



**PATIENT**

Kashi DiLullo-  
Bellottie

**PRESENTING CLINICAL SIGNS**

-Weight loss.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, particulate, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

6 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

**WEIGHT**

7.1 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Adrenal Glands**

No overt pathology was noted in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Spleen**

The spleen was not definitively visualized.

**Liver/ Gallbladder**

**HOSPITAL NAME**

NEw Bridge VH

The liver was normal in size and contour with subtle uniform subjective increased parenchyma echogenicity. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

**REFERRING VET**

Dr. Glennon

**Gastrointestinal**

**INVOICE**

12147

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**DATE**

9/1/21

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall width measured 0.37 cm. The ileocolic wall width measured 0.37 cm.

The colon exhibited sonographically unremarkable visualized walls with generalized mild colonic distention with semi-formed feces.



**PATIENT**

Kashi DiLullo-  
Bellottie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

7.1 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

NEw Bridge VH

**REFERRING VET**

Dr. Glennon

**INVOICE**

12147

**DATE**

9/1/21

***Pancreas***

The left limb of the pancreas was normal in size and contour with subjective hypoechoic parenchyma compared to adjacent omentum.

***Free Abdomen***

Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.47 cm width.

Subtle reactive peri intestinal mesentery was present. No effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Enteropathy with altered muscularis / mucosa ratio
- Associated intermittent mesenteric lymphadenopathy - mild lymphoid hyperplasia or reactive lymphadenitis suspected
- Possible concurrent pancreatitis
- Minor nonobstructive proximal common bile duct dilation - This finding may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

***Secondary Findings***

- Minor urinary bladder sediment - likely minor cellular or crystalline debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include suspected inflammatory infiltrative enteropathy such as IBD /eosinophilic enteritis with potential for neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential considerations. Dry form FIP may also present in this manner. Diagnosis would require full-thickness biopsies for histology. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD, which may include a canned limited antigen or hydrolyzed diet, cobalamin supplementation (250 mcg SQ once weekly for 4-6 weeks initially, then every 2-4 weeks), and Prednisolone at lowest effect dose to control clinical signs along with as needed gastrointestinal support would be reasonable. Potential for Triad Disease may be considered in this patient, given the suspected concurrent pancreatitis or if previous or current hepatic enzyme elevations.



**PATIENT**

Kashi DiLullo-Bellottie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

7.1 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

NEw Bridge VH

**REFERRING VET**

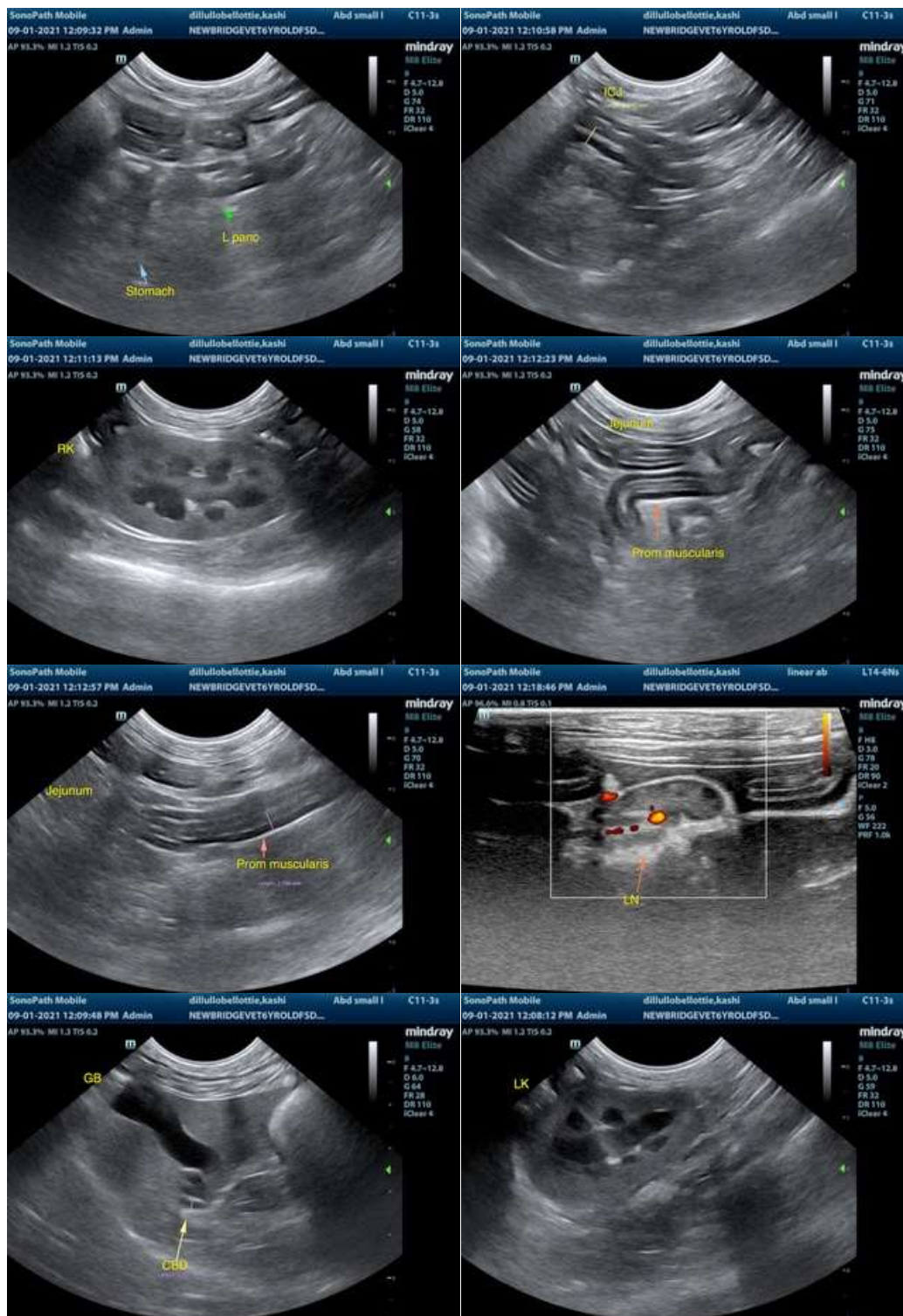
Dr. Glennon

**INVOICE**

12147

**DATE**

9/1/21





**PATIENT**

Kashi DiLullo-Bellottie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 years

**WEIGHT**

7.1 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

NEw Bridge VH

**REFERRING VET**

Dr. Glennon

**INVOICE**

12147

**DATE**

9/1/21



**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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com