

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Julia Faust

SPECIES
Feline

BREED
Russian Blue

SEX
Spayed Female

AGE
7.5 Years

WEIGHT
10.5 Pounds

Recent history of vomiting for a few days, and soft stool for 1 month. On exam, patient had lost 1.3# from last exam 6 months ago. Patient has also been itchy for several weeks, with scabs and thinning hair on caudal dorsum (patient not on flea control so this was started). CBC / Chem / T4 all wnl. Urinalysis, fecal and GI panel pending. Patient has a prior history of interstitial cystitis and is on c/d diet for this.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The Bladder wall is mildly diffusely thickened and irregular, measuring 0.3 cm in thickness. The area of the trigone and visible urethra (to a depth of 2cm) and ureteral papillae appear free of any mass lesions or calculi. Findings are most consistent with diffuse cystitis or lack of urine distention.

The left kidney has a normal shape and size (3.76 cm) with mild pyelectasia at 0.21 cm. Overall echogenicity is slightly hyperechoic with 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.

The right kidney has a normal shape and size (3.95 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.44 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 normal/borderline large in size (1.0 cm in height 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.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

INTERPRETED BY

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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

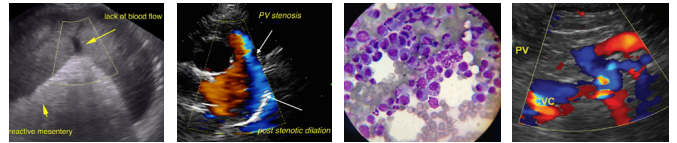
Dr. Tam Mengine

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1/20/22



PATIENT

Gastrointestinal

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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.

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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. Duodenum wall measured 0.37 cm. Jejunum wall measured 0.22, 0.23 cm. Visualized peristalsis appears appropriate. While no focal mass lesions are observed, the duodenum in particular appears somewhat corrugated. Intact wall layering is maintained in all areas.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Wall thickness is 0.14 cm. 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.

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Pancreas

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes with a gastric lymph node measuring 0.55 cm and a mesenteric lymph node and 0.37 cm. The omentum is generally of normal echogenicity.

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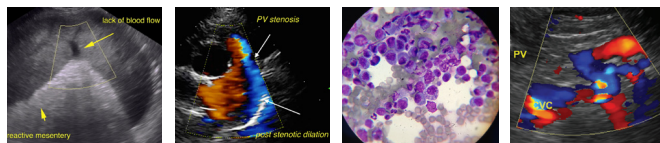
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PIRMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Borderline enlarged spleen – The significance of this is unclear, as otherwise the spleen appears relatively normal. This can also be a normal finding in a larger cat. A fine needle aspirate could be considered.
- Mildly prominent muscularis layer to the small intestine with focal duodenal corrugation – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. The duodenal changes are most consistent with inflammation/enteritis.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Subjectively thickened irregular bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder



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neoplasia cannot be ruled out but is considered unlikely in this patient.

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- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of inflammation in the GI tract, but no dramatic or focal lesions are observed. These findings are non-specific.

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- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider probiotic therapy if not already started.
- Consider parasitic screening and treatment if indicated.
- Recommend GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- If symptoms persist, consider obtaining GI biopsies and biopsies of a mesenteric lymph node if possible.

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The urinary bladder wall changes could be secondary to lack of urine distention, but consider a urinalysis and culture based on irregularity and the mild pyelectasia in the left kidney. Consider reevaluation of the urinary bladder wall when the urinary bladder is more distended.

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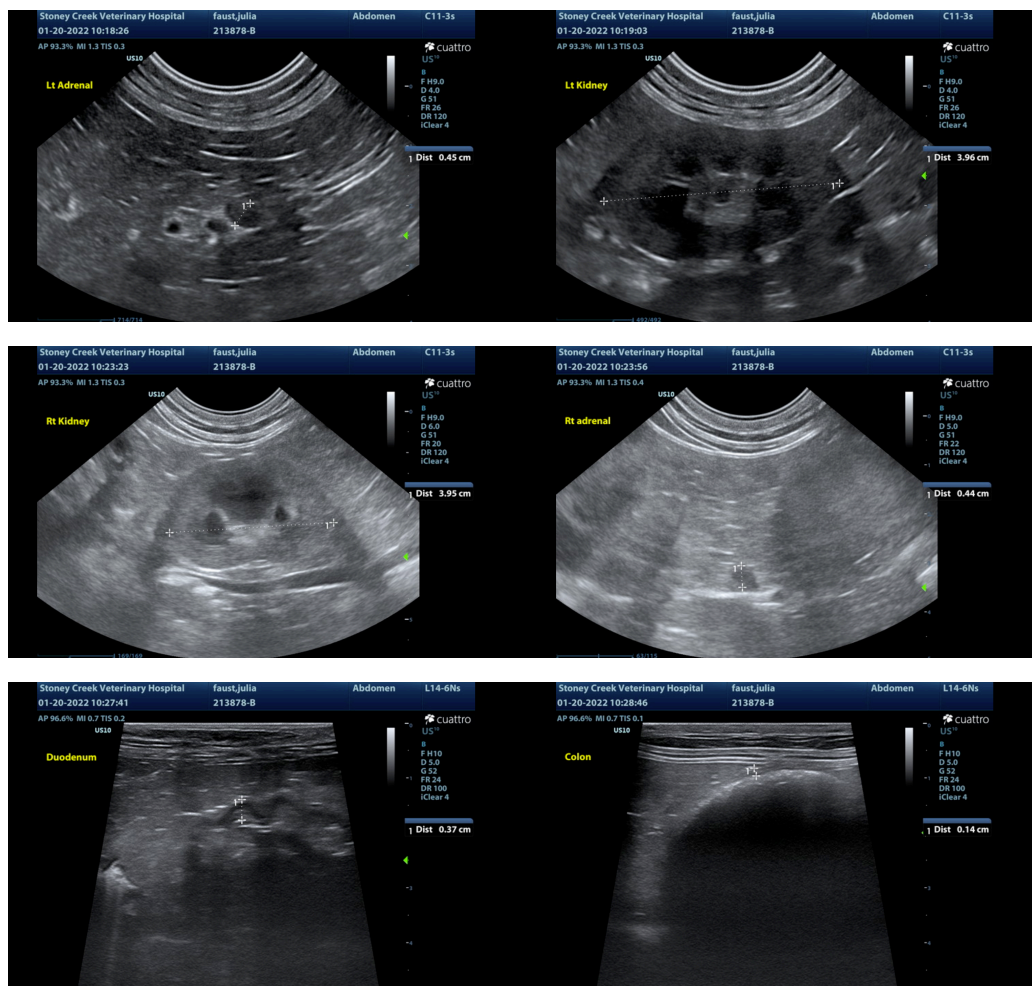
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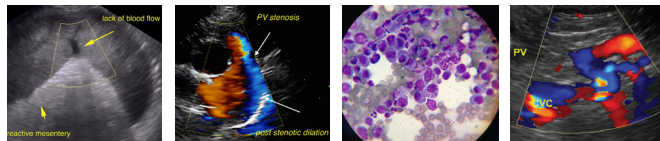
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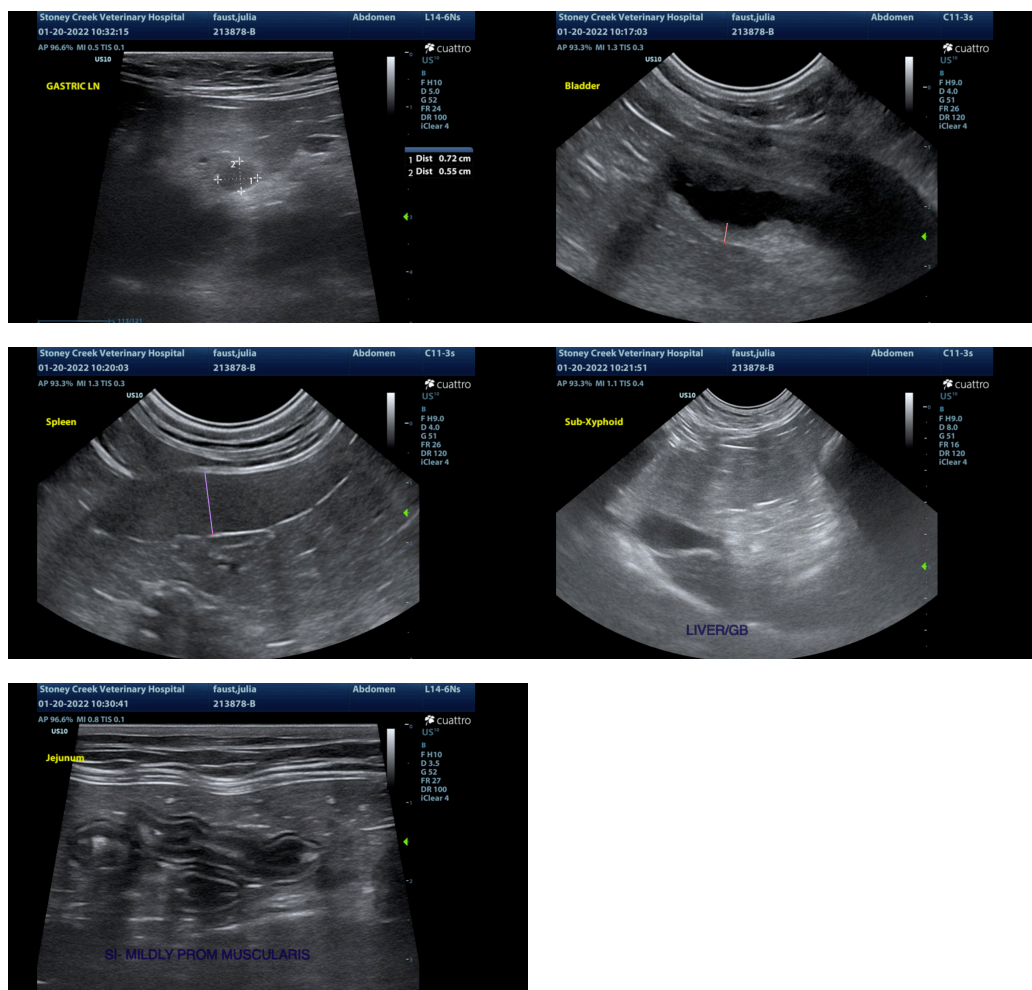
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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