



**PATIENT**

Daphne Rose Hall

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Bush AH

**REFERRING VET**

Dr. Newman

**DATE**

10/8/21

**Invoice**  
92290

**PRESENTING CLINICAL SIGNS**

BW WNL, weight loss of 3 pounds in last year and anorexia for 2-3 months Current Medications cerenia, mirtazapine

**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.

The left kidney has a normal shape and size (3.5 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.

The right kidney has a normal shape and size (4.1cm). 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.4 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, 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 heterogenous in echotexture with subtle, indistinct focal mottling. 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 gallbladder is not thickened and has a



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smooth mucosal surface. Luminal contents are 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. The bowel appears somewhat corrugated and has increased muscularis. The duodenum measured 0.42 cm and the jejunum measured 0.35 cm.

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

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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.

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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**

**PRIMARY FINDINGS:**

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- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild/pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.

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- Thickened small intestine with prominent muscularis layer and focal corrugation. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Additionally some areas of bowel appear corrugated, which is consistent with focal enteritis/irritation.

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**SECONDARY FINDINGS:**

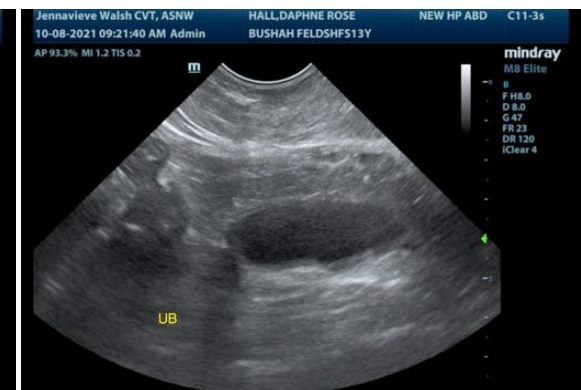
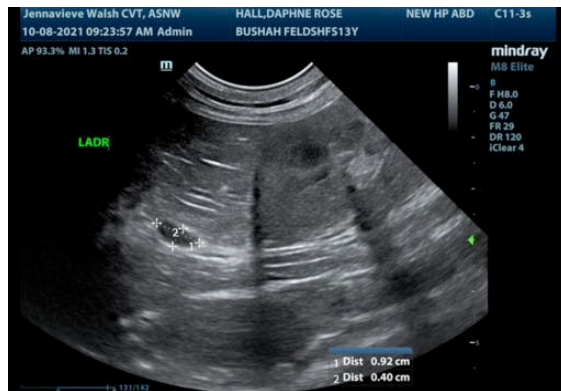
- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. If the liver values are normal this is likely an age related change.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The combination of weight loss with thickened bowel and focal corrugation is suggestive of a primary gastrointestinal problem. Additionally the pancreas is hypoechoic so there may be significant pancreatic inflammation. If metabolic testing (including T4 levels) appears normal then consider primary causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, IBD and less likely intestinal neoplasia.

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

- Recommend diet trial with a novel protein/hydrolyzed prescription diet
- Recommend GI panel (quantitative fPLI, TLI, cobalamin and folate) to further evaluate for pancreatic/small intestinal disease.
- If symptoms are progressing consider obtaining GI biopsies





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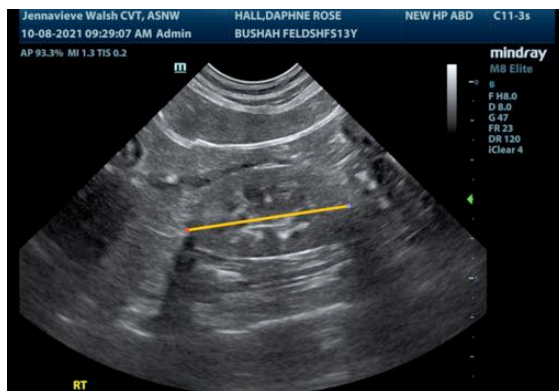
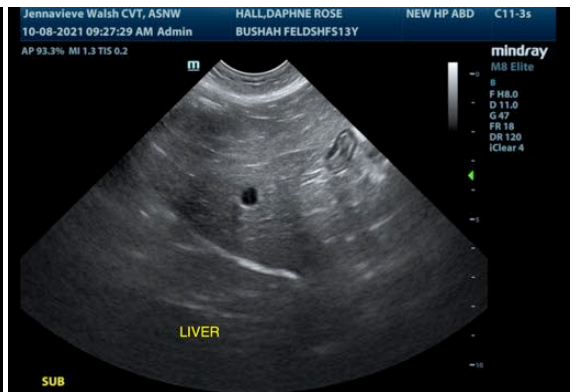
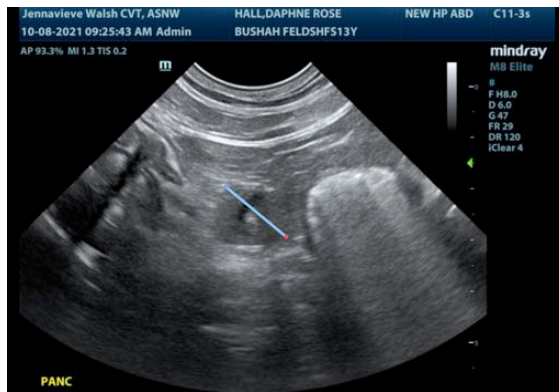
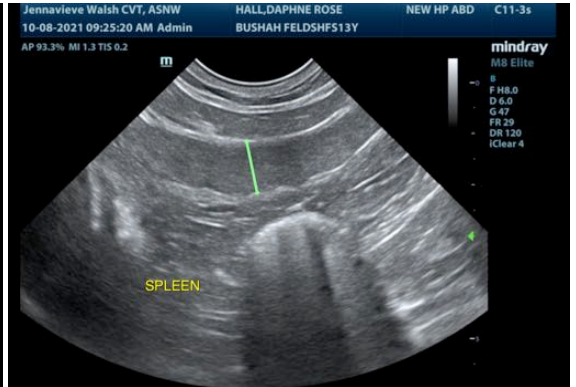
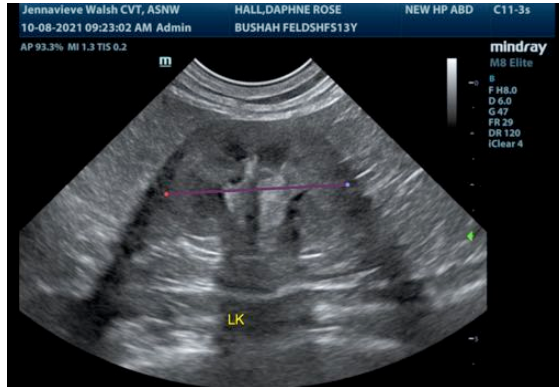
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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