



PATIENT PRESENTING CLINICAL SIGNS

Chico Haberman Weight loss, despite excellent to ravenous appetite, infrequent vomiting
 Abnormal PE/Chem/CBC/UA Results: slightly distended abdomen, doughy feel to bowel loops CBC:
 lymphocytes=530 (1500-7000) /uL, MCHC=27.7 (30.0-36.0) g/dL, MPV=11.2 (12.0-17.0) fL
SPECIES CHEM:amylase=1459 (300-1100) U/L, BUN=32 (10-30) mg/dL, Cr=2.1 (0.3-2.1) mg/dL T4=2.3 (1.5-4.8)
 Feline ug/dL fPL=9.6 (\leq 3.5 ng/mL) usg=1.018, protein<15 mg/dL, no WBC or RBCs, possible rods, culture
 pending.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair **Urinary System**

SEX 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.

Neutered Male

AGE The left kidney has a normal shape and size (3.4 cm). Overall echogenicity is slightly hyperechoic with
 14 years poor 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.

WEIGHT The right kidney has a normal shape and size (4.3 cm). Overall echogenicity is slightly hyperechoic with
 10.7 Pounds poor 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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.

IMAGING PERFORMED BY

Dr. Green

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the
 adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Healing Spirit

Spleen

The spleen is subjectively normal in size, 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.

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Liver

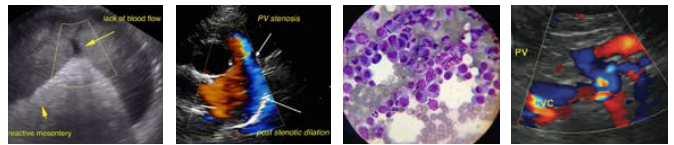
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The
 parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear
 normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended.

DATE

1/14/22



PATIENT	The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.
Chico Haberman	
SPECIES	Gastrointestinal
Feline	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.
BREED	
Domestic Shorthair	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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.21 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
SEX	
Neutered Male	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.
AGE	
14 years	
WEIGHT	Pancreas
10.7 Pounds	The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.
INTERPRETED BY	Free Abdomen
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is occasional prominent mesenteric lymph nodes that measured 0.37 cm, 0.4 cm. The omentum is of normal uniform echogenicity.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Green	PRIMARY FINDINGS:
HOSPITAL NAME	<ul style="list-style-type: none"> Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
Healing Spirit	<ul style="list-style-type: none"> Prominent, mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
REFERRING VET	<ul style="list-style-type: none"> Mild, mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
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PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chico Haberman

No focal lesions are observed in the GI tract to explain the weight loss reported. Nonetheless, I suspect that this may be a possible issue. The pancreas is prominent so mild pancreatitis or previous pancreatitis is possible. Additionally if not included in your FPLI evaluation consider GI panel to screen for exocrine pancreatic insufficiency, dysbiosis, etc. (to Texas A&M University). You can consider a novel protein/hydrolyzed protein diet, probiotics and other symptomatic therapies. If weight loss persists I would consider obtaining GI biopsies.

SPECIES

Feline

BREED

Domestic Shorthair

There is a large amount of echogenic debris in the urinary bladder and loss of corticomedullary distinction in both kidneys. I recommend urinalysis and culture, blood pressure evaluation and continue monitoring for any azotemia.

I recommend three view thoracic radiographs to rule out any concurrent intrathoracic disease.

SEX

Neutered Male

AGE

14 years

WEIGHT

10.7 Pounds



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Medicine)

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Dr. Green



HOSPITAL NAME

Healing Spirit

REFERRING VET

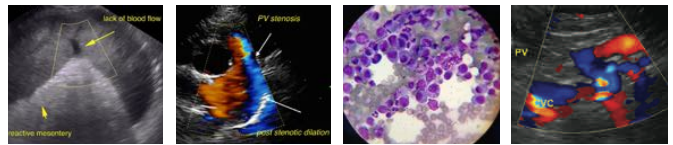
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PATIENT

Chico Haberman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

14 years

WEIGHT

10.7 Pounds

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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.

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

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