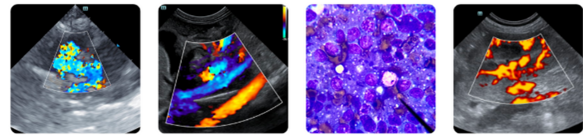

PATIENT

Ender Church

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Wolverton

INVOICE

11877

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

P presented for US due to a week of decreased drinking and decreased appetite, lethargy and diarrhea. Rdvm fast scan ascites Straw colored fluid Rivalta test positive

Abnormal PE/Chem/CBC/UA Results: Feline triple neg x3 Chem BUN 11, CA 7.6, ALB 1.9, ALT 11, Tbili 2.2 CBC wbc 22.4, Neu 16.3, Band suspected.

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 (4.06 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 (4.3 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 0.34 cm at the cranial pole and 0.3 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 0.38 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 (0.91 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 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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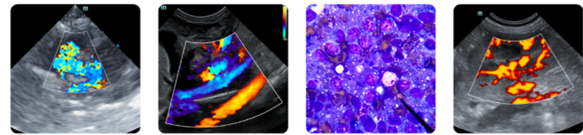

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Gastrointestinal

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.

Most of the visualized areas of duodenum and jejunum appear of normal thickness with intact wall layering. The duodenum measures 0.26 cm, and the jejunum measures 0.24 cm. The ileum appears significantly thickened distally with loss of wall layering measuring up to 0.98 cm near the ileocecal junction.

The ileocecal junction was visualized and appears thickened and abnormal, creating a mass effect at the junction measuring 1.81 cm x 3.08 cm. The distal ileum is severely thickened with loss of layering, and the proximal ascending colon is thickened with loss of wall layering measuring at 0.61 cm.

Pancreas

The area of 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 revealed a small to moderate amount of free abdominal fluid. There are prominent mesenteric lymph nodes, particularly at the ileocecal junction. An example of a prominent colic lymph node measures 0.74 cm x 1.06 cm. The omentum is hyperechoic around the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Large mass effect visualized at the ileocecal junction with severe thickening of the distal ileum with loss of layering and severe thickening of the proximal ascending colon with severe loss of layering. Findings are most concerning for infiltrative disease (Round cell neoplasia, carcinoma, FIP, eosinophilic infiltrates, other.)

- Small to moderate free abdominal fluid with reactive mesentery and enlarged colic lymph nodes. Findings are most consistent with highly inflammatory change or neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small to moderate amount of free abdominal fluid. Recommend fluid analysis and cytology. There is a large “mass effect” visualized associated with the ileocecal junction with severe thickening of the distal ileum and proximal ascending colon with loss of layering. These changes are concerning for infiltration of either neoplastic cells or inflammatory type cells. Recommend a fine needle aspirate of the ileocecal junction. There are questionable other areas of bowel which appear somewhat thickened with reduced detailed wall layering. It’s difficult to assess the extent of these changes.

If cytologic diagnosis is not possible, surgical biopsies may need to be considered. You can consider referral to a veterinary surgeon for assessment +/- resection (if possible, or possibly a contrast CT scan to get a more global view of the abdomen and the extent of the bowel involvement.)

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

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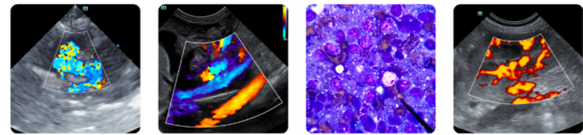

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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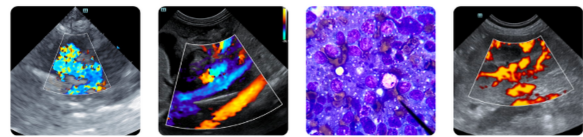
ICJ-THICK/REDUCED LAYERING

PROXIMAL ASCENDING COLON
THICK/LOSS OF LAYERING

DISTAL ILEUM-THICK/LOSS OF LAYERING

LV/GB



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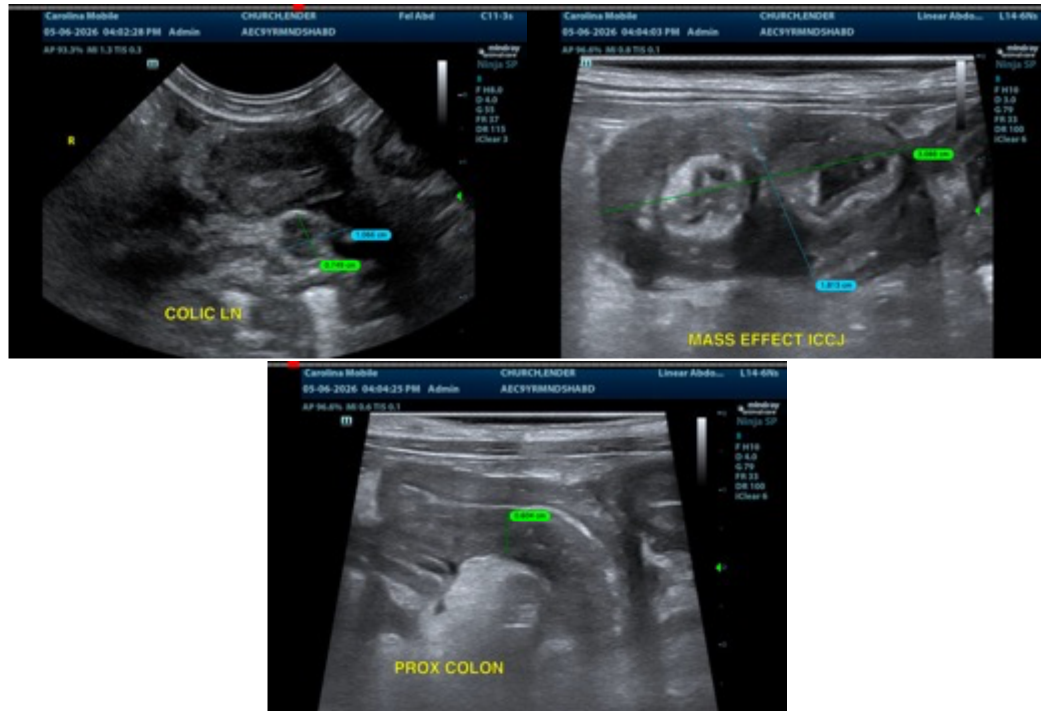

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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