



PATIENT

Khali Canete

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

14.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Cassels-Conway

INVOICE

95553

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Diagnosed with diabetes mellitus 2 years ago. Was well controlled on PZI. Past 6 weeks has had intermittent vomiting and intermittent decreased appetite. O has been adjusting PZI from 1 to 3.75 U based on BG done at home. Treated with cerenia, SQ fluids, zofran prn. On PE, BAR, mm pk/m, crt<2s. Maldigestion profile pending. C/S pending.

Abnormal PE/Chem/CBC/UA Results: 1/15/2022 Cbc-rbc 10.2 H Chem-creat 2.1 h was 1.5 BG-469 H u/a- Sp g 1051- Turbid prot 2+ glucose 3+ no ketones Trace blood 12/14/2022 CBC: WNL CHEM: BG 297, Creat 1.5 T4: WNL U/A: 1.062, 3+ protein, 2+ glucose, 3+ blood Thoracic rads WNL Abdominal rads WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney has a normal shape and size (4.8 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.84 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. 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 0.3 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 0.34 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.



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Liver

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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 bile duct appears tortuous and moderately dilated measuring 0.34 cm. No obstruction is visualized.

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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. The duodenum measured 0.31 cm. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

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PRIMARY FINDINGS:

- Hypoechoic pancreas surrounded by hyperechoic, mildly edematous mesentery. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

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SECONDARY FINDINGS:

- Mildly echogenic urine in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No focal bowel lesions were observed, but the pancreas does appear inflamed. This is most consistent with pancreatitis. The muscularis layer of the small intestine is prominent, which could be an indicator of chronic small intestinal disease. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine (I suspect this is pending). I recommend symptomatic treatment for pancreatitis with adjustment of the diabetic management as indicated based on how this patient is feeling. Additionally, I recommend urinalysis and culture. If GI signs persist you can consider a novel protein/hydrolyzed protein diet, chronic probiotic use and evaluation of GI biopsies to look for underlying intestinal disease.

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The bile duct does appear somewhat dilated. An obvious obstruction is not visualized. If the liver values are normal this could be an incidental finding for this cat, but continued monitoring of liver values is warranted as this could be consistent with post hepatic obstruction (due to pancreas, stones, mucous, etc.).

AGE

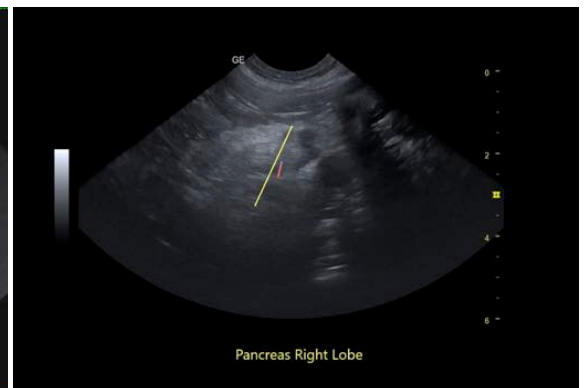
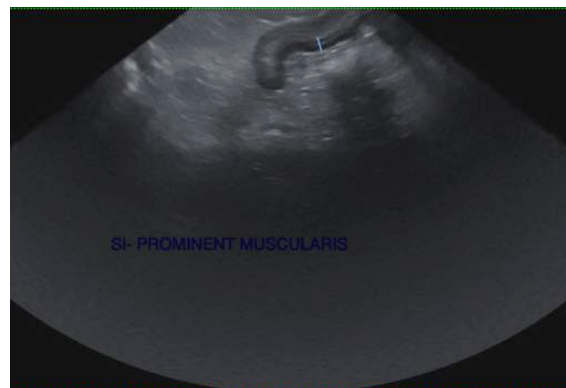
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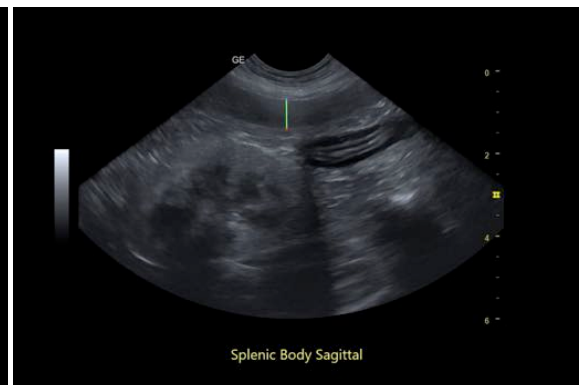
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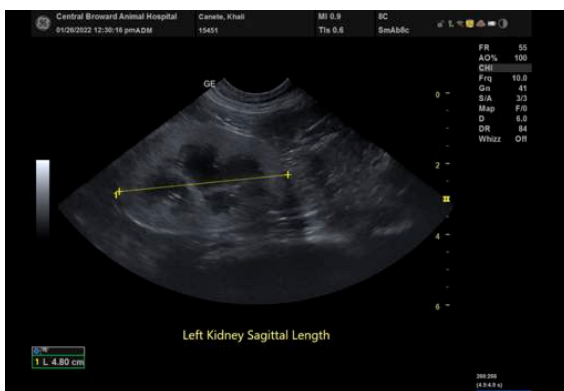
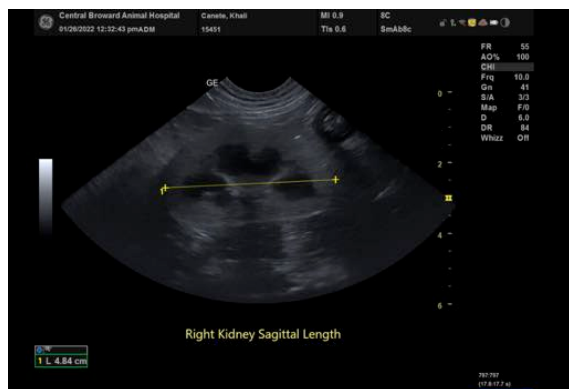
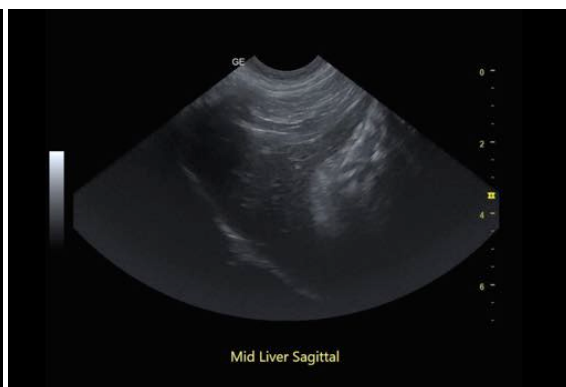
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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