



PATIENT PRESENTING CLINICAL SIGNS

Sam Serrilli Anorexic, O went away for 1 month, now not eating. Current meds: Baytril inj. IM this am.
Abnormal PE/Chem/CBC/UA Results: WBC. 27.2 (16H), Neut 24752 (8500H),

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DLH

SEX

The left kidney has a normal shape and size (3.36 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.

Spayed Female

AGE

The right kidney has a normal shape and size (3.71 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.

14 Years

WEIGHT

Adrenal Glands

8 Pounds

The left adrenal gland is normal in size measuring 0.32 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.

INTERPRETED BY

The right adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Spleen

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The spleen is subjectively normal in size (0.79 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.

Shari Reffi, CVT

Liver

HOSPITAL NAME

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

Andover AH

REFERRING VET

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Dr. Lind-Wilson

INVOICE

Gastrointestinal

34175

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.

DATE

1/13/22

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



PATIENT

Sam Serrilli

layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

Pancreas

BREED

DLH

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.

Free Abdomen

SEX

Spayed Female

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.

AGE

14 Years

Thorax

WEIGHT

8 Pounds

There is a moderate amount of anechoic free pleural effusion visualized. In some areas, the lung appears somewhat irregular and almost nodular. This could be consistent with irregular atelectatic lung, but there is concern for possible nodules visualized. There is a 1.7 cm x 1.3 cm hyperechoic, irregular, rounded area of tissue adjacent to the diaphragm, which could be a nodule or irregular pleura.

There is no evidence of pericardial effusion.

There appears to be a large hypoechoic irregular mass effect in the cranial mediastinal area, measuring approximately 3.19 cm x 5.05 cm. Findings are most consistent with a mediastinal mass.

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ULTRASONOGRAPHIC FINDINGS

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Shari Reffi, CVT

- No significant abnormalities noted in the abdomen
- Moderate volume pleural effusion
- Suspect cranial abdominal/mediastinal mass
- Concern for possible pulmonary nodules – This can be difficult to ascertain with chronic effusion, as it can cause atelectasis and reactive pleura.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Andover AH

The abdomen appears relatively normal. No significant lesions were visualized.

There is a moderate amount of pleural effusion present. This is causing atelectasis of some areas of lung, which can make evaluation of the pulmonary parenchyma difficult. There are several areas suspicious for possible pulmonary nodules, and a mediastinal mass is strongly suspected.

REFERRING VET

Dr. Lind-Wilson

- Recommend thoracocentesis and fluid analysis cytology.
- Recommend 3-view thoracic radiographs once the fluid is removed and the lungs have the ability to expand.
- If still unable to determine a diagnosis, consider a fine needle aspirate of a pulmonary lesion/mediastinal lesion.
- If surgery or radiation is to be considered, recommend thoracic CT scan.

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I'm concerned that this may represent a neoplastic process. Even with a benign mediastinal mass, it is likely that surgery or radiation would be necessary to maintain a good quality of life. Prognosis is guarded. Recommend FELV/FIV testing.



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**IMAGING
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HOSPITAL NAME

Andover AH

REFERRING VET

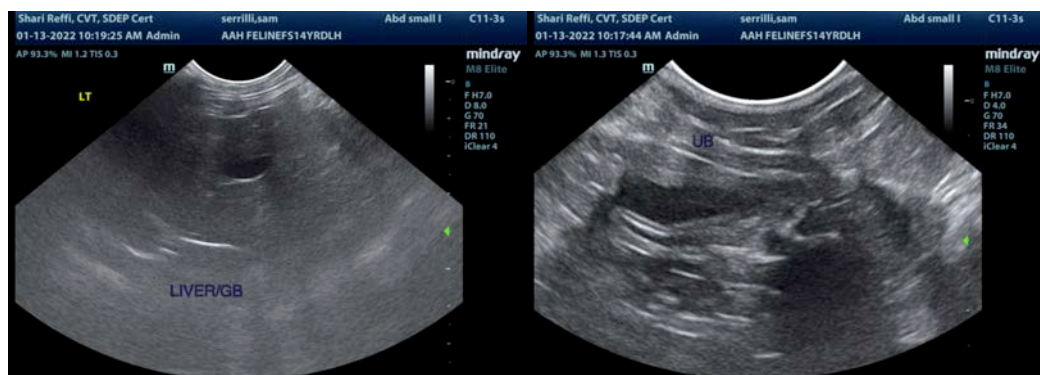
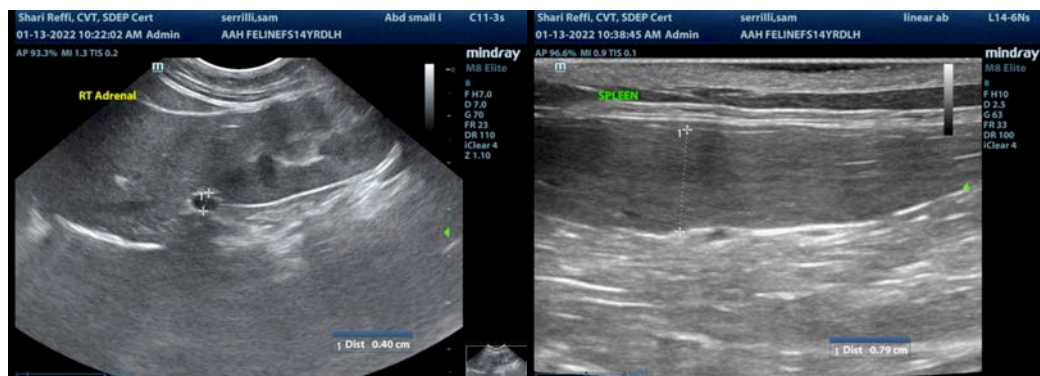
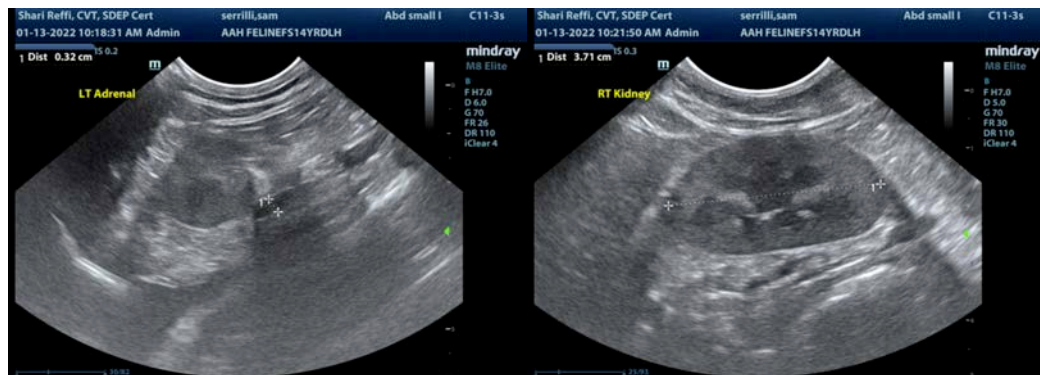
Dr. Lind-Wilson

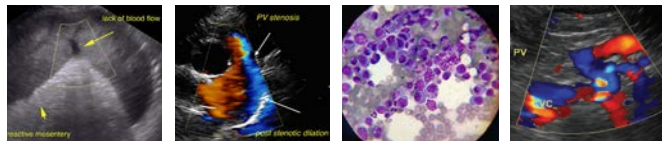
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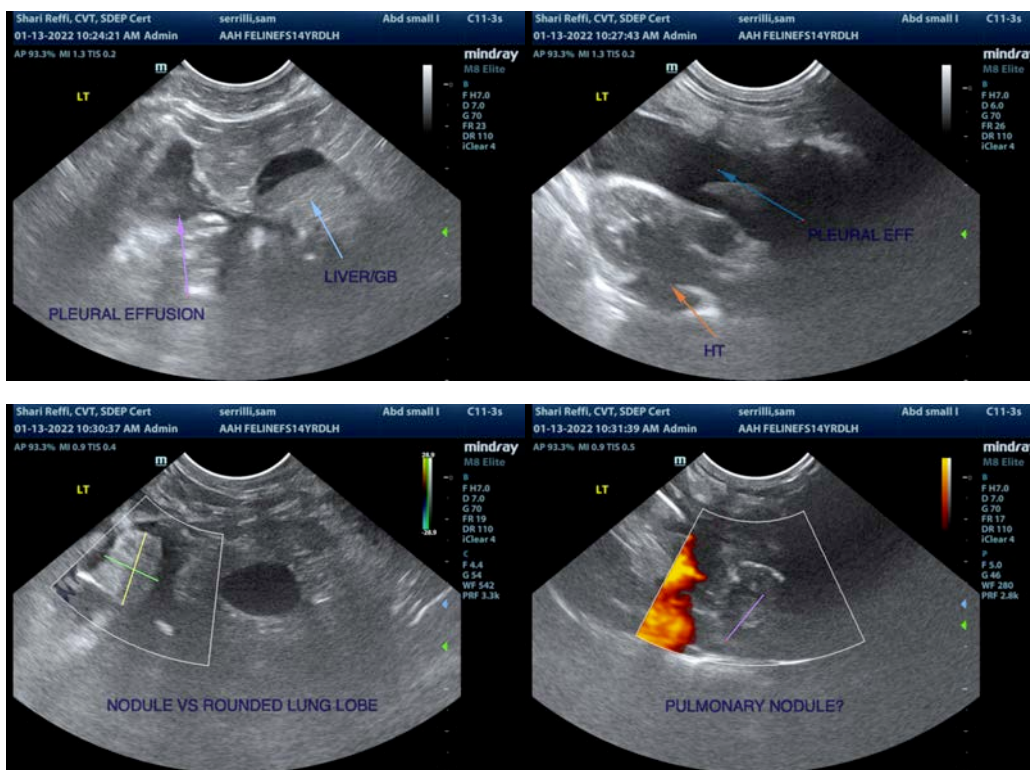
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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