

## PATIENT

Chase Dort

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

## BREED

DLH

New patient. Was hyperthyroid and treated with i131. Loosing weight. On RC Select protein diet. Vit B12 injections. Only eating treats, vomits 3-4 times per week and occasional D+. Recent BW at FLOP was NSF. Had maldigestion profile completed. Folate > 24 (H), cobalamin >1000 WNL, DDX: small intestinal bacterial overgrowth (unusual in cats and usually accompanied by a low B12), vitamin supplementation, or an artifact due to sample hemolysis. fTLI very mildly increased @ 82.4 ug/L (if >100 may be consistent with pancreatitis, pancreatic hypertrophy, renal failure, or SI dz). Urine C/S negative Reason for Ultrasound: GI disease verse other for weight loss

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## SEX

Neutered Male

### 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.

## AGE

17 Years

The left kidney is normal in size (3.12 cm) and irregular in shape. It is hyperechoic with adequate corticomedullary distinction. There is mild pyelectasia at 0.15 cm, and a peripheral cortical cyst measuring 0.44 cm. There is no free fluid surrounding the kidney, but the surrounding mesentery is somewhat hyperechoic. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

7.55 Pounds

The right kidney is normal in size (2.86 cm) and irregular in shape. It is hyperechoic with adequate corticomedullary distinction. Pyelectasia is noted at 0.22 cm. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

Kathleen Sennello DVM,  
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### Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

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 normal/borderline large in size (1.2 cm at the level of the hilus), 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 small, hyperechoic 0.44 cm nodule visualized within the splenic parenchyma.

## HOSPITAL NAME

Brighton Greens VH

## REFERRING VET

Dr. Robin Janeway

### Liver

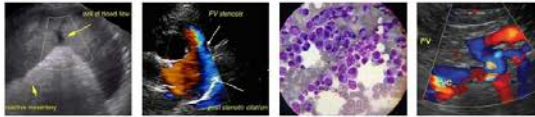
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## INVOICE

38752

## DATE

6/15/22



## PATIENT

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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.

## SPECIES

Feline

### **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.

## BREED

DLH

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. The more normal appearing jejunum measures 0.47 cm. Visualized peristalsis appears appropriate. The duodenum appears thickened and corrugated with some focal thickening in some areas, measuring up to 0.50 cm. Additionally, there is a section with focal wall thickening that is asymmetrical, creating an area of wall that measures at 0.71 cm with decreased detail of wall layering, most consistent with an early mass lesion.

## SEX

Neutered Male

## AGE

17 Years

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.

## WEIGHT

7.55 Pounds

### **Pancreas**

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of cystic lesions. In some areas, the mottling is discrete enough to almost have a nodular appearance. The pancreatic duct is prominent at 0.14 cm.

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Medicine)

### **Free Abdomen**

There is scant free abdominal fluid. There are occasional prominent mesenteric lymph nodes. Examples measure 0.50 cm and 0.45 cm. The omentum is of increased echogenicity around the left kidney and the abnormal areas of small intestine.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## PRIMARY FINDINGS

- Hyperechoic, irregular kidneys – The bilateral renal findings are consistent with age-related change.
- Hypoechoic, mottled/nodular pancreas – There is minimal inflammation surrounding the pancreas. Changes could be consistent with nodular hyperplasia or less likely neoplastic change.
- Diffusely thickened small intestine with prominent muscularis layer in addition to some areas of bowel with focal thickening and decreased detail of layering – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. The focal areas of wall thickening are concerning for emergent neoplastic lesions.

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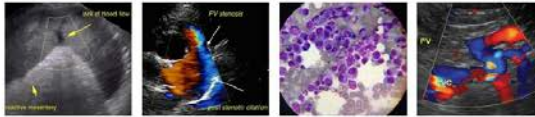
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- Scant free abdominal fluid and prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**SPECIES**

Feline

**SECONDARY FINDINGS**

**BREED**

DLH

- Borderline large spleen with small hyperechoic nodule – The spleen largely appears normal, but a fine needle aspirate could be considered. Recommend continued monitoring of the hyperechoic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male

There is generalized significant bowel thickening and a prominent muscularis layer. In some focal areas, the muscularis layer becomes more thickened, and there is a loss of definition between the layering, concerning for the possibility of an early mass lesion. Additionally, there is some free and prominent mesenteric lymph nodes. If possible, consider a fine needle aspirate of a focal area of wall thickening (the more normal areas of bowel will be difficult to sample) and/or a mesenteric lymph nodes. If you are unable to obtain a cytologic diagnosis, consider surgical biopsies.

**AGE**

17 Years

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

**WEIGHT**

7.55 Pounds

The pancreas is abnormal and almost nodular. This could be consistent with previous pancreatic disease or less likely with a neoplastic process. Consider a fine needle aspirate of the pancreas.

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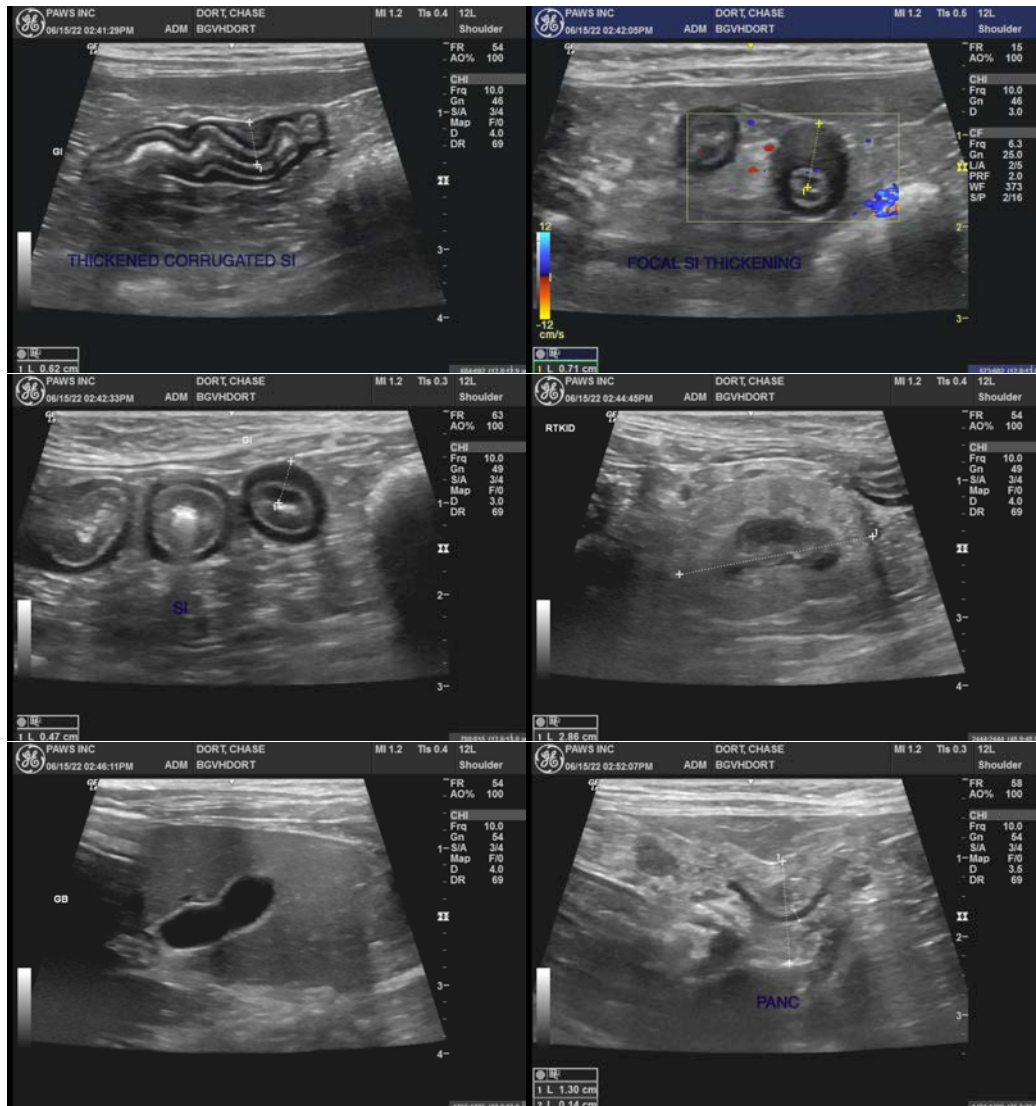
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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