



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Oreo Stefanyi  
Indoor only cat, losing weight, some behavior changes, drinking out of the shower and sink and finding him sitting in the sink. Has been on Metronidazole and Famotidine and Cerenia.

**SPECIES**

**SPECIES** Feline  
Abnormal PE/Chem/CBC/UA Results: CBC, Chem and Urine profile showed presence of pancreatitis, stage 2 kidney disease and maybe cholangitis. R/O IBD as well in triaditis.

**BREED**

**BREED** DSH

**SEX**

**SEX** Neutered Male

**AGE**

**AGE** 15 Years

**WEIGHT**

**WEIGHT** 4.1 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

BPH Ancaster

**REFERRING VET**

Dr. Williams

**INVOICE**

43855

**DATE**

7/6/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The left kidney has a normal shape and size (3.71 cm) with increased. 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.

The right kidney has a normal shape and size (3.71 cm). Overall echogenicity is slightly hyperechoic 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.33 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 right adrenal gland is normal in size measuring 0.45 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.

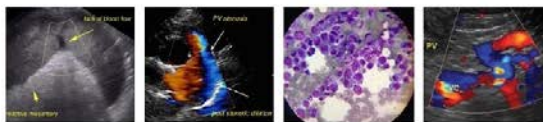
**Spleen**

The spleen is subjectively normal in size (0.68 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 prominent measuring 0.12 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



**PATIENT** *Gastrointestinal*

Oreo Stefanyi The stomach contains mild fluid. 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. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

DSH

**SEX**

Neutered Male

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**

15 Years

*Pancreas*

The left limb of the pancreas is hypoechoic 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**

4.1 kg

*Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes visualized. Examples measure 0.35 cm and 0.61 cm in diameter. The omentum is generally of normal echogenicity.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Crystal Hill

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hyperechoic kidneys – Findings could be consistent with early interstitial nephritis.
- Hypoechoic mottled left limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder debris with a prominent gallbladder wall – Findings are mild but could be consistent with cholecystitis.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**HOSPITAL NAME**

BPH Ancaster

**REFERRING VET**

Dr. Williams

**INVOICE**

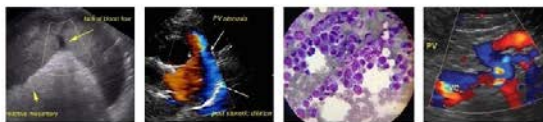
43855

**DATE**

7/6/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No large focal lesions are visualized on today's exam to explain the weight loss and behavior changes reported. There are some mild changes associated with both kidneys that could be consistent with chronic age related renal changes. There is a large amount of echogenic debris in the urinary bladder. A urinalysis and culture is recommended.



## PATIENT

Oreo Stefanyi

The pancreas appears somewhat prominent and mottled in some views. Correlate with a quantitative fPLI level. There is minimal evidence of active inflammation, but if active pancreatitis is suspected, recommend empirical treatment and continued monitoring.

## SPECIES

Feline

Overall, the gallbladder appears relatively normal. There is a small amount of debris, and the gallbladder wall is slightly prominent. These could be incidental changes or could be consistent with mild cholecystitis. Correlate with lab work. If liver enzyme elevations are present, you could consider medical treatment.

## BREED

DSH

Unfortunately, there are many causes for weight loss (primarily gastrointestinal disease) that cannot be diagnosed by ultrasound alone. If a primary enteropathy is suspected, you could consider:

## SEX

Neutered Male

- 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.

## AGE

15 Years

If weight loss is persistent, consider reimaging, looking for progression of any lesions. Additionally, recommend 3-view thoracic radiographs.

## WEIGHT

4.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

BPH Ancaster

## REFERRING VET

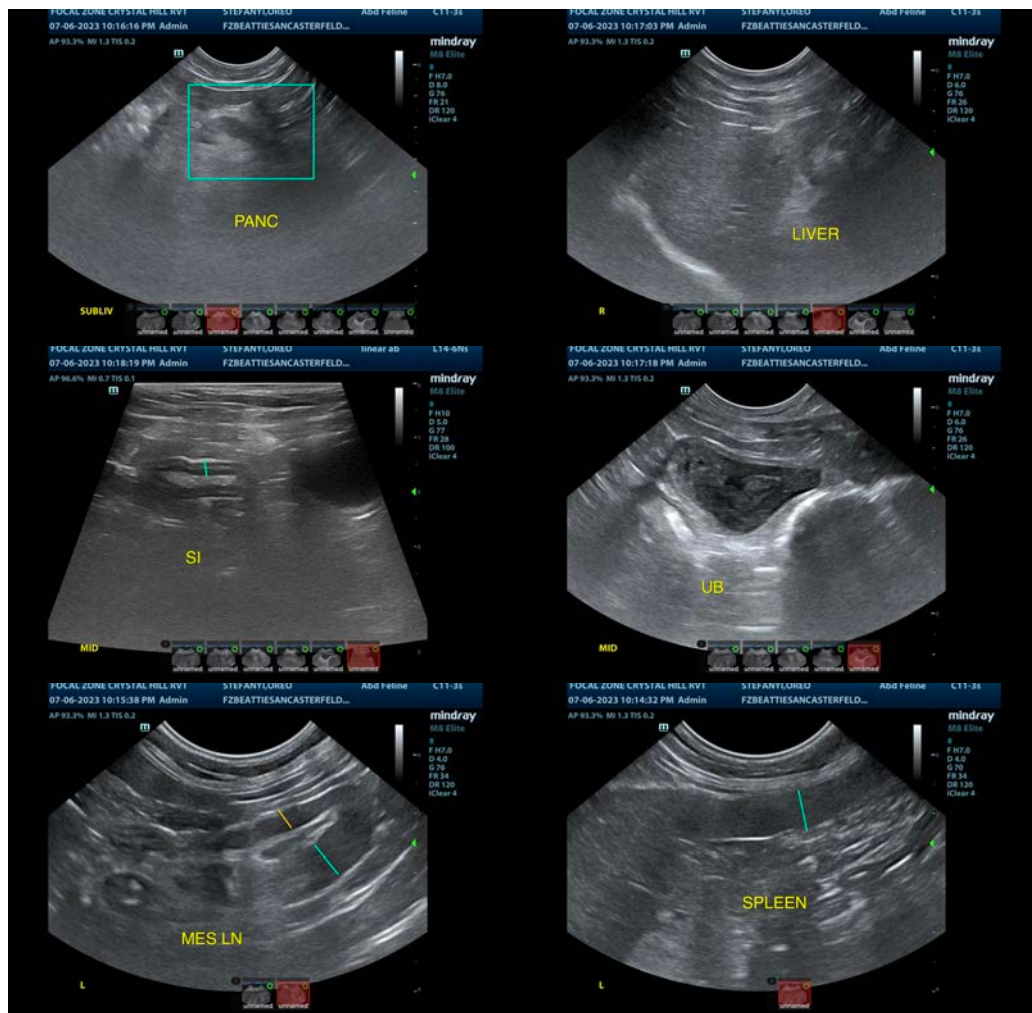
Dr. Williams

## INVOICE

43855

## DATE

7/6/23





**PATIENT**

Oreo Stefanyi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

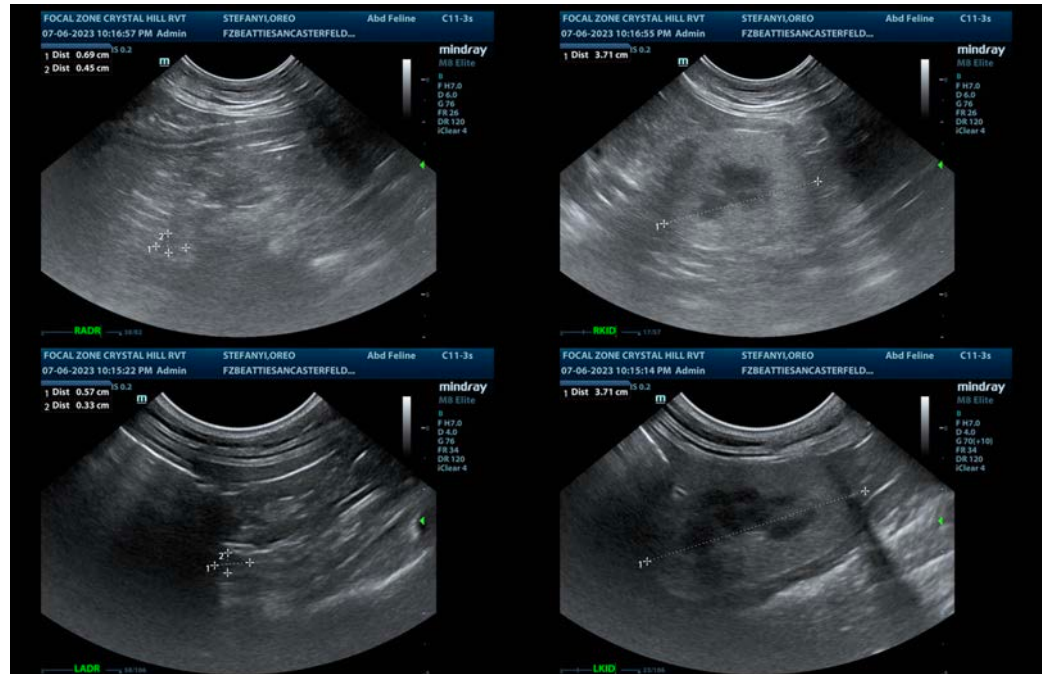
Neutered Male

**AGE**

15 Years

**WEIGHT**

4.1 kg



**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

BPH Ancaster

**REFERRING VET**

Dr. Williams

**INVOICE**

43855

**DATE**

7/6/23

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