

IMAGING PERFORMED BY

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**DATE PRESENTING CLINICAL SIGNS**

8/10/22 Chronic vomiting, historic labwork WNL; radiographs WNL.

**PATIENT**

Sydney Dalton

Current Medications: None.  
Lab Results: CBC/Chem/Pro BNP/fPL/Texas A&M/TT4/FT4 all WNL.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (3.3 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.

**AGE**

7/11/11

The right kidney has a normal shape and size (3.67 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**

8 Pounds

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.37 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/borderline "plump" in size measuring 0.53 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.

**IMAGING PERFORMED BY**

Stephanie Warga  
RDMS, RVT

**Spleen**

The spleen is subjectively normal in size (0.58 cm 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.

**HOSPITAL NAME**

Airpark AH

**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.

**REFERRING VET**

Dr. Marciszewski

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.

**INVOICE**

40303

### ***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.

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

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 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.

### ***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.

### ***Other***

There is a small focal shadowing lesion visualized in what appears to be the free abdomen caudal to the left kidney measuring 0.51 cm. This does not appear associated with any other structures. Consider possible mineralized bates body(?). Confirm with radiographs.

## **ULTRASONOGRAPHIC FINDINGS**

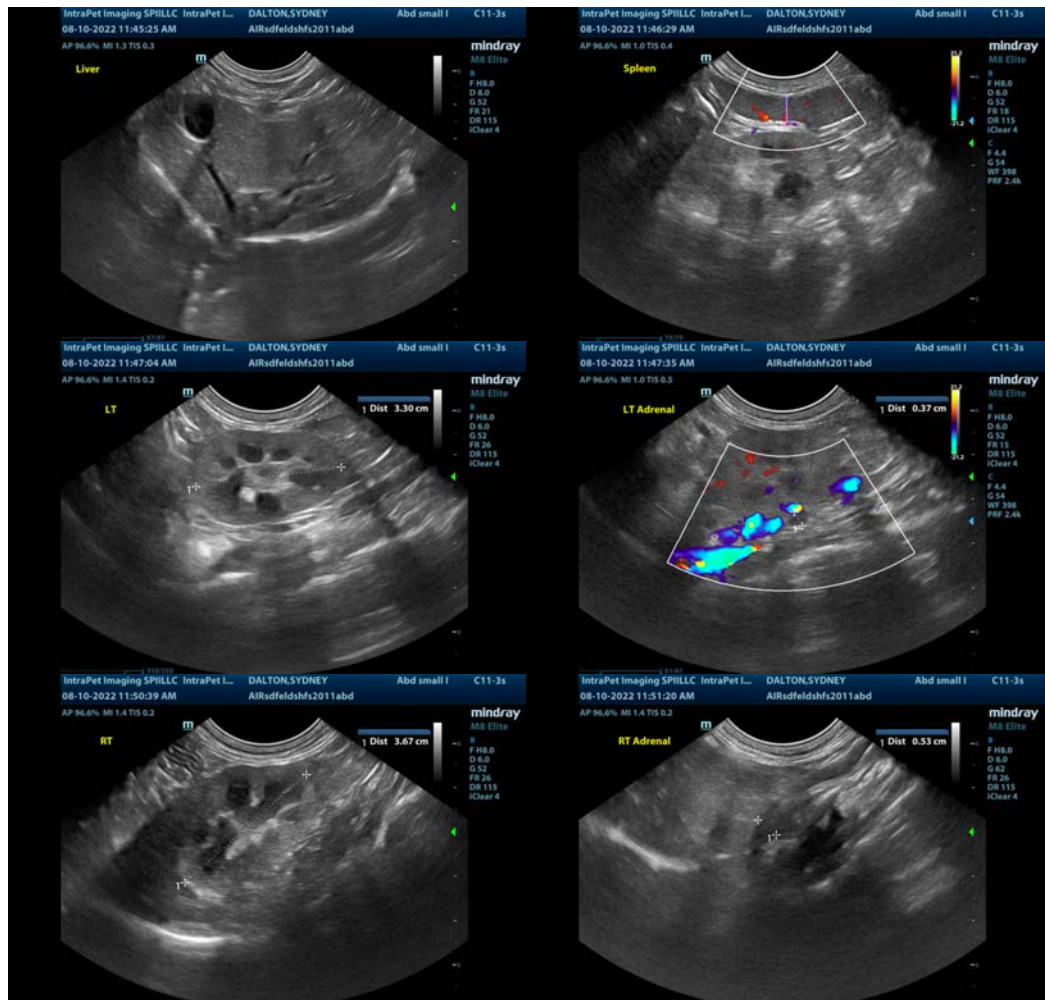
- Mildly hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly prominent right adrenal gland – This is subjective, as the margins are somewhat poorly defined. Recommend blood pressure evaluation and recheck scan in 8 weeks to reevaluate.
- 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.
- Hyperechoic shadowing structure caudal to the left kidney – This does not appear associated with any other abdominal structures. Recommend continued monitoring and abdominal radiographs to determine if this could possibly be a mineralized bates body.

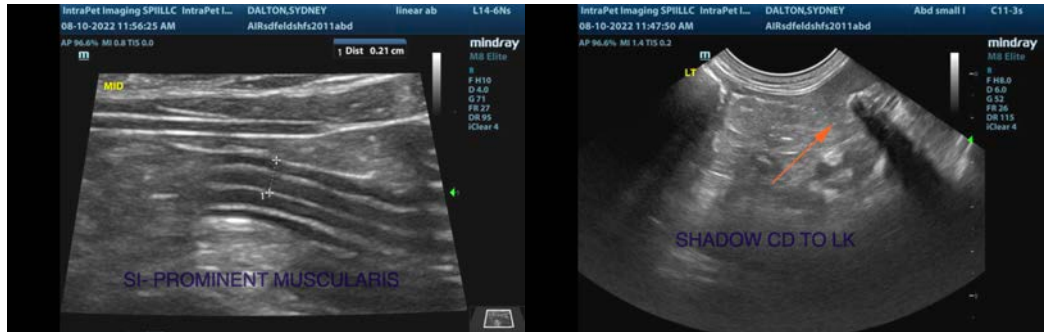
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively mild and non-specific. The pancreas appears somewhat prominent, but not overtly inflamed. The muscularis layer to the small intestine is prominent. Given the chronic signs, I would be concerned about primary gastrointestinal disease such as dietary intolerance/food allergy, GI parasitism, IBD, dysbiosis, and less likely intestinal neoplasia.

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Recommend chronic probiotic therapy.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If symptoms persist despite these changes, consider obtaining GI biopsies.

The right adrenal gland appears somewhat prominent, but poorly defined. Consider a blood pressure evaluation and reimaging in approximately 8 weeks to look for evidence of progression.





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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