



**PATIENT PRESENTING CLINICAL SIGNS**

Nala Garza

History of chronic constipation. Currently taking Cisapride and Lactulose. Recently taken to the ER for inappetence and constipation. No vomiting. Treated with enemas and supportive care. Follow up X-rays showed a colon that was dilated with gas and one focal fecal ball, but otherwise empty. Inappetence has persisted. Yesterday supportive care was implemented. Fever noted yesterday and persists today.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Recent lab work shows hypercalcemia (suspect due to lactulose)

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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**

3 Years

The left kidney has a normal shape and size (4.19 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.

**WEIGHT**

10 Pounds

The right kidney has a normal shape and size (4.02 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.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Emily Kirk

The left adrenal gland is normal in size measuring 0.21 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 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 is visualized.

**HOSPITAL NAME**

Shiloh AH

**Spleen**

The spleen is borderline large (0.99 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. Audra Alley

**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**

44230

**DATE**

7/20/23

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.



**PATIENT** *Gastrointestinal*

Nala Garza 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.

**SPECIES**

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.16 cm. Duodenum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

DSH

**SEX**

Spayed Female

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.

**AGE**

3 Years

*Pancreas*

The right limb of 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**

10 Pounds

*Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional visible/prominent mesenteric lymph nodes. Examples measure 0.28 cm and 0.27 cm. The omentum is of normal echogenicity.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Borderline large spleen – This could be normal for a larger cat. No parenchymal abnormalities were noted.
- Prominent, mottled left limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Visible/slightly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**IMAGING PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The abnormalities described on today's scan are very mild and subjective. No large focal lesions were visualized to explain the decrease in appetite noted.

**REFERRING VET**

Dr. Audra Alley

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If no other biochemical changes are noted (I would likely get current bloodwork), then consider the fever as a source for the lethargy/inappetence. Recommend 3-view thoracic radiographs, specifically if this patient was sedated for enemas, etc., as aspiration pneumonia could be a risk, or inflammation/fever secondary to colonic manipulation. Recommend supportive care and possibly fluids to help with the fever with close continued monitoring. If symptoms are persisting or progressing, repeat imaging may be indicated.

**DATE**

7/20/23



**PATIENT**

Nala Garza

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

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(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Emily Kirk

**HOSPITAL NAME**

Shiloh AH

**REFERRING VET**

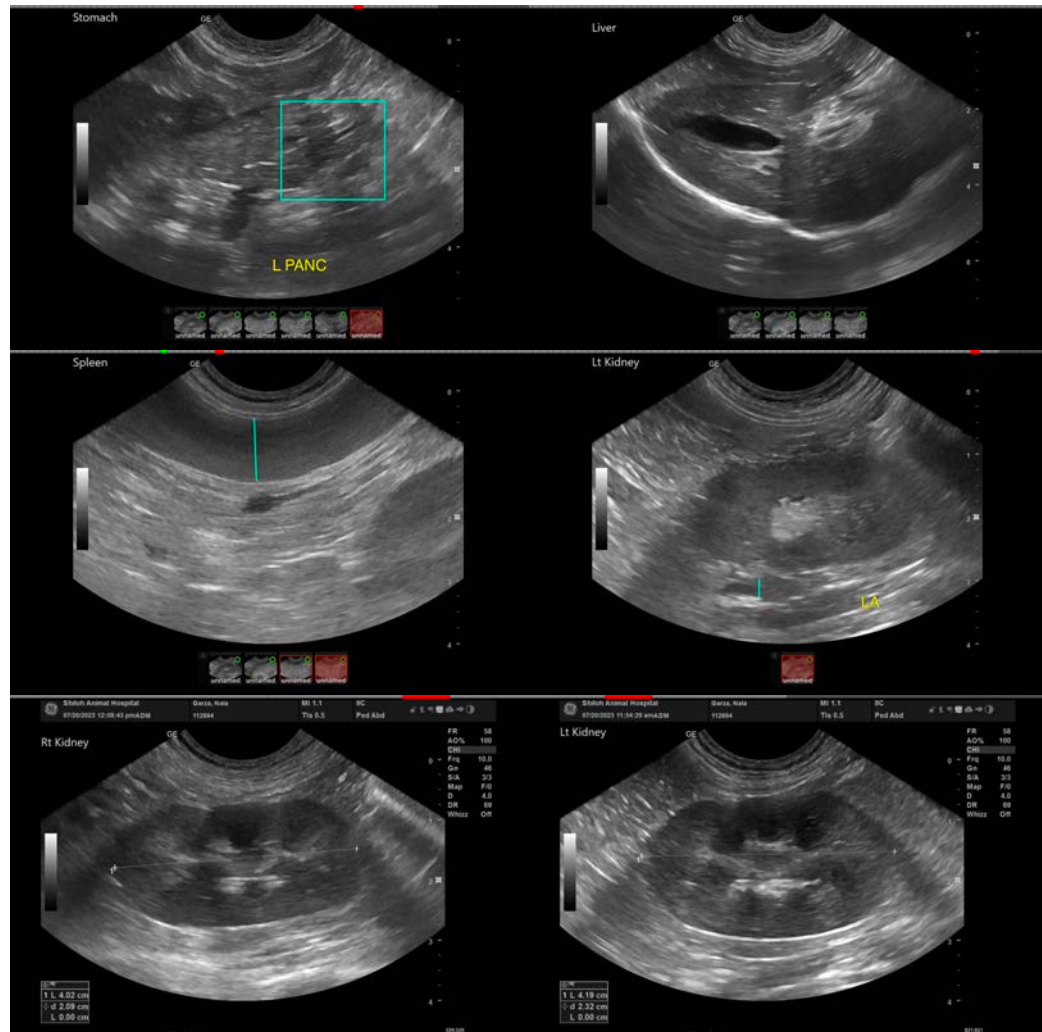
Dr. Audra Alley

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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