**PATIENT**

Aileron Yu 49331A

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

3.06 kg

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists Dr.  
McDaniel**INVOICE**

31595

**DATE**

7/11/22

**PRESENTING CLINICAL SIGNS**

Aileron previously presented on 3/15/22 for acute onset of vomiting. Ultrasound performed at that time revealed a mass effect at the level of the pyloric antrum. Endoscopy was performed and confirmed a soft, pliable ~0.5 cm mass on a stalk that filled the lumen on the left to dorsal aspect of the pylorus. Histopathology of the "mass" revealed moderate lymphoplasmacytic and neutrophilic gastritis with gastric gland ectasia. Minimal lymphoplasmacytic gastritis and mild lymphoplasmacytic, neutrophilic, and lesser eosinophilic enteritis was also found. Since being treated (prednisolone) she has been improving. She is gaining weight, and her activity level and water consumption are normal. She is back to eating small amounts of food throughout the day but will not eat a full meal at one time. She will occasionally vomit clear fluid in the morning before she eats breakfast. She also has an occasional hairball.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** is adequately distended. Its contents are primarily anechoic. A moderate amount free floating and aggregated sediment is present within the lumen, without evidence of cystoliths, polyps or a mass. No abnormalities are noted with the trigone or proximal urethra. Multiple anechoic structures with a well-defined "capsule" are noted along the dorsal wall, which is otherwise smooth and regular. The structures do not cast an acoustic shadow and they are no longer present when the bladder is re-evaluated while Aileron is standing. Fat droplets are suspected.

**Kidneys**

The **left kidney** measures 3.45 cm (3.80-4.40 cm). The capsule is smooth. The cortex is hyperechoic, i.e. it is hyperechoic to the spleen. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right kidney** measures 3.49 cm (3.80-4.40 cm). The capsule is smooth. Subjectively, the cortex is hyperechoic. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

**Aortic bifurcation/trifurcation** No abnormalities observed.

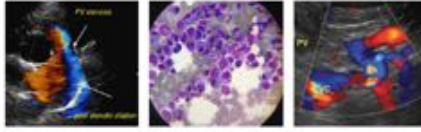
**Adrenal Glands**

The **left adrenal gland** measures 0.30 cm at the cranial pole, 0.26 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right adrenal gland** measures 0.38 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

The spleen is within normal limits in size 5.4 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.

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**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is mildly hyperechoic and the echotexture is mildly granular. Focal lesions are not observed. The portal veins are more apparent due to hyperechoic walls, however, no other abnormalities are observed with the hepatic vessels.

The **gallbladder** (GB) wall is within normal limits in thickness and echogenicity. A trivial amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

**Gastrointestinal**

An elliptical shaped echogenic structure, measuring 0.66 cm in diameter x 0.40 cm in length, is noted within the pylorus. It measures 0.42 cm in diameter x 0.90 cm in length in a different view. The gastric wall is within normal limits in thickness (0.23 cm) and the wall layers are well defined. Comments cannot be made regarding peristalsis as still images were submitted.

The duodenum measures 0.21 cm and is within normal limits in thickness and wall definition.

Jejunum: Although wall thickness is within normal limits and the definition of the wall layers is preserved, mild fogging of the mucosa is noted. No abnormalities are noted with the ileo-cecal-colic junction. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

**INTERPRETED BY**Lisa Carioto, DVM,  
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ACVIM**Pancreas**

**Right limb:** No abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

**Left limb:** It is not enlarged and has smooth, curvilinear borders. It is mildly hypoechoic to the surrounding mesentery, however, the latter is not considered hyperechoic. The pancreas is considered within normal limits.

**Other**

**Lymph nodes** No abnormalities are observed

**Abdominal effusion** is not visualized.

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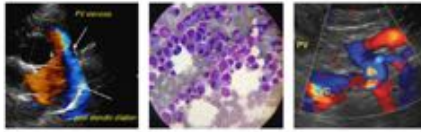
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**ULTRASONOGRAPHIC FINDINGS**

- **Pylorus:** The "polyp"-like mass, diagnosed as moderate lymphoplasmacytic and neutrophilic gastritis with gastric gland ectasia is still present, but is mildly decreased in size compared to the original exam. Furthermore, there is no longer gastric stasis present. The changes observed with the jejunum are very mild and somewhat subjective, however, they may also be associated with inflammation. This is consistent with Aileron's previous diagnosis of inflammatory bowel disease.



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- **Kidneys:** The cause and significance of the hyperechogenicity of the renal cortices is unknown. Glomerulonephritis secondary to the administration of prednisolone is a possible differential diagnosis. Pyelonephritis cannot be excluded despite the absence of sonographic signs.
- **Urinary bladder:** The sediment in the lumen is most likely clinically insignificant, in the absence of inflammatory changes with the wall. However, given the administration of prednisolone and the hyperechoic left renal cortex, it may be prudent to perform a urinalysis, +/- culture.
- **Liver:** The mild hyperechogenicity is attributed to the administration of prednisolone. The very subtle granular echotexture may be due to a reactive hepatopathy. Significant abnormalities are not noted.
- **Gallbladder:** Gallbladder sludge is most likely clinically insignificant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

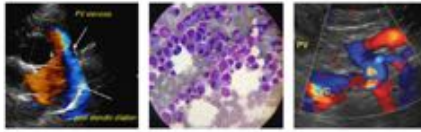
A urinalysis, +/- culture may be considered due to the hyperechoic renal cortices, sediment in the urinary bladder and history of prednisolone.

Aileron's abdominal ultrasound is otherwise stable or improved compared to her original exam.



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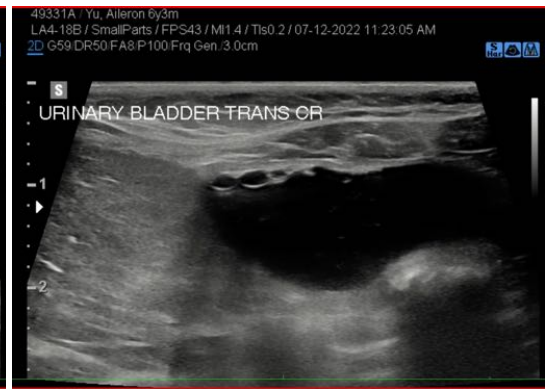
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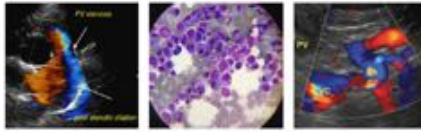
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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