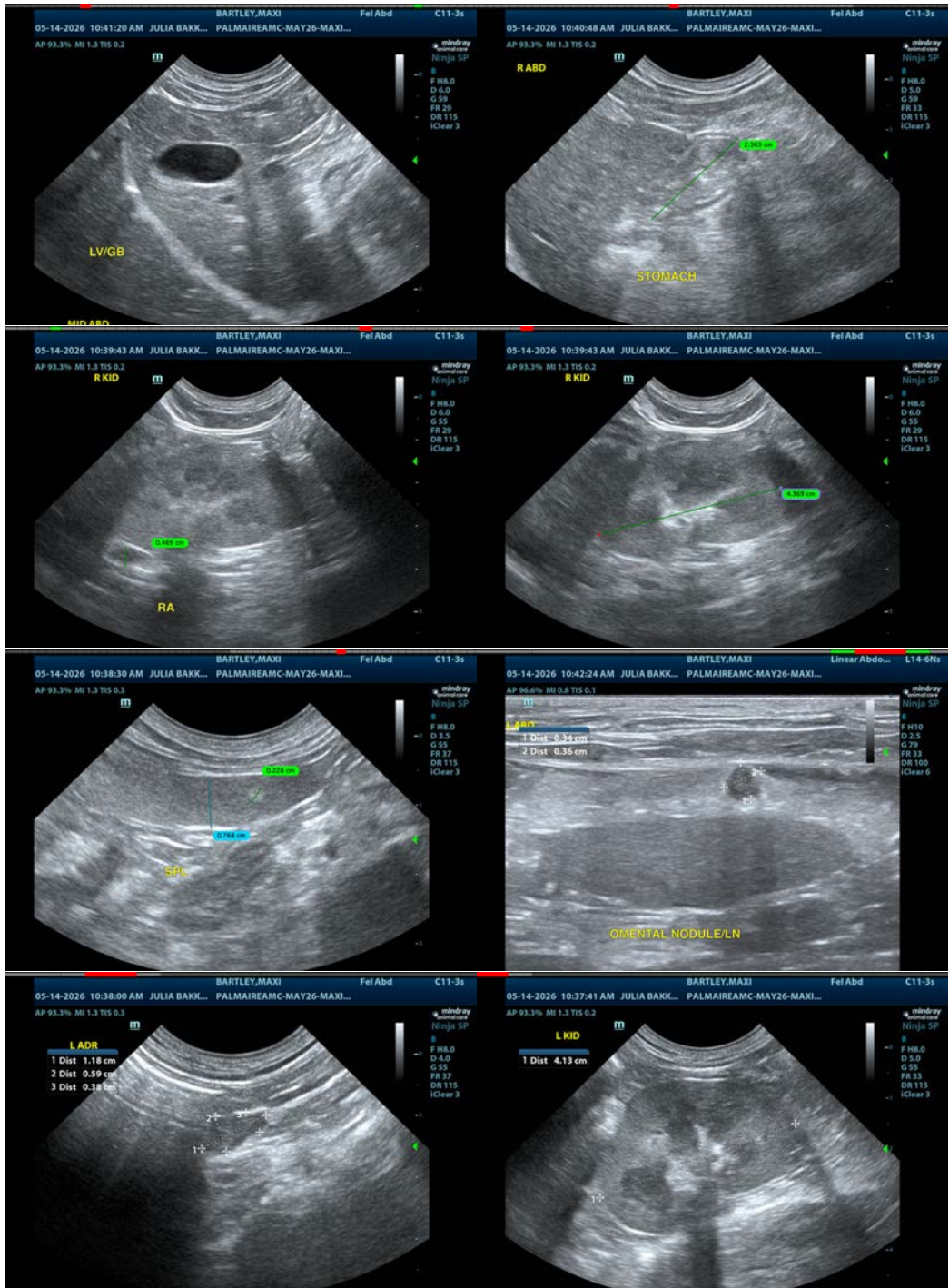
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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