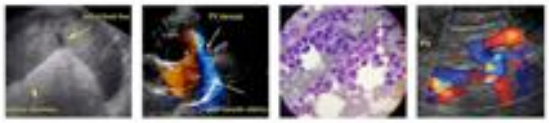
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tita Wahi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

8 years

WEIGHT

63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Nolet

INVOICE

95276

DATE

1/14/22

PRESENTING CLINICAL SIGNS

AUS to r/o reason for anemia- Pt presented today for not eating, lethargic and panting at night x 2 days. Pt did have to go to emergency last year due to eating a large amount of cat litter.
Abnormal PE/Chem/CBC/UA Results: LABs attached- n house bloodwork CBC Lym 0.5-, HGB 11.7-, MCHC 30.4- , 38% Chem ALP 159+ BUN 28+ NA 161+ T4/Chol T41.9 CHOL 375+ In house CPL 510

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 (6.0 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. Small, non-obstructive nephrolits were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.03 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. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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 right adrenal gland is normal in size measuring 0.64 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.

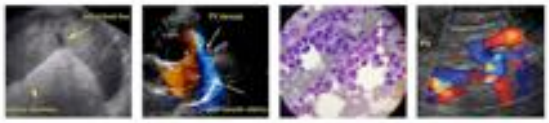
Spleen

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.

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. 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tita Wahi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

8 years

WEIGHT

63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Nolet

INVOICE

95276

DATE

1/14/22

Gastrointestinal

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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. The duodenum measured 0.44 cm and the jejunum measured 0.37 cm. There are some areas with mild to moderate fluid distension. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed

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

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. A mildly dilated pancreatic duct was noted and measured 0.73 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes in the cranial abdomen where the gastric lymph node is prominent and measured 1.97 x 1.03 cm. Another cranial mesenteric lymph node measured 0.78 cm in diameter and sublumbar lymph node measured 0.77 cm. The omentum is of normal uniform echogenicity and particularly around the pancreas.

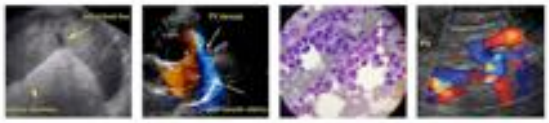
Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mottled, hypoechoic pancreas with dilated pancreatic duct. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly fluid dilated duodenum with mild subjective small bowel thickening. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent mesenteric lymph nodes in the cranial abdomen. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



PATIENT

Tita Wahi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

8 years

WEIGHT

63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Nolet

INVOICE

95276

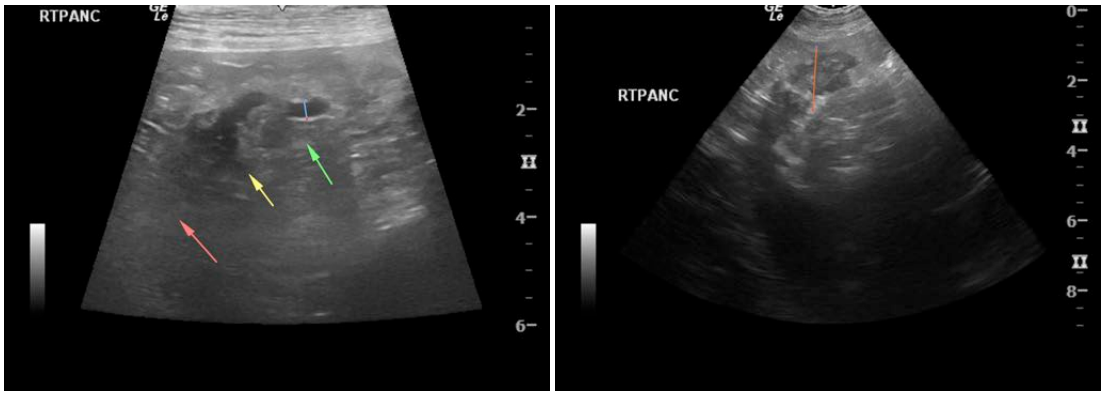
DATE

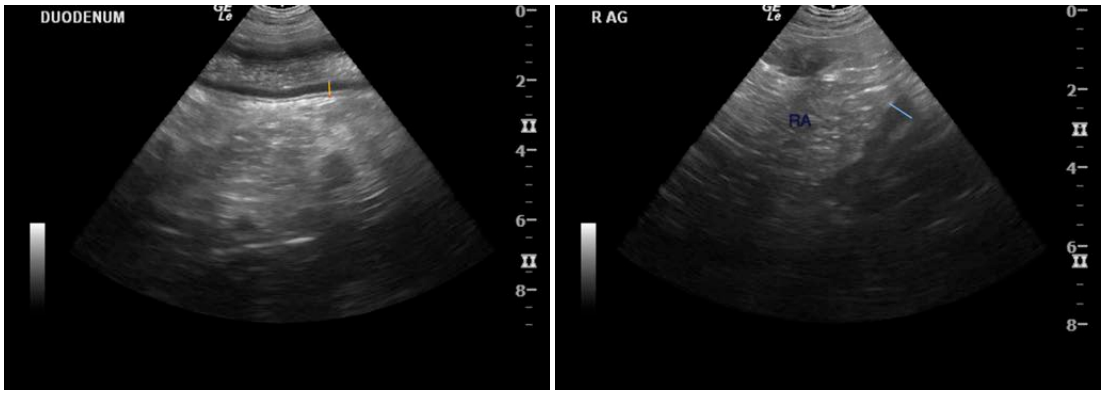
1/14/22

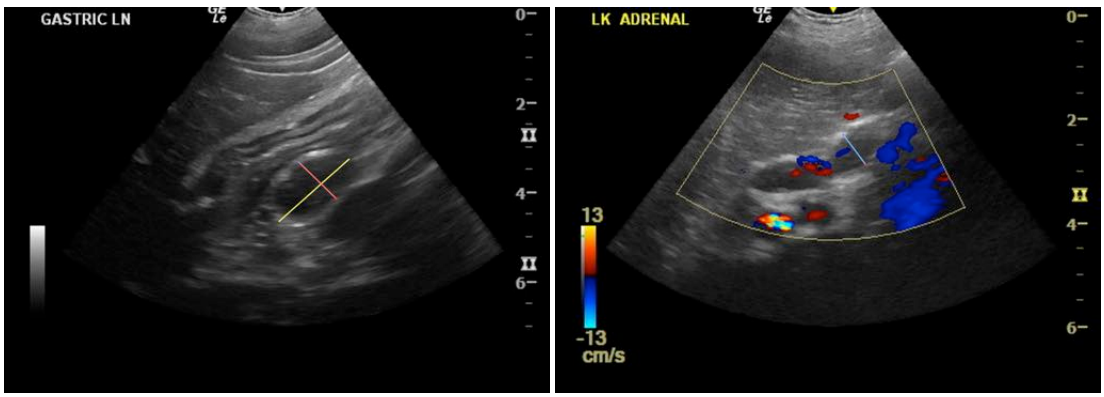
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be a mild cranial abdominal lymphadenopathy. There is no obvious source for this although the pancreas is prominent and inflamed so potentially reactive secondary to pancreatitis. If possible you can consider FNA of gastric lymph node, but it is questionable as to whether it would be too deep. Additionally you can consider testing for pancreatitis or a FNA of the pancreas on the right side.

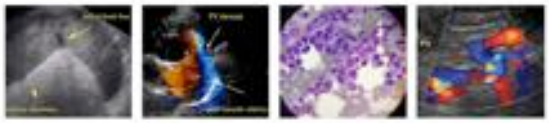
Based on the sonographers report of pain on scanning over the patient I would be inclined to consider treatment for pancreatitis along with testing and continued monitoring. If there is no evidence of improvement you may need to consider reevaluation and reimaging.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Tita Wahi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

8 years

WEIGHT

63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

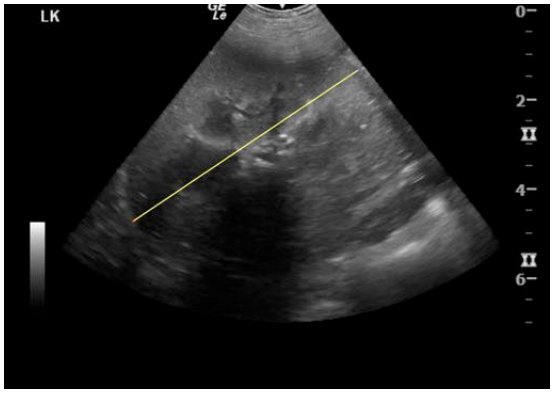
Dr. Nolet

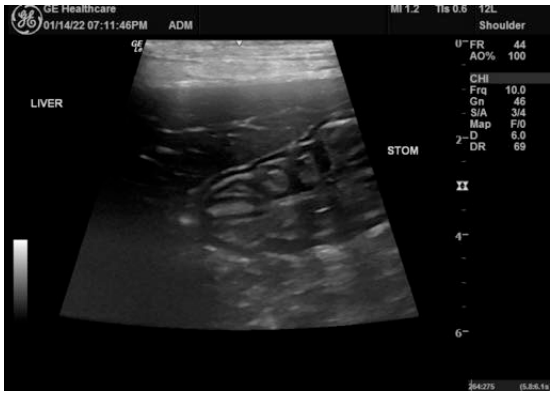
INVOICE

95276

DATE

1/14/22





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)

kathleen.sennello@sonopath.com