



PATIENT PRESENTING CLINICAL SIGNS

Snickers Lese Follow up AUS from 12/8/22. Poss pancreatic mass. Hx of chronic vomiting, urinating and defecating outside of litter box.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: ALT 220 (27-158), ALP (12-59), spec FPL 7.2 (0-3.5), Cobalamin 176 (276-1425) Current Medications B12, cerenia PRN Radiographic Findings none

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

AGE

13 Years

The left kidney has a normal shape and size (3.53 cm). Overall echogenicity is slightly hyperechoic with poor 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

9 Pounds

The right kidney has a normal shape and size (4.02 cm). Overall echogenicity is slightly hyperechoic with poor 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

The left adrenal gland is normal in size measuring 0.50 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

Sara Hansen

The right adrenal gland is normal in size measuring 0.43 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.

HOSPITAL NAME

West Hills AH

Spleen

The spleen is normal/borderline prominent in size, measuring 0.84 cm in with at the level of the hilus. The 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.

REFERRING VET

Dr. Cole

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.

INVOICE

44290

DATE

1/17/23



PATIENT

Snickers Lese

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.

SPECIES

Feline

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.

BREED

DSH

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

AGE

13 Years

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.

WEIGHT

9 Pounds

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. The previously described pancreatic mass was not visualized on today's exam. There is no evidence of regional mesenteric inflammation or fluid.

INTERPRETED BY

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

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. One such lymph node measures 0.40 cm. The omentum is of normal echogenicity.

IMAGING PERFORMED BY

Sara Hansen

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Prominent, subjectively thickened small bowel with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Cole

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

44290

The previously visualized pancreatic lesion was not visualized on today's exam. Hopefully this was an area of focal inflammation that has resolved, but continued monitoring of this area is recommended, as gas shadowing from the stomach and small bowel in this region can obscure some lesions.

DATE

1/17/23

The muscularis layer of the small bowel is prominent, and there is the overall impression of "ropey" small intestine. This correlates with your low B12 levels, which are an indicator of chronic small intestinal disease. Based on these findings, I would strongly consider obtaining GI biopsies to get a better idea of



PATIENT

how to optimally treat and manage this issue. Initial general management could include:

Snickers Lese

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- B12 supplementation (as you are already doing)

SPECIES

Feline

- Chronic probiotic therapy
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

BREED

DSH

Consider reevaluation of the right cranial abdomen (area of the previously visualized pancreatic mass lesion) in 2-3 months. If the decision is made to pursue surgical GI biopsies, then carefully evaluate the right cranial abdomen for a possible pancreatic lesion.

SEX

Spayed Female

There is some mild echogenic debris in the urinary bladder, and both kidneys have age related changes consistent with chronic progressive age related renal disease. Recommend a blood pressure, urinalysis and culture.

AGE

13 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

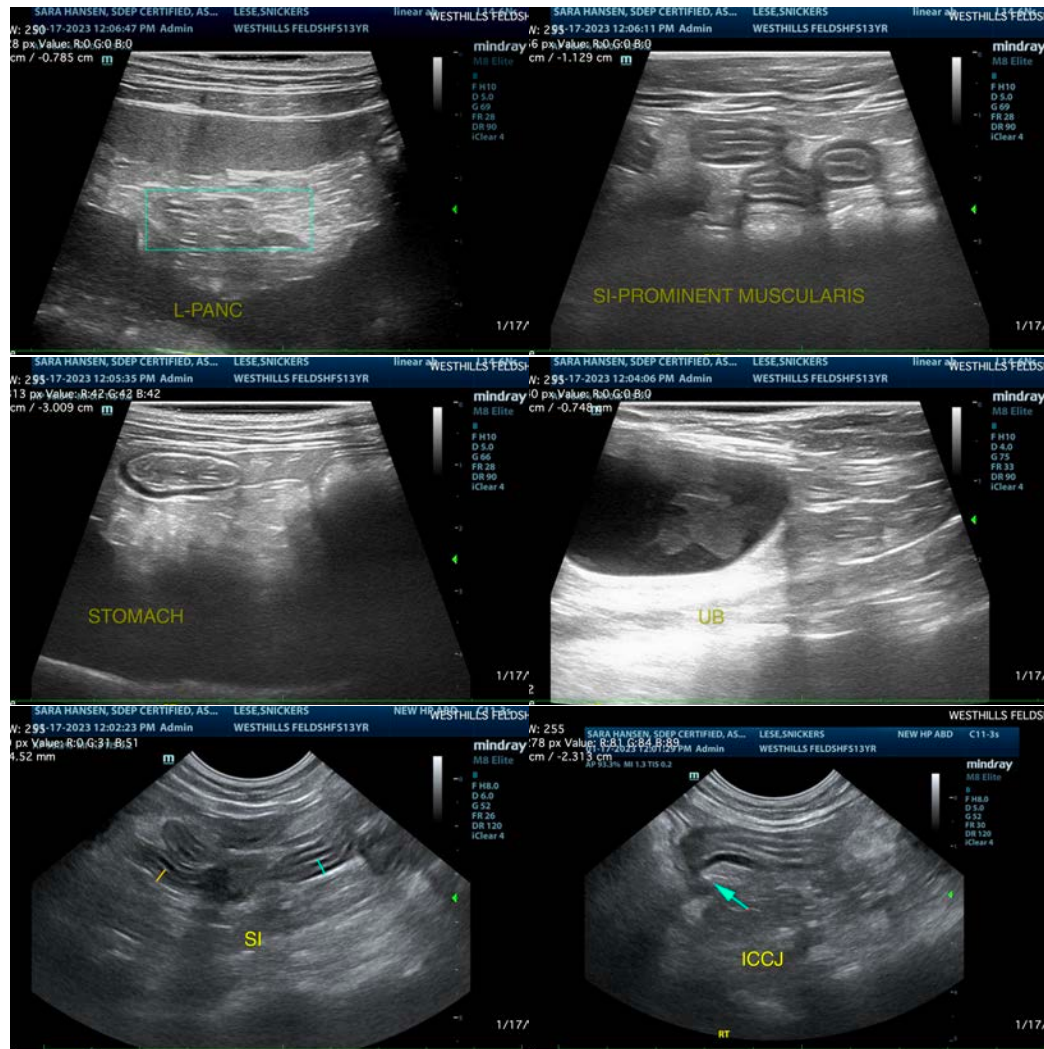
Dr. Cole

INVOICE

44290

DATE

1/17/23





PATIENT

Snickers Lese

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

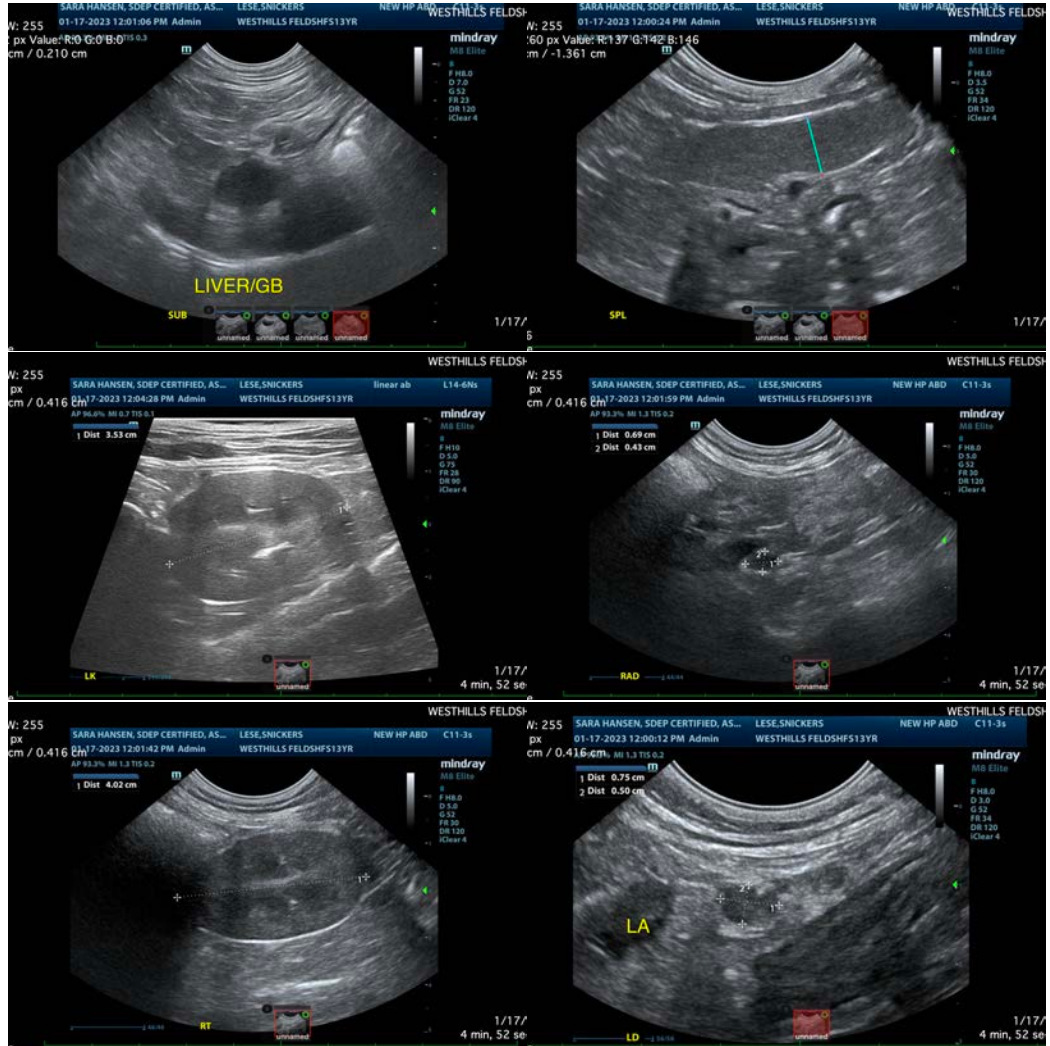
9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen



HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Cole

INVOICE

44290

DATE

1/17/23

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)

kathleen.sennello@sonopath.com