

**PATIENT**

Uno Moran

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15y

**WEIGHT**

13.8lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Jagger, DVM

**HOSPITAL NAME**

VCA Parkway AH

**REFERRING VET**

Amy Jagger, DVM

**INVOICE**

10399

**DATE**

8/10/2023

**PRESENTING CLINICAL SIGNS**

CKD Iris stage 2, here for wellness and annual labs but when US guided cysto done an abnormality was noted (segment of severely thickened intestinal wall) and so full AUS was pursued. No GI symptoms noted at home.

Abnormal PE/Chem/CBC/UA Results: Labs from today still pending but last year BUN 45 and Creat 2.3 with dilute urine Cytology from FNA of intestinal wall mass pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with echogenic 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.

The left 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.

The right kidney has an irregular in shape (likely due to a previous infarct) (3.52 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 0.49 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 0.59 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.

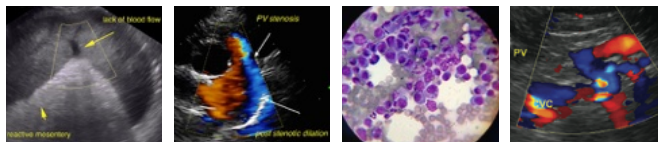
**Spleen**

The spleen is subjectively normal in size (0.95 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic nodules visualized within the parenchyma, examples of which measure 0.38 cm and 0.37 cm. Additionally, there is a small hyperechoic focus measuring 0.19 cm.

**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 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.



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**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 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 jejunum measured as normal (0.2 cm) Visualized peristalsis appears appropriate. There is a focal section of small intestine with severe thickening and complete loss of layering creating a mass effect in this region. The bowel wall measures 0.75 cm in thickness. The diameter of the mass effect is approximately 2.54 cm, and the extent of this lesion is greater than 3.25 cm in length.

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 area of 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**

Evaluation of the peritoneal cavity did reveal scant free abdominal fluid, no lymphadenopathy is noted. The omentum is hyperechoic around the focal bowel mass.

**PRIMARY FINDINGS**

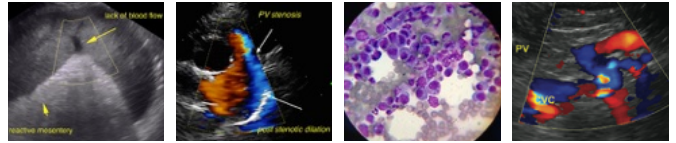
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Hyperechoic nodules and foci visualized within the spleen. These findings are most consistent with benign lesions although an underlying neoplastic process can not be definitively ruled out.
- Focal area of small intestinal wall thickening with complete loss layering creating a mass effect. Findings are concerning for infiltrative disease to the small intestine primary differentials would be round cell neoplasia, carcinoma, other.

**SECONDARY FINDINGS**

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a focal section of small bowel which has lost all detailed wall layering and is severely thickened and enlarged, creating a mass effect. Primary differential of concern would be round cell neoplasia although carcinoma and other differentials are possible. Recommend a fine needle aspirate (I believe this was performed during the ultrasound exam) and cytologic evaluation. If a diagnosis cannot be obtained based on cytologic evaluation surgical biopsies may be necessary.



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

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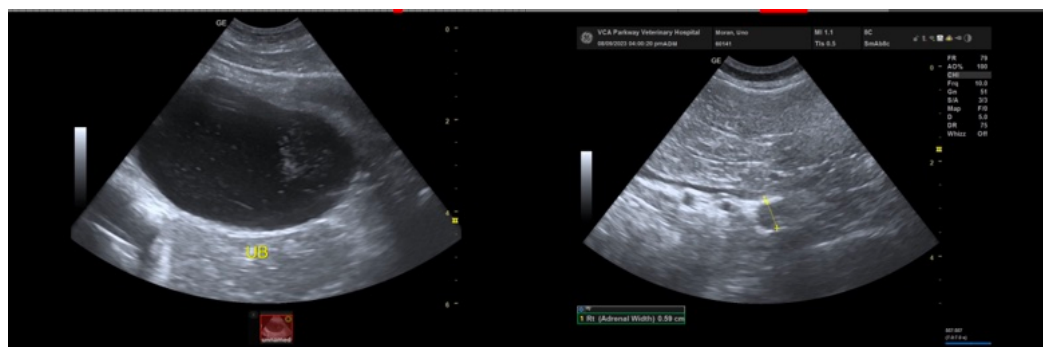
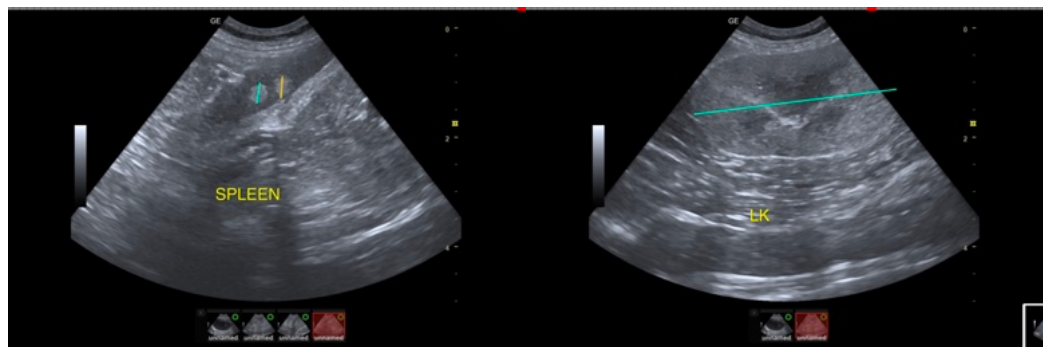
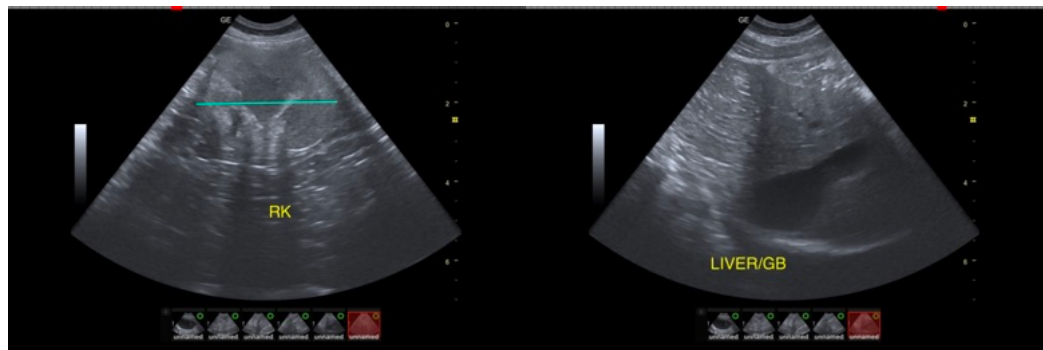
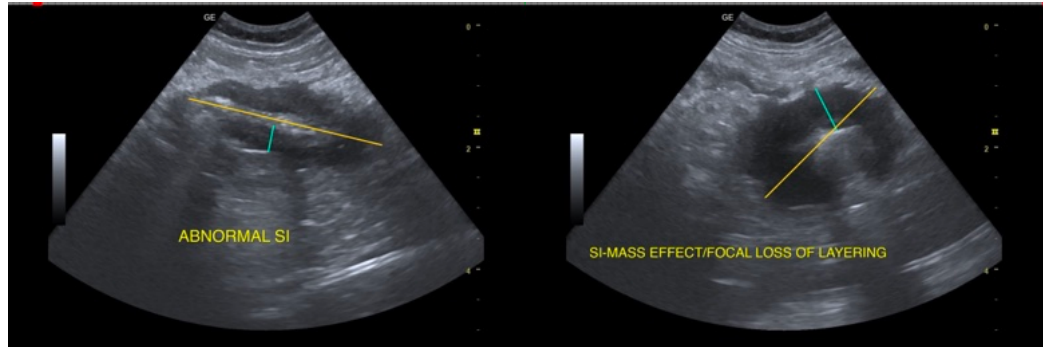
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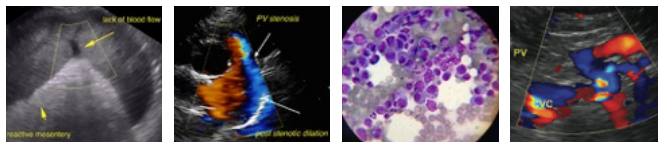
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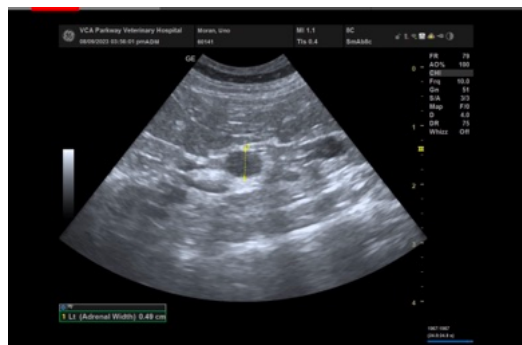
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com