



PATIENT

Snickers DiMauro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

44194

DATE

1/12/23

PRESENTING CLINICAL SIGNS

PU/PD for about 1-2 months , Lost 1.3 lbs , on 2 cans food day and some blue buffalo dry . No other noted changes

Abnormal PE/Chem/CBC/UA Results: Superchem : AST 258 U/L ,ALT 395 U/L, Alkp 178U/L Glucose 326 mg/dL Cholesterol Eosinophils 1090/uL , USG 1.028, Glucose 2 + , CBC WNL

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 (3.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.07 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.36 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 (a possible portion of the adrenal is visualized at 0.44 cm). No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.57 cm in width at the level of the hilus), 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 large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the



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presence of rugal folds. The distinction of the gastric wall layering 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.22 cm. 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 normal and isoechoic to surrounding 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

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- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate amount of shadowing ingesta and fluid within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver, but it is hyperechoic and somewhat large. Consider a liver function test and a possible fine needle aspirate of the liver (provided coagulation parameters are normal).

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The history notes an elevation of blood glucose level. Is it possible that this is a borderline diabetic? Consider Fructosamine levels to get an idea of average glucose levels over time to see if diabetes is a possibility, as the changes in the liver could be consistent with a diabetic hepatopathy.

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There is some fluid and a small amount of shadowing material in the gastric lumen. This is most likely ingesta, less likely a hairball, etc. Correlate with clinical signs and feeding history.

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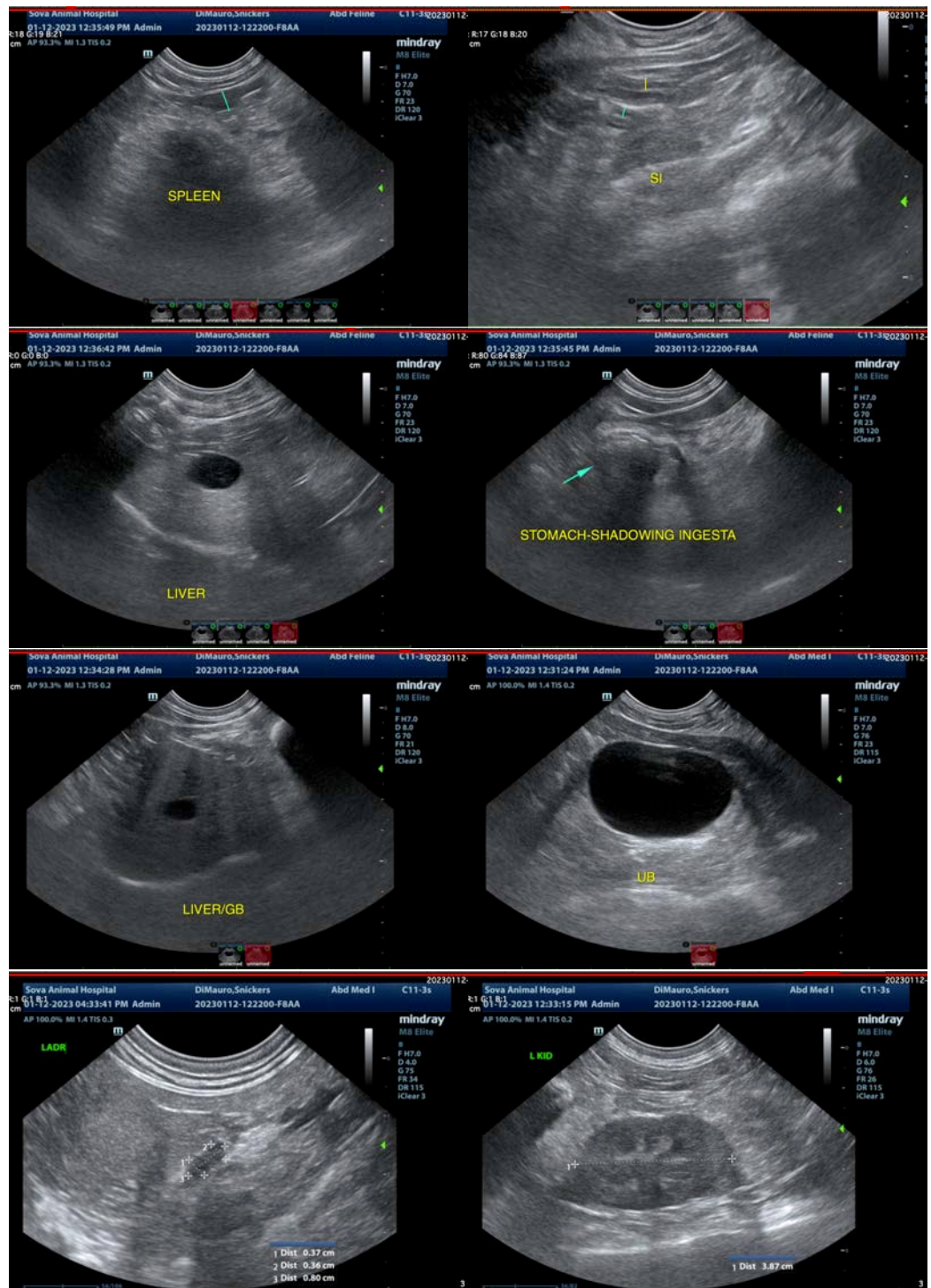
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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