

**PATIENT PRESENTING CLINICAL SIGNS**

Bug McBride Looking for wt loss- medically managed hyperthyroidism- with persistent weight loss-AUS 1 year ago showed mild intestinal thickening.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

BREED

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

DLH

SEX

Neutered Male

The left kidney has a normal shape and size (3.33 cm) with a non-obstructive nephrolith and mild pyelectasia at 0.22 cm. Overall echogenicity is increased with poor 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 infarcts or hydroureter. Renal vasculature is normal.

AGE

11/2013

The right kidney has a normal shape and size (3.13 cm) with non-obstructive nephroliths measuring 0.19 cm and 0.23 cm. Overall echogenicity is increased with poor 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.38 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 PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

The right adrenal gland is normal in size measuring 0.44 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 (0.91 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.

**REFERRING VET**

Dr. India Vannini

**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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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

DATE

7/13/23



**PATIENT** *Gastrointestinal*

Bug McBride

The stomach contains mild fluid and shadowing ingesta. 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. There is a small amount of soft shadowing material visualized within the gastric lumen, possibly consistent with a small amount of ingesta, a hairball, etc.

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Feline

**BREED**

DLH

**SEX**

Neutered Male

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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine with reduced detail of wall layering and thickening. In this region the bowel wall measures 0.32 cm. This irregularity extends for approximately 3.2 cm of bowel.

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The ileocecal junction was visualized and appears somewhat prominent. The proximal ileum appears somewhat thickened with intact wall layering. The ascending colon is distended with fluid and gas.

**WEIGHT**

7 Pounds

**Pancreas**

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**

There is a scant amount of free abdominal fluid. There are occasional prominent mesenteric lymph nodes, examples of which measure 0.48, 0.30, and 0.22 cm. The omentum is generally mildly hyperechoic.

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**ULTRASONOGRAPHIC FINDINGS**

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths and mild left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Fluid and soft shadowing material visualized within the gastric lumen – Correlate with feeding history. This could represent a small amount of ingesta, delayed gastric emptying, or a small hairball.
- Diffuse small intestinal thickening with prominent muscularis layer as well as a focal section of small intestine with asymmetrical loss of wall layering and thickening – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs. The focal area of thickening with reduced detail of wall layering is concerning for possible infiltrative disease (round cell neoplasia, carcinoma, other).

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**PATIENT**

Bug McBride

- Scant free abdominal fluid and prominent mesenteric lymph nodes – Findings are suggestive of generalized inflammation. An underlying neoplastic process cannot be ruled out.

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Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is general thickening of the small intestine with prominent muscularis layer. Additionally, there are some focal areas that appear more thickened with reduced detail of wall layering, concerning for possible early neoplastic lesions or areas of more severe inflammation. With the chronicity of this process, surgical GI biopsies may be necessary to obtain diagnosis. Alternately, you can consider:

**BREED**

DLH

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

**SEX**

Neutered Male

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A blood pressure, urinalysis and culture is warranted based on the changes observed in the kidneys and the urinary bladder. Additionally, you could consider hairball remedy and continued monitoring of mesenteric lymph nodes. I suspect they are too small for a fine needle aspirate at this time, but continued monitoring is warranted.

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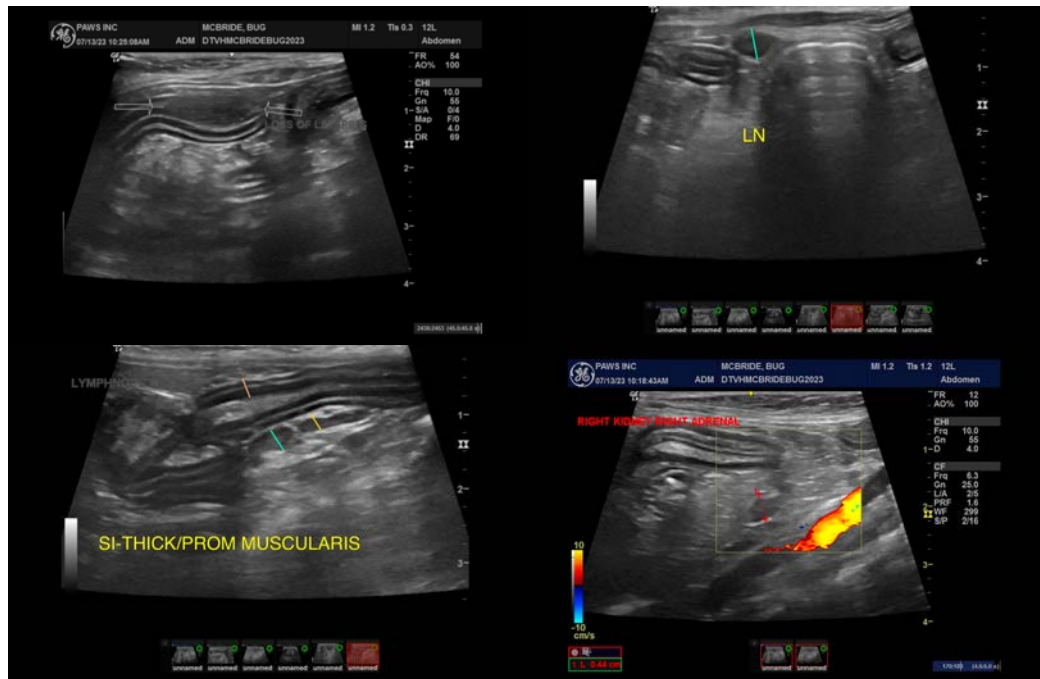
Dr. India Vannini

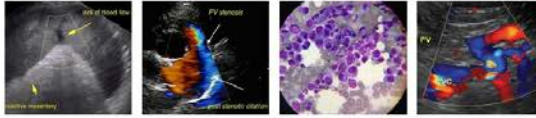
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**PATIENT**

Bug McBride

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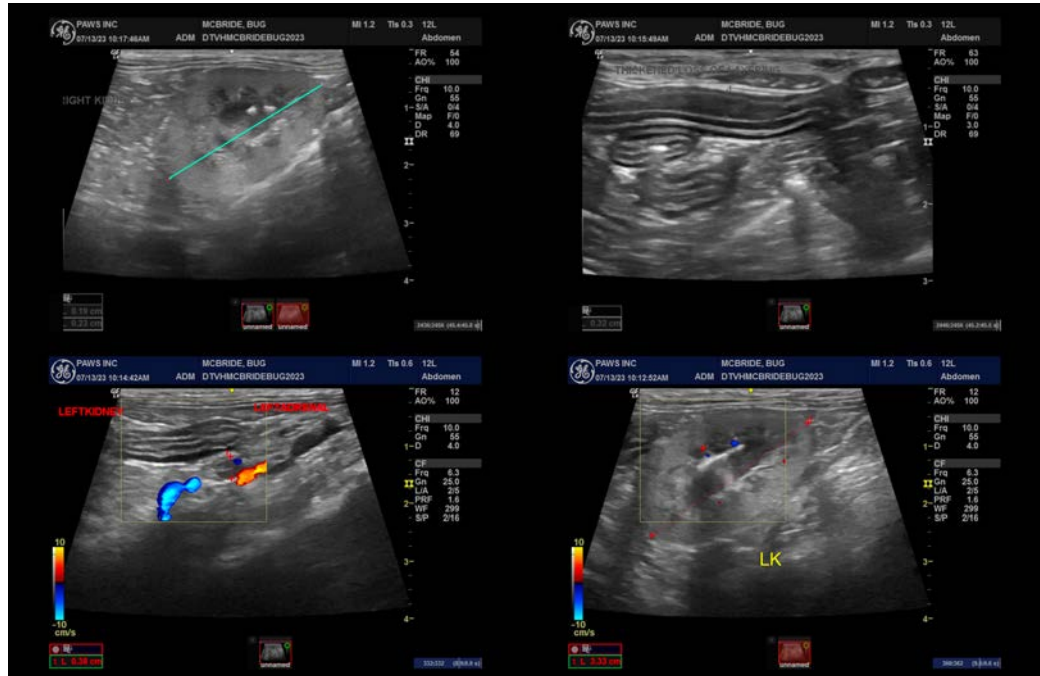
Neutered Male

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7 Pounds



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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