

**DATE**

8/31/21

**PRESENTING CLINICAL SIGNS**

Presented for weight loss and inappetence in June 2021. BW showed hyperthyroidism and abnormal fPLI snap test. Initially treated with Methimazole and azithromycin. Diet change was not able to be pursued. In August, T4 was rechecked and was low at 0.75, patient was still not eating well, but patient had gained 2 oz. Methimazole dosage was cut in half. Appetite did not improve and weight loss has continued. Full BW was sent out and spec fPLI was requested.

**PATIENT**

Leaf Ruble

Current Medications: See above

Lab Results: See above

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**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, masses or cystic calculi.

**SEX**

Spayed Female

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

**AGE**

2007

**WEIGHT**

6 lbs

The right kidney has a normal shape and size (3.25 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.42 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.

**HOSPITAL NAME**

Chadwell AH

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****REFERRING VET**

Dr. Haskin

The spleen is subjectively normal in size, 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.

**INVOICE**

91579

**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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***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. The duodenum measured 0.31 cm, jejunum measured 0.17 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. This is consistent with moderate pancreatitis.

### ***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 increased echogenicity in the area around the pancreas.

### ***Other***

There is a linear, slightly, irregular section of abnormal, hypoechoic tissue at the body wall that measures 0.76 x 2.37 cm in length. The mesentery around this hypoechoic tissue is hyperechoic and inflamed.

## **ULTRASONOGRAPHIC FINDINGS**

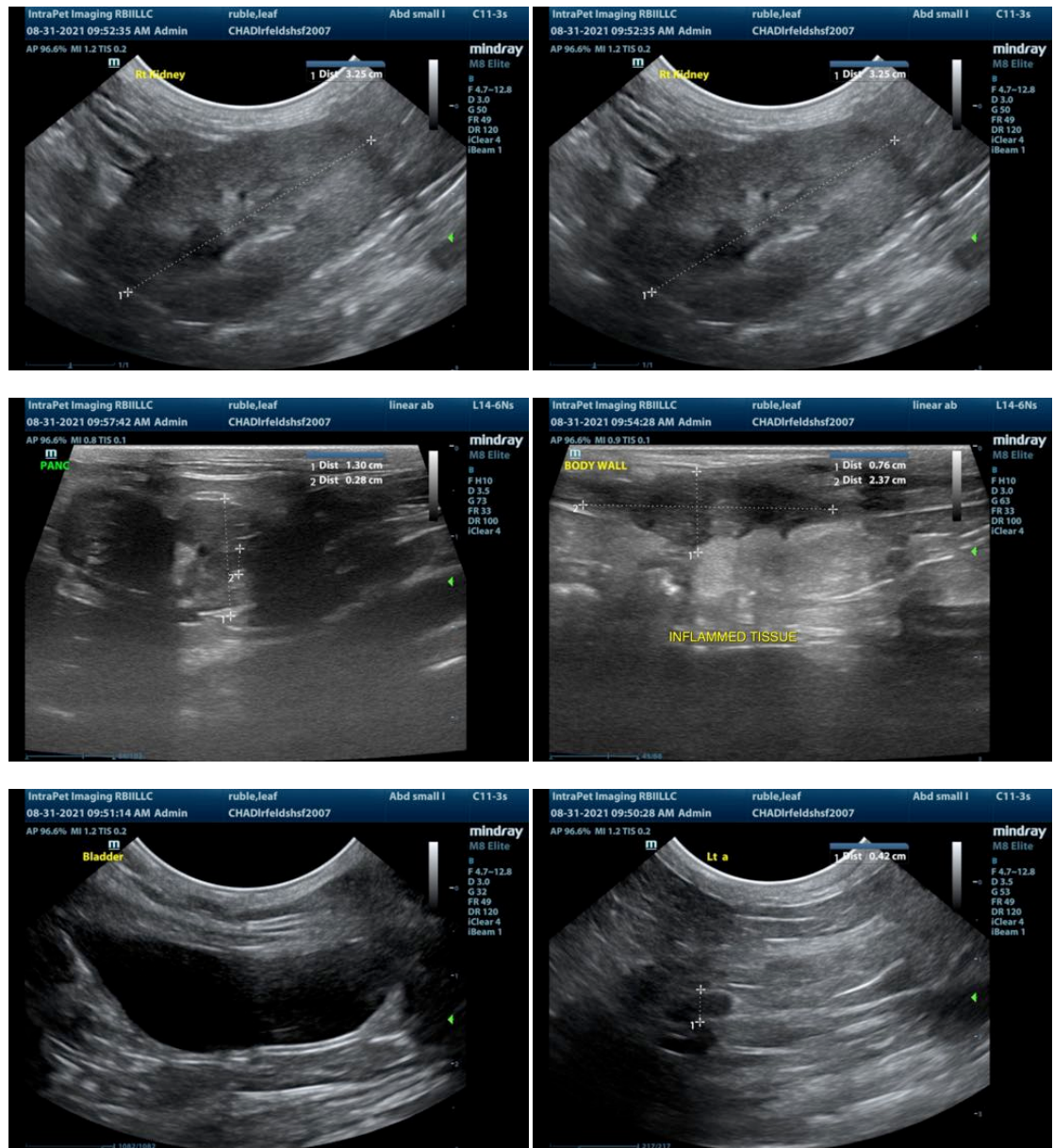
### **PRIMARY FINDINGS:**

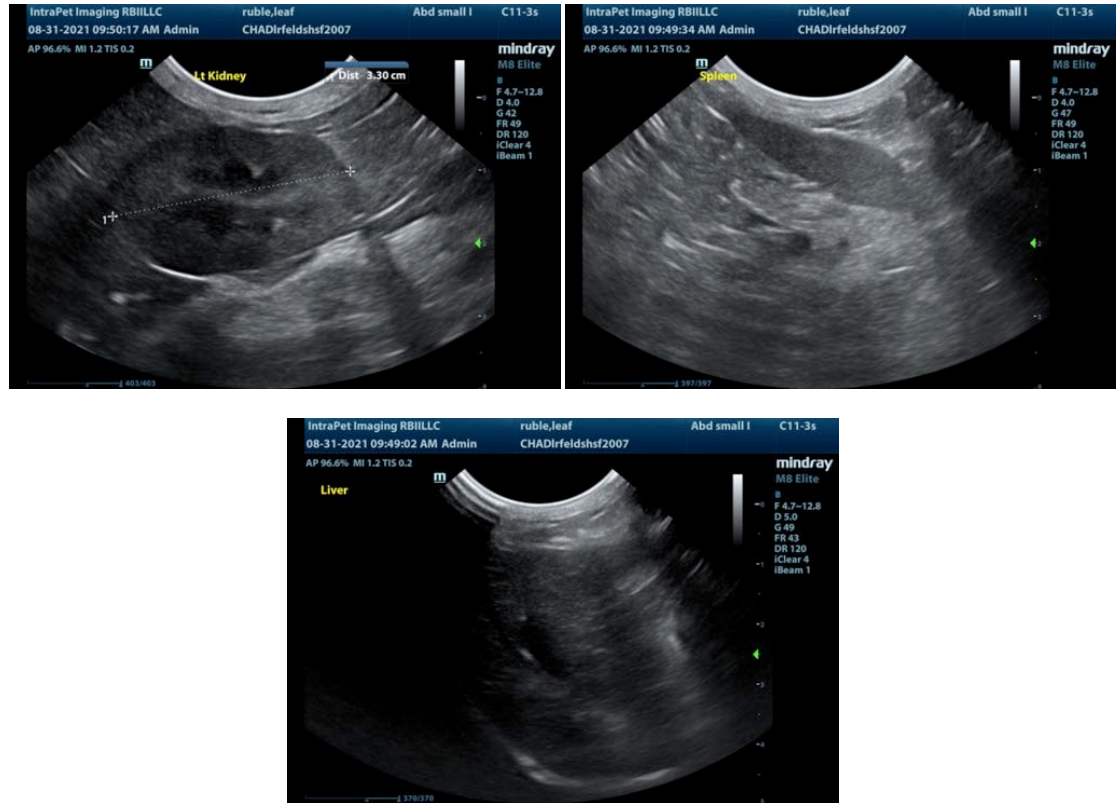
- Hypoechoic, inflamed tissue at the body wall. This is of unknown significance. Consider FNA +/- biopsy of this tissue if an obvious cause is not apparent (incision line, etc).
- Large, prominent, pancreas with dilated duct and surrounding inflammation. The pancreatic changes are most consistent with moderate pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
- Mildly prominent, muscularis layer of 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.
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are most consistent with chronic renal disease. Additionally the small bowel is slightly prominent, which could indicate underlying small intestinal disease. I recommend continued therapy for pancreatitis and potassium supplementation, GI panel with fPLI, B12 and folate to better evaluate the small intestine and chest radiographs.

Additionally there is some abnormal tissue along the body wall. The nature of this is unclear. This likely correlates to elevated CK seen on your blood work. Consider a FNA of this tissue +/- possible biopsy if an aspirate is not conclusive and this lesion continues. Alternately this can be consistent with a wound/incision/infected area from subcutaneous fluids, etc.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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