



**PATIENT**

Papo Arizabal

**SPECIES**

Feline

**BREED**

Bengal Cat

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

11.1 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

39288

**DATE**

7/7/22

**PRESENTING CLINICAL SIGNS**

Renal disease, lymphocytosis (8.06).  
Abnormal PE/Chem/CBC/UA Results: Elevated SDMA/creatinine/BUN/lymphocytes/monocytes.  
U/A: blood 3+, USG 1.014.

**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, or masses. There are two small pinpoint hyperechoic foci in the dependent portion of the urinary bladder measuring 0.14 cm and 0.16 cm, most consistent with sandy debris/small calculi.

The left kidney has a normal shape and size (3.77 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (3.81 cm) with non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.32 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.

**Spleen**

The spleen is subjectively normal in size (0.85 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.

**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 not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no



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impression of reduced peristaltic activity. There is a large amount of intraluminal fluid and suspected ingesta within the gastric lumen. Shadowing of this material hinders full evaluation of the pyloric region.

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Most of 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There is a section of fluid dilated bowel and occasional intraluminal shadowing visualized. There is no obvious obstruction seen, but continued monitoring is warranted, as this is a possibility.

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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.

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***Pancreas***

The pancreas is prominent and hypoechoic as 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. Prominent pancreatic duct noted at 0.22 cm.

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***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.

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Pinpoint mineralizations in the dependent portion of the urinary bladder – recommend continued monitoring, urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with right-sided non-obstructive nephroliths – 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 right kidney are consistent with small, non-obstructive nephroliths.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large amount of fluid/ingesta within the gastric lumen – Correlate these findings with feeding history and abdominal radiographs. If the patient was adequately fasted, this could represent ingested foreign material or a pyloric outflow tract obstruction, although none is discretely visualized. Additionally, ileus is possible.
- Focal small intestinal fluid dilation with occasional intraluminal shadowing – This could represent an area of focal ileus, or could be concerning for ingested foreign material. Some shadowing is visualized, but a discrete obstruction cannot be identified. Correlate with abdominal radiographs and serial imaging.

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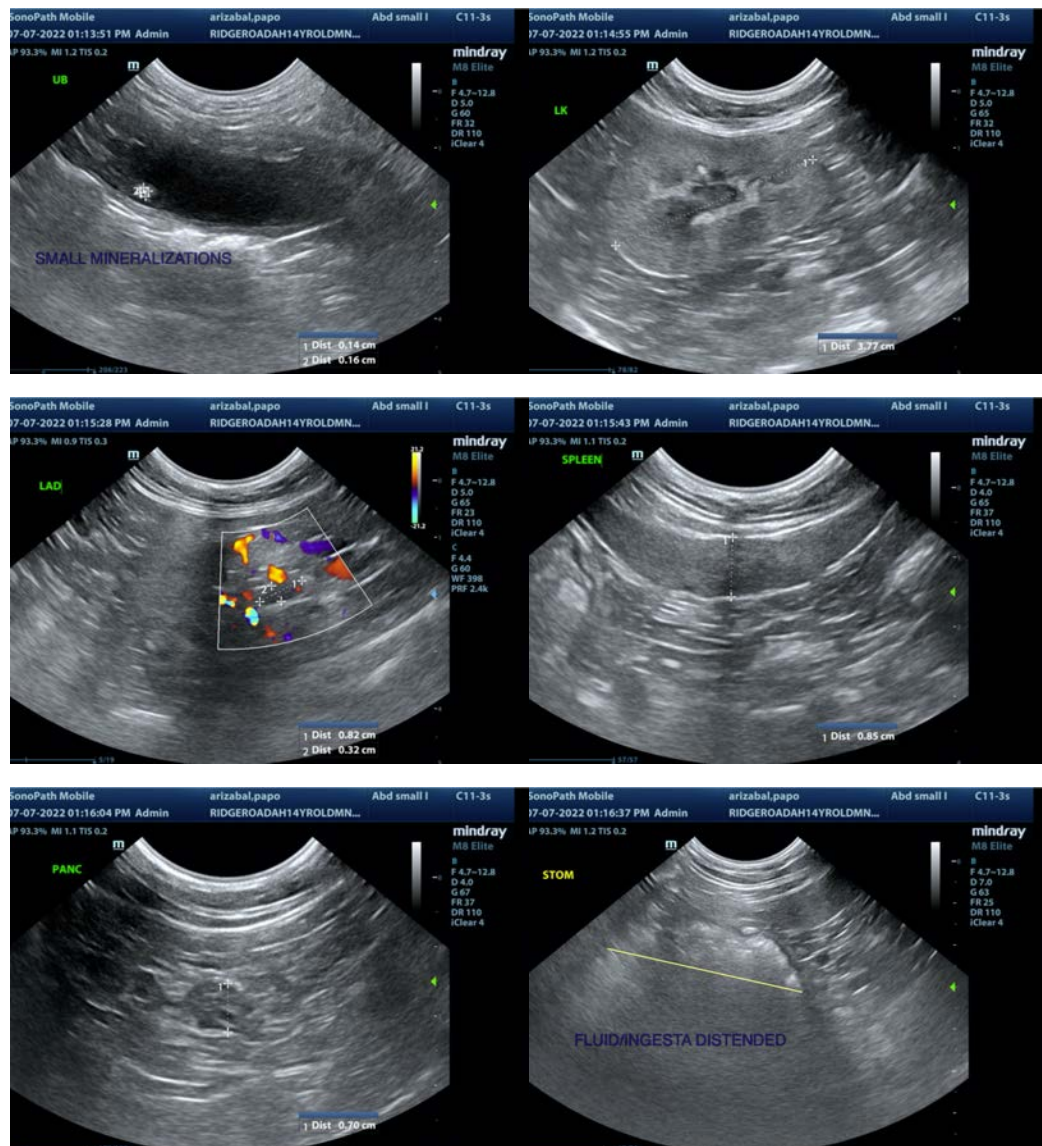
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It is not clear if this pet is vomiting/sick, etc. The stomach does appear significantly dilated with fluid and ingesta. Correlate these findings with feeding history and abdominal radiographs. If the patient was adequately fasted, then consider the possibility of an outflow tract obstruction or a proximal small bowel obstruction. Recommend serial imaging, etc. Additionally, the pancreas is somewhat prominent, so ileus is possible, but there is no evidence of fluid dilation in the distal small intestine.

The changes observed in the kidneys are most consistent with chronic progressive renal disease, although there are some small nephroliths in the right kidney. Recommend blood pressure, urinalysis and culture.





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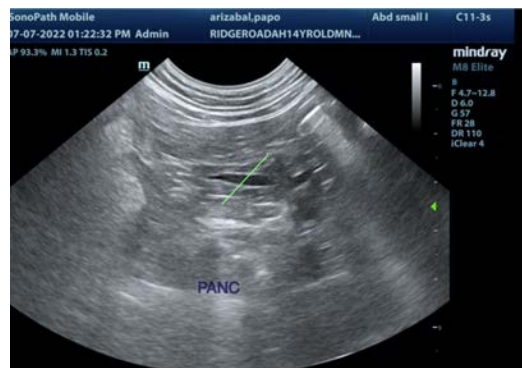
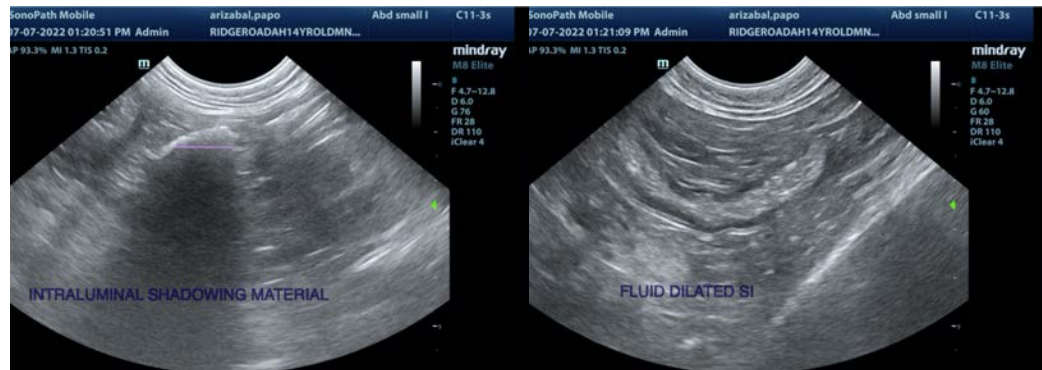
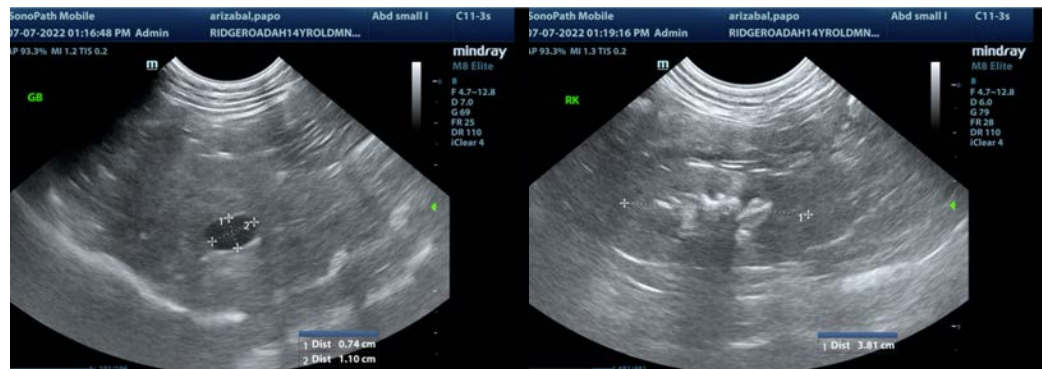
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com