

**PATIENT PRESENTING CLINICAL SIGNS**

Bandit Priddy

GI/abdominal palpation normal. Does not seem painful but hasn't eaten in 2 days. Seems depressed, not moving much. Passing urine ok but unsure of last BM. Has been on Mirtazapine, Convenia, Metacam, Buprenorphine. Metronidazole, IVF and Ampicillin.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Spec fPL greater than 50ug/L. T4 normal. Cl low, K high, Glucose high, Urea low.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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.

**AGE**

10 Years

The left kidney has a normal shape and size (4.65 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.

**WEIGHT**

10.4 kg

The right kidney has a normal shape and size (4.68 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.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Crystal Hill

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**HOSPITAL NAME**

BPH East Hamilton

The right adrenal gland is normal in size measuring XX 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.

**REFERRING VET**

Dr. Baskin

**Spleen**

The spleen is subjectively normal in size (0.93 cm), 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.

**INVOICE**

44284

**Liver**

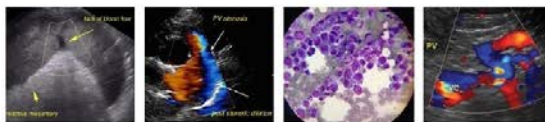
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**DATE**

1/17/23

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**



**PATIENT**

Bandit Priddy

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.

**SPECIES**

Feline

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. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

DSH

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.

**SEX**

Neutered Male

**Pancreas**

**AGE**

10 Years

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.

**WEIGHT**

10.4 kg

**Free Abdomen**

There is a moderate amount of free abdominal fluid. No lymphadenopathy. The omentum appears diffusely hyperechoic.

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(Small Animal Internal  
Medicine)

**ULTRASONOGRAPHIC FINDINGS**

- Free abdominal fluid and diffusely hyperechoic mesentery – Recommend fluid analysis and cytology.

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized to explain the free fluid visualized in the abdomen. The electrolyte disturbances reported could be a result of the effusion or be associated with the cause of the effusion. A urinary obstruction seems unlikely. Consider the possibility of a traumatic bladder rupture. Additionally, you could screen for Addison's disease, and consider 3-view thoracic radiographs, looking for pleural effusion or evidence of underlying heart disease. Although no focal lesion is observed in the abdomen, the mesentery is hyperechoic and irregular, so I cannot rule out the possibility of an underlying neoplastic process, infiltrative disease to the abdominal organs, etc. The pancreas was difficult to clearly see, but the inflammation present in the abdomen did not see focused in the region of the pancreas.

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**REFERRING VET**

Dr. Baskin

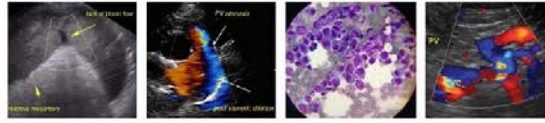
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**PATIENT**

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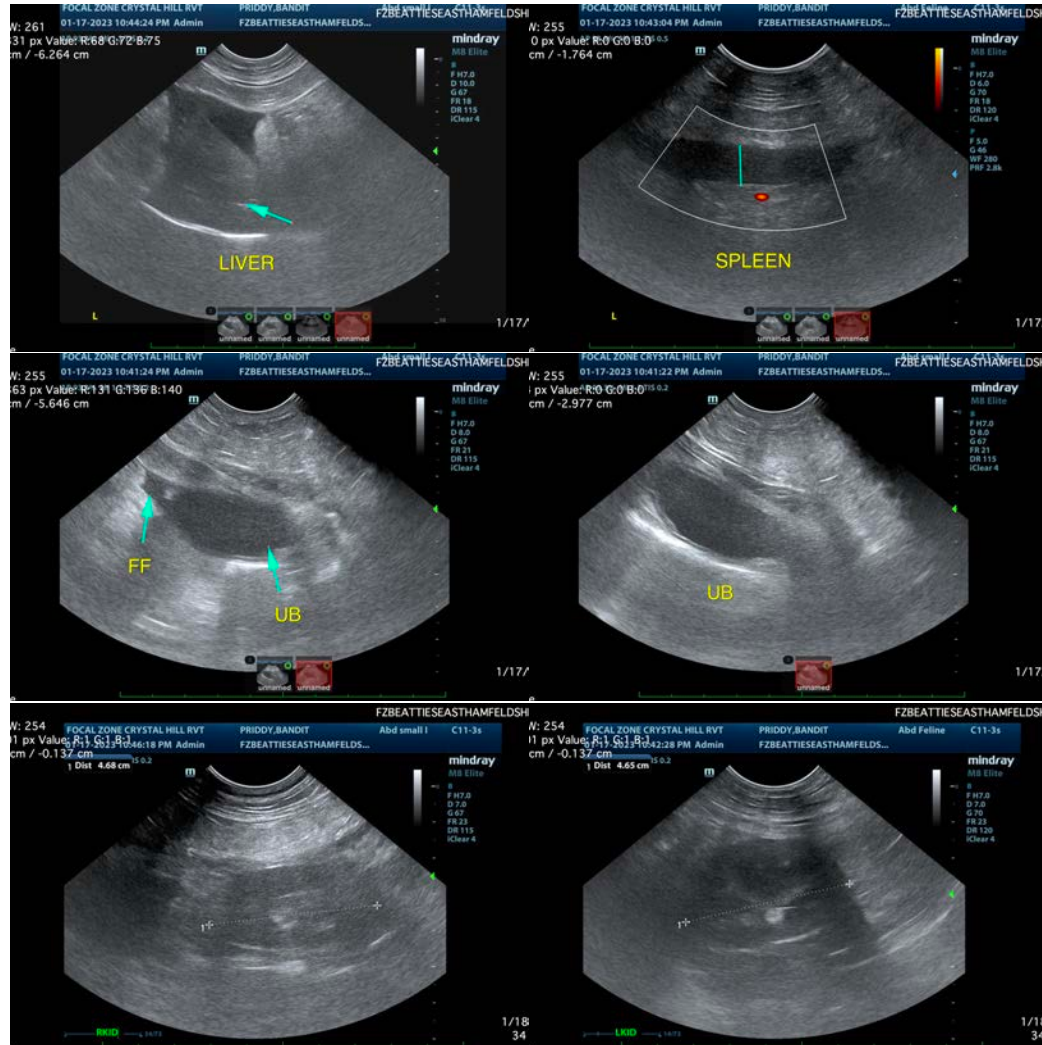
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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