



PATIENT

Cosmo Defelice

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

13 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal
Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

16268

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Patient presented for an AUS on Monday 6/1 for chronic intermittent vomiting, rDVM felt thickened intestinal loops. History of Stage 2 CKD. AXR taken after AUS on Monday and patient was markedly constipated. Given SQ fluids, Cerenia, ondansetron, and an enema. Enema and supportive care continued Tuesday. Wednesday constipation improved some firm stool still present in distal colon. Patient is uninterested in food, area where there a structure I'm uncertain of its origin right cranial abdomen is painful to patient. This area was present on Mondays scan, but I thought could've been from all the stool in the colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with suspended echogenic debris. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is borderline small and slightly irregular in shape (3.19 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal or perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Pinpoint nonobstructive nephroliths are visualized.

The right kidney is borderline small measuring 3.07 cm length. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal or perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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 (0.75 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 slightly prominent and hyperechoic measuring 0.21 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The jejunum wall measures 0.21 cm wall width.

There is a large thickened focal area of fluid distended bowel in the right cranial abdomen. This appears to be near a relatively empty colon and thickened small intestine, suggestive of possible ileum measuring 0.38 cm. The structure is suspicious for a thickened fluid distended cecum (wall thickness at 0.33 cm) with questionable thickening of adjacent bowel. The suspected cecum measures 2.31 cm in diameter. Additionally, there are areas of asymmetrical wall thickening of the colon concerning for possible infiltrative disease/colitis (0.5cm).

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Borderline small irregular kidneys with decreased corticomedullary distinction- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Pancreatic changes most consistent with chronic active pancreatitis.
- Moderate gallbladder debris with mildly thickened hyperechoic gallbladder wall- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring. The prominent wall could be consistent with mild cholecystitis.
- Focally thickened/fluid distended bowel with reduced detail of wall layering- This has the appearance most consistent with the ileocecal junction and possibly the cecum. Findings are suggestive of either infiltrative neoplasia or typhlitis.
- Areas of asymmetrical thickening of the colon wall-findings are concerning for infiltrative disease (severe inflammation, neoplasia etc.)



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Secondary Findings

- Mild suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture

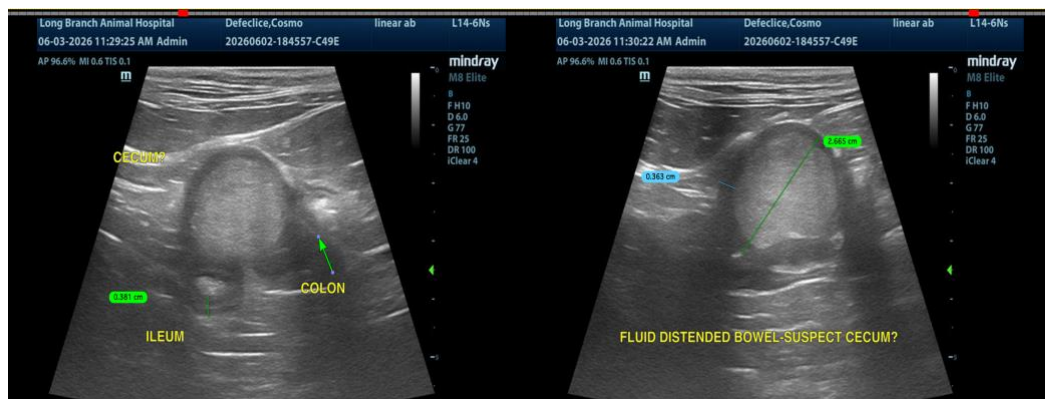
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of severely thickened and fluid distended bowel. This appears to be near the colon and has a somewhat irregular appearance, most possibly consistent with the cecum. These changes are concerning for either neoplastic infiltration or possibly typhilitis/impaction. Given the history of chronic vomiting, exploratory with the intention to obtain biopsies +/- remove the ileocecal junction could be considered. Alternately, if the patient is stable, you could consider treatment for pancreatitis and reassessment in three to five days (sooner if not doing well) to try and determine if the appearance of this bowel loop changes/improves. Additionally, you could consider a contrast CT scan to further assess.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

ADDENDUM 06/04/26

Additional study from 6/1/26 was reviewed. Previously described dilated/thickened bowel loop is present. Ileocolic junction is visualized and looks normal. Normal cecum is not visualized clearly. There is an area of bowel wall thickening most consistent with thickening of the colon wall-concerning for infiltrative neoplasia or colitis. Recommend contrast CT scan to further evaluate the abdomen and evaluate for possible surgical intervention/sampling.





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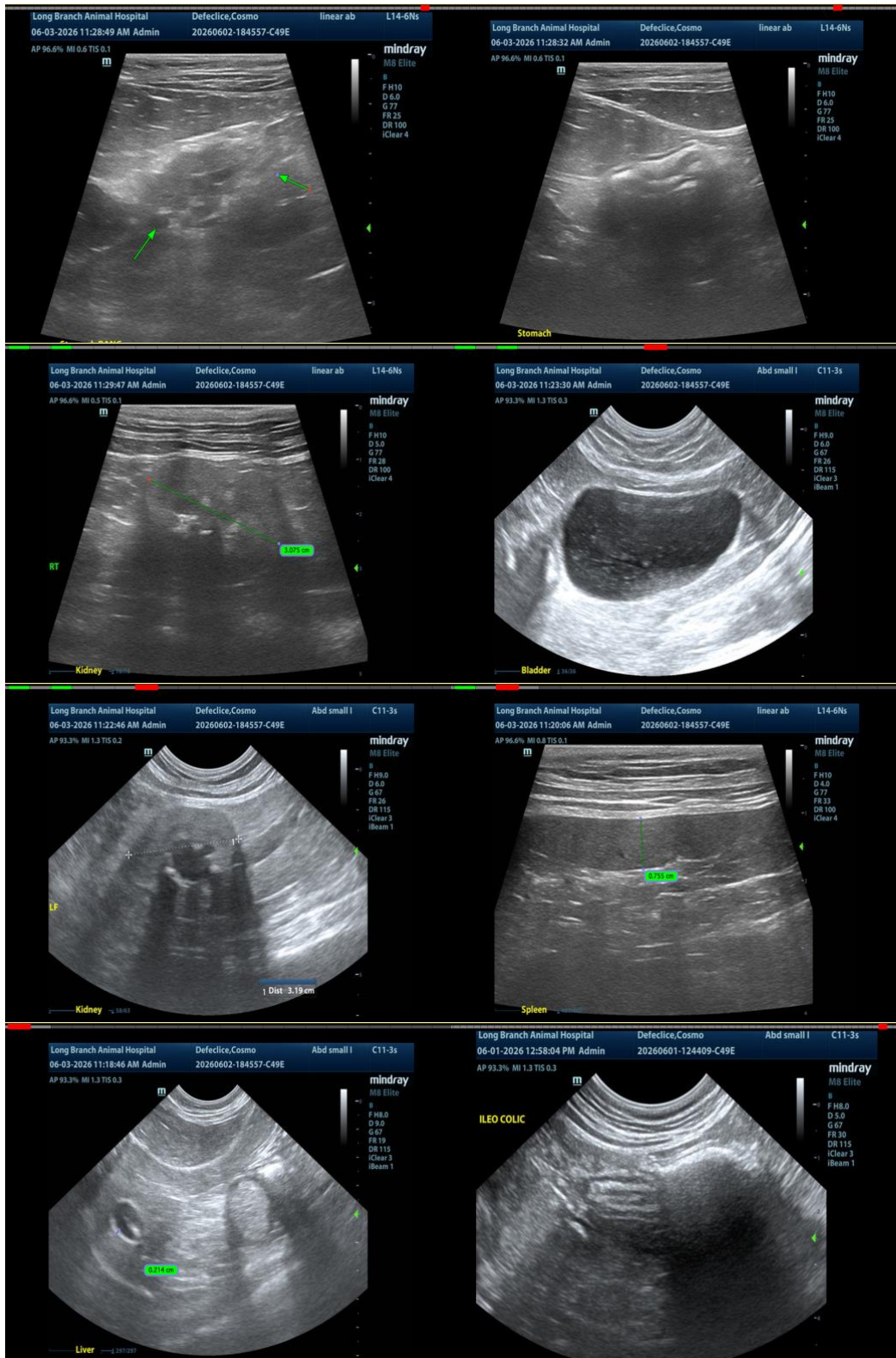
Dr. Elaina Petrone

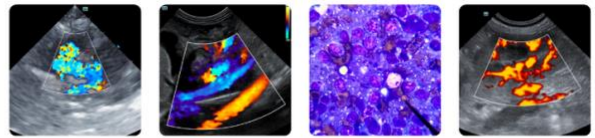
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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