



**PATIENT**

Mozel Esterowitz

**PRESENTING CLINICAL SIGNS**

History: 11 yo FS, newly diagnosed stage 2 renal disease. History diarrhea and weight loss, no vomiting. T4 WNL.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**SEX**

Spayed Female

**Kidneys**

**AGE**

11 years

The **left** kidney measures 2.87 cm (3.80-4.40 cm). Decreased in size. The capsule is smooth. Despite the decrease in size, its overall architecture, including the definition of the cortico-medullary junction, is well preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is very mildly hyperechoic.

The **right** kidney measures 3.19 cm (3.80-4.40 cm). Findings are similar to the left kidney.

**WEIGHT**

5.5 lbs

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Adrenal Glands**

Not visualized, however, the regions where they should be located do not reveal any abnormalities.

**IMAGING PERFORMED BY**

Dr. Petrone

**Spleen**

The spleen is within normal limits in size 6.2 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

Dr. Petrone

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, but is mildly hyperechoic; the liver is isoechoic to the falciform fat. A hypoechoic nodule is observed. It measures 3.1 mm in depth x 4.6 mm in length. No abnormalities are observed with the hepatic vessels visualized.

**INVOICE**

30457

The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The cystic duct is mildly dilated (4.5 mm) and tortuous. An obvious obstruction is not observed.

**DATE**

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<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Mozel Esterowitz	The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
<b>SPECIES</b>	The duodenum is within normal limits in thickness. Ingesta and fluid are present within the lumen.
Feline	The small intestinal wall thickness, including the duodenum, varies between the normal reference range 0.21 cm to mildly thickened 0.27 cm. Although the definition of the wall layers is preserved, the submucosa and muscularis are more prominent than usual. The mesentery surrounding the small intestines is hyperechoic. Abnormally dilated loops of bowel are not observed.
<b>BREED</b>	
Domestic Shorthair	The colonic wall is not thickened and mural detail is considered normal.
<b>SEX</b>	<b><i>Pancreas</i></b>
Spayed Female	Both limbs are diffusely hypoechoic and have mildly irregular contours. The surrounding mesenteric fat is mildly to moderately hyperechoic, suggestive of saponification. These findings are highly suggestive of active pancreatitis. Overt signs of neoplasia are not noted.
<b>AGE</b>	
11 years	<b><i>Other</i></b>
<b>WEIGHT</b>	<b><i>Lymph nodes</i></b>
5.5 lbs	Mildly plump, hypoechoic lymph nodes are observed caudal to the urinary bladder. The largest measures 5.0 mm x 6.0 mm. The mesentery surrounding the LNs is moderately to markedly hyperechoic.
<b>INTERPRETED BY</b>	Mesenteric LNs are noted with a hyperechoic mesentery surrounding them.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<b><i>Abdominal effusion</i></b>
<b>IMAGING PERFORMED BY</b>	A scant amount of anechoic fluid is visualized between two loops of small intestine in the caudal abdomen.
Dr. Petrone	
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Long Branch AH	<ul style="list-style-type: none"> <li>• Active pancreatitis is suspected.</li> </ul>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• Cholestasis, suppurative cholangitis/cholangiohepatitis, and suppurative cholecystitis are suspected. However, hepatic lipodosis due to hyporexia may be contributing to the hyperechogenicity of the liver. Secondary inflammation caused by pancreatitis may also be present.</li> </ul>
Dr. Petrone	<ul style="list-style-type: none"> <li>• The intestinal abnormalities may be due to underlying inflammatory bowel disease with very mild reactive hyperplasia of the lymph nodes in the caudal abdomen. However, emerging lymphoma cannot be excluded.</li> </ul>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>• “Triaditis” may be the cause of all of the above findings.</li> </ul>
30457	
<b>DATE</b>	
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**PATIENT**

Mozel Esterowitz

- The hyperechoic mesentery surrounding the small intestines and the scant effusion observed are likely due to inflammation.

**SPECIES**

Feline

- Both kidneys are small in size, however, their architecture is well preserved. The surrounding mesentery is mildly hyperechoic, therefore pyelonephritis cannot be excluded.

**BREED**

Domestic Shorthair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture and sensitivity are recommended, if not already performed, to exclude pyelonephritis.

**SEX**

Spayed Female

Treatment of triaditis is recommended, including suppurative cholangitis/cholangiohepatitis, and suppurative cholecystitis, with a broad spectrum antibiotic.

Analgesia for visceral pain, (buprenorphine)

supportive care: maropitant, mirtazapine, subcutaneous fluids at home (if possible).

**AGE**

11 years

TLI, serum cobalamin, and folate to assess for underlying maldigestion and malabsorption disease (exocrine pancreatic insufficiency). If cost prohibitive, vitamin B12 supplementation may be administered.

**WEIGHT**

5.5 lbs

A spec fPL may be considered to confirm a diagnosis of pancreatitis, however, it will not change the treatment plan.

Deworming (fenbendazole)

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

Diet trial (veterinary prescription brand hypoallergenic, hydrolyzed or novel protein

Small, frequent meals are recommended.

If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)

**IMAGING PERFORMED BY**

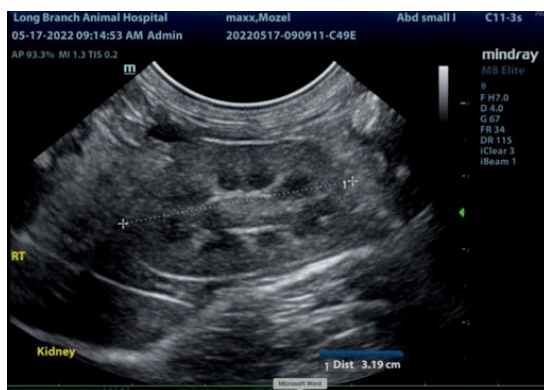
Dr. Petrone

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**SPECIES**

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Domestic Shorthair

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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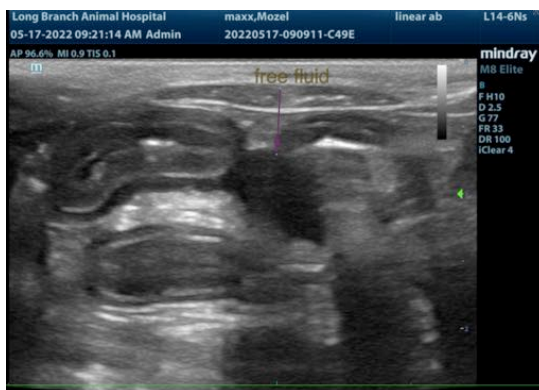
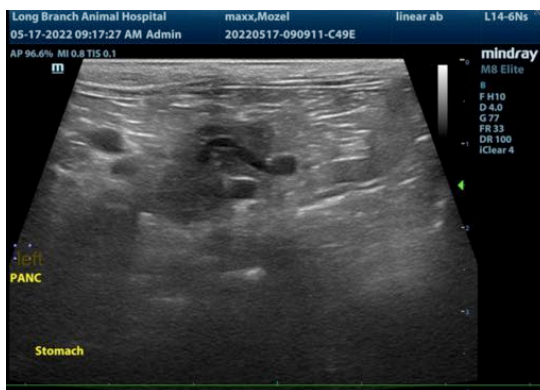
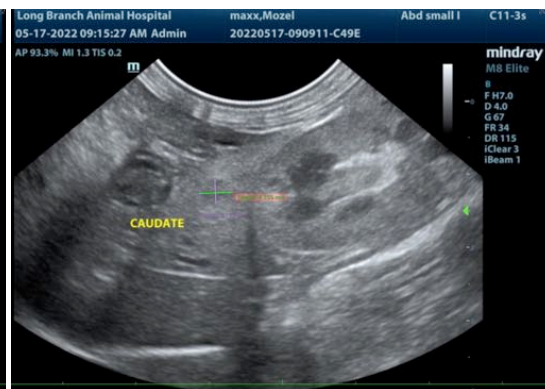
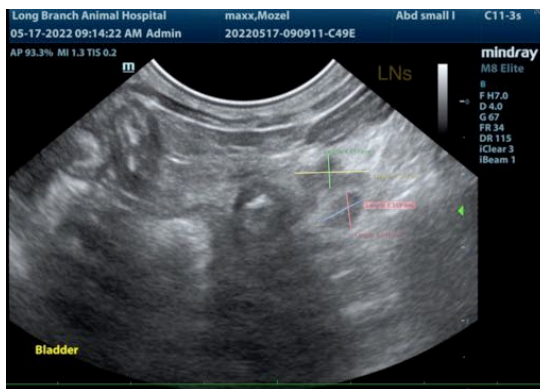
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**SPECIES**

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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.

**BREED**

Domestic Shorthair

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.

**SEX**

Spayed Female

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)

**AGE**

11 years

**WEIGHT**

5.5 lbs

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DVSc, Diplomate  
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