



## PATIENT

Agnes Hazelwood

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

Diagnosed with likely chronic enteropathy by internal medicine at WSU a few years ago (~2018). Biopsies not performed. GI panel was WNL at the time. Ultrasound at the time WNL On Purina HA. Recently, Dr. Hazelwood has noticed increased vomiting (daily now) and very frequent hairballs. Appetite has seemed increased in last 9-12 months. She has lost ~0.5 pounds since last weight in January. Gave Gabapentin 100 mg PO at 6:30 am.

## BREED

DMH

Abnormal PE/Chem/CBC/UA Results: Physical Exam Findings/Reason for Ultrasound: Worsening vomiting, hairballs, and now weight loss. Last year screening radiographs showed prominent left colic lymph nodes and potentially thickened intestines. Spleen is also prominent, but radiologist noted this was similar to her images year prior (but abnormal for a cat). She had a persistently elevated SDMA from 11/2020 to 04/2021. LABS attached

## SEX

Spayed Female

## 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.

## AGE

8 Years

The left kidney has a normal shape and size (3.26 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

6.6 Pounds

The right kidney has a normal shape and size (3.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 right adrenal gland is normal in size measuring 0.32 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.

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### Spleen

The spleen is subjectively normal in size (0.97 cm in width 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. No focal parenchymal abnormalities are visualized.

## REFERRING VET

Dr. Hazelwood

### 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.

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## DATE

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## PATIENT

Agnes Hazelwood 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

DMH

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 0.24, 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## SEX

Spayed Female

## AGE

8 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.

### **Pancreas**

The pancreas is prominent and mottled 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.

## WEIGHT

6.6 Pounds

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(Small Animal Internal  
Medicine)

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy present. An abdominal lymph node is visualized at 0.42 cm. Additional mesenteric lymph nodes are visualized at 0.26 cm and 0.30 cm. The omentum is of normal echogenicity.

## ULTRASONOGRAPHIC FINDINGS

### IMAGING BY

Loetitia Saint-Jacques,  
LVT

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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- Prominent muscularis layer to 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.

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Dr. Hazelwood

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

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

Today's scan is relatively normal. Ultrasonographic changes are mild and do not appear to have progressed from the previous description. The muscularis layer is very slightly prominent. This can be seen as a normal change in older cats, but can also be seen as an inflammatory change in some individuals. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreatic and small intestinal changes observed, and to look for low cobalamin levels, which could represent progressive intestinal disease.

**BREED**

DMH

- Recommend a hydrolyzed protein/novel protein prescription diet (I believe you're already doing this).

**SEX**

Spayed Female

- Recommend chronic probiotic therapy.

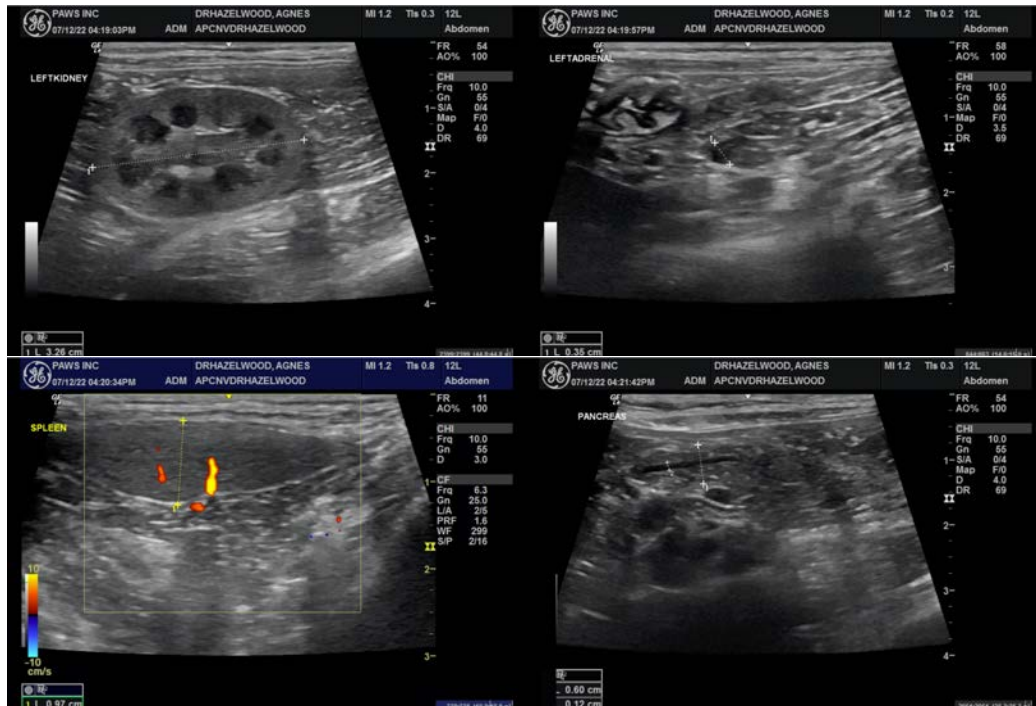
**AGE**

8 Years

- Consider the aforementioned GI panel.
- If symptoms persist, consider obtaining GI biopsies.

**WEIGHT**

6.6 Pounds



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Portable Animal Wellness Sonography, Inc.

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**SPECIES**

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**BREED**

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**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

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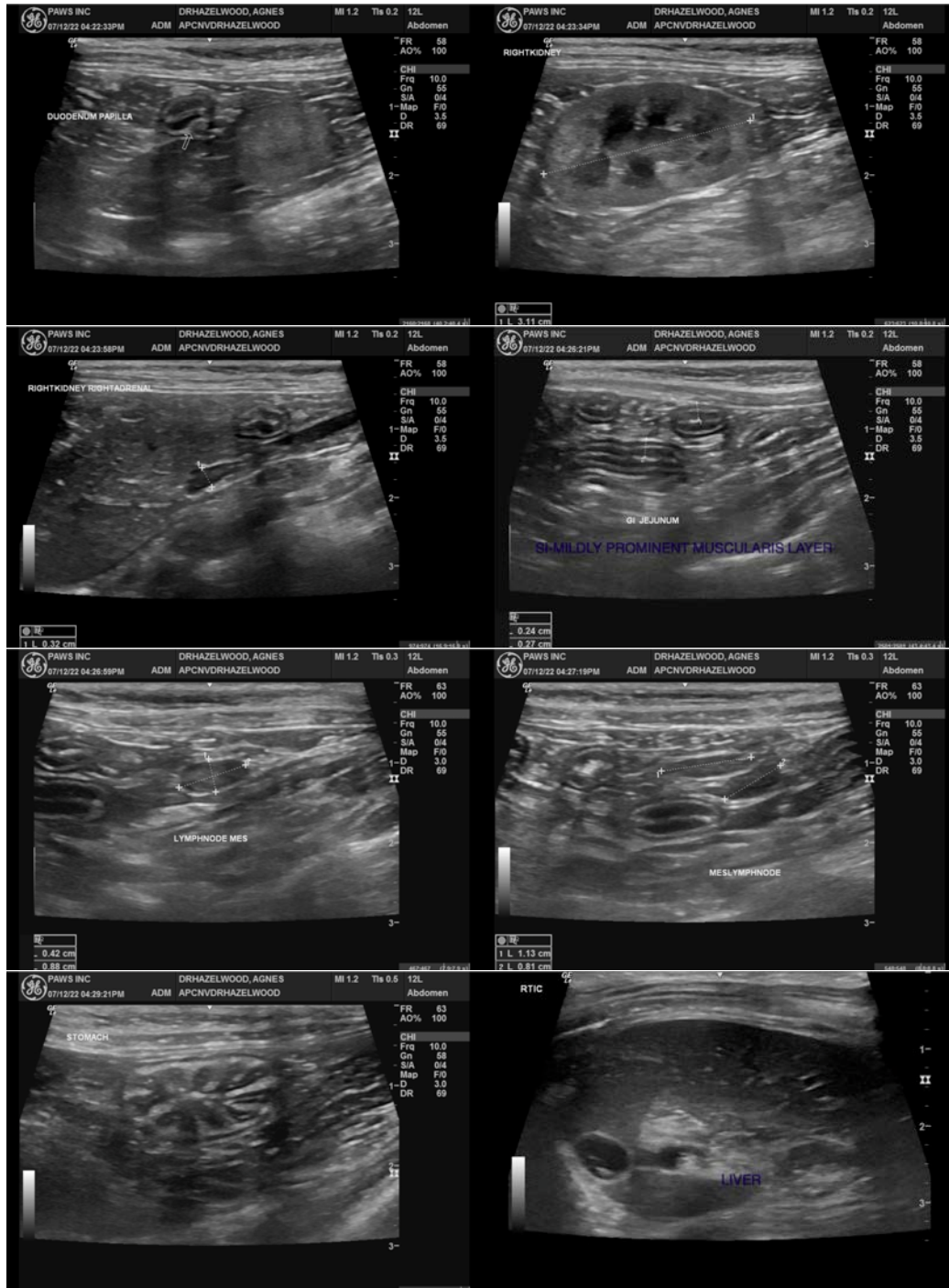
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

## SPECIES

Feline

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.

## BREED

DMH

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

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