
PATIENT PRESENTING CLINICAL SIGNS

London Richards

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

7.82 Pounds

Recheck AUS because of findings 10/18/2022-Physical Exam: T- 97.8 P- 240 R- meow CRT: < 2 sec mm: pink/moist Dehydration: 0% BCS: 2+/5 Dental Score: 2 / 4 EENT: Eyes have lenticular sclerosis OU. Ears WNL. Grade 2/4 dental disease w/ halitosis. Thyroid slip palpable. CV/Resp: Normal bv sounds all lung fields. Grade 2/5 heart murmur auscultated on right side. GI: Abdomen palpates WNL, non-painful, no masses or organomegaly Musk: No joint abnormalities. Muscles are symmetrical. Thin. Integ: Scruffy coat. Otherwise, NSF. I do not find any growths. LN: Palpate WNL Neuro: WNL Urogen: Small lumpy-bumpy kidneys bilaterally. Large bladder. REASON FOR ULTRASOUND: • Recheck findings from ultrasound on 10/18/22

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 (3.87 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.

The right kidney has a normal shape and size (2.78 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 an ill-defined hyperechoic region towards the caudal pole measuring approximately 0.75 cm x 1.47 cm. This could be a site of a previous infarct, less likely a mass lesion, etc., and it appears relatively stable from a previous exam. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 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 0.25 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 (0.70 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The previously described small hyperechoic structure is still visible and stable, measuring 0.15 cm on today's exam.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of

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 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

 Loetitia Saint-Jacques,
 LVT

HOSPITAL NAME

Mount Rose AH

REFERRING VET

Dr. Katie Weldon

INVOICE

44649

DATE

1/31/23



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the vasculature and biliary tract appear normal. There is an ill-defined hypoechoic nodule visualized on the right side of the liver, measuring 0.41 cm x 0.73 cm (this is fairly stable from the previous measurements of 0.52 cm x 0.24 cm (10.18.22).

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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.

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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 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 0.18 cm. 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 prominent, and mottled compared to the surrounding isoechoic mesentery. Numerous hypoechoic cysts are noted. 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. Numerous normal mesenteric lymph nodes are visualized measuring 0.24, 0.22, and 0.24 cm. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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- Decreased corticomedullary distinction in both kidneys with an irregular area on the caudal pole of the right kidney – The bilateral renal findings are consistent with age-related change. The previously described abnormal region on the caudal pole of the right kidney appears stable and is likely a benign finding.

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- Very small hyperechoic lesion in the spleen – This is likely a myelolipoma or a small area of mineralization.

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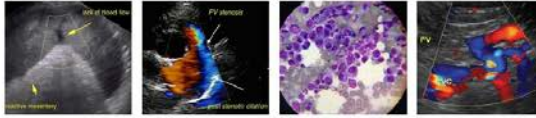
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- Heterogeneous liver with a hypoechoic nodule – These changes likely represent age related remodeling. The nodule has not changed significantly from the previous scan (prior measurement 0.52 cm x 0.34 cm).

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- Prominent, mottled, cystic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.



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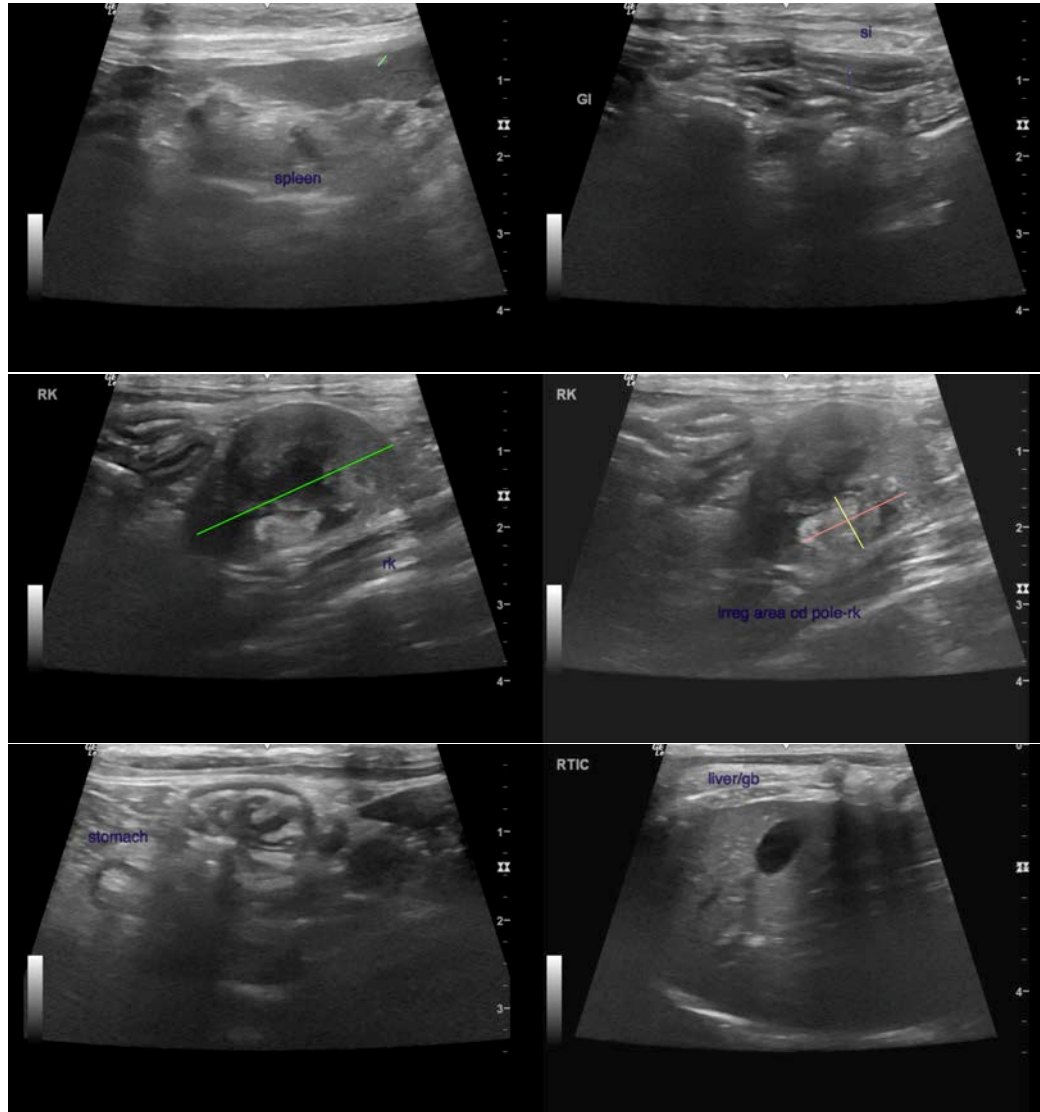
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively stable from the previous exam (10/18/22). The previously described lesions all appear stable, making the likelihood of an aggressive neoplastic lesion much less likely. Correlate this with clinical findings, as no intervention is recommended based on today's scan.





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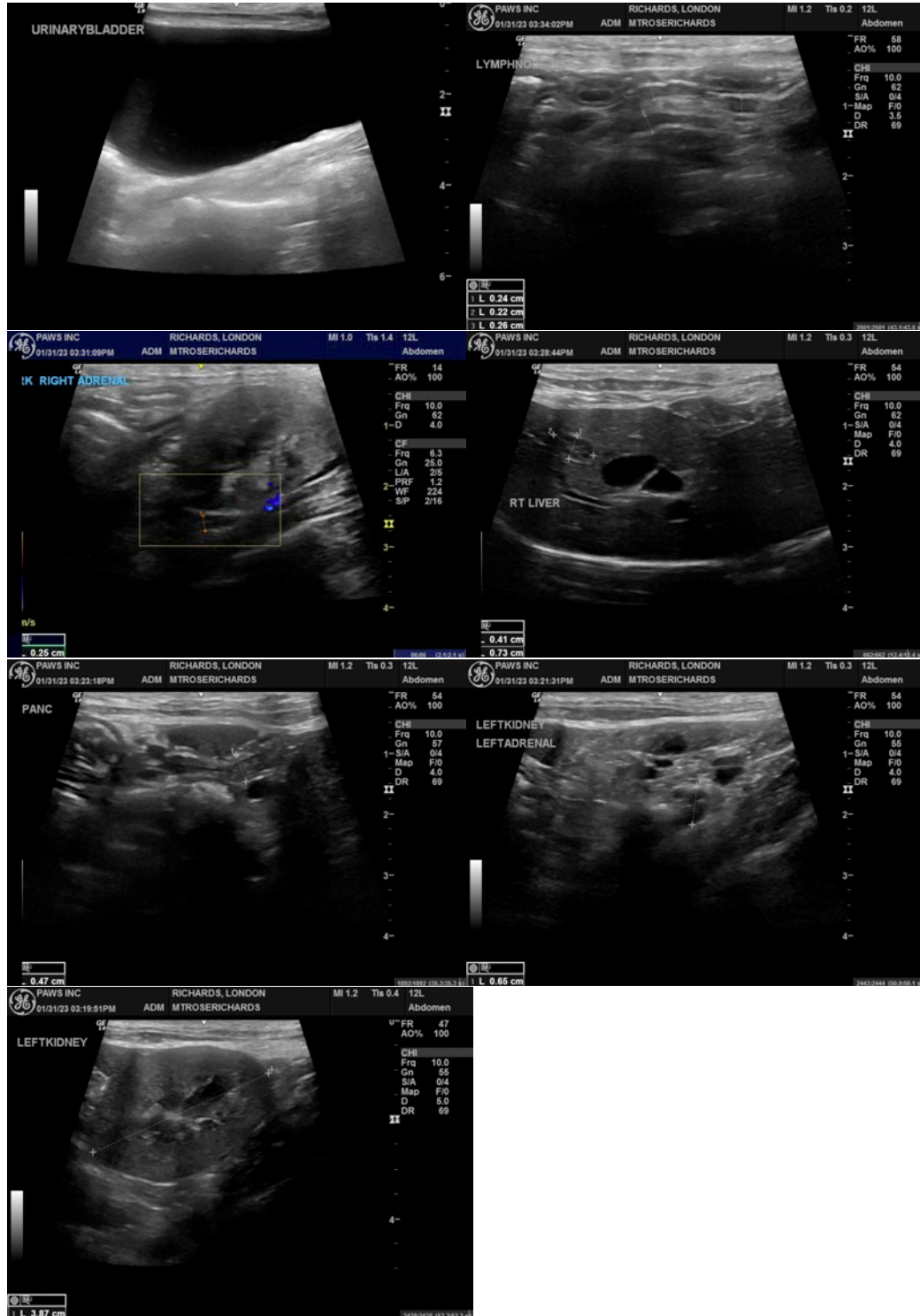
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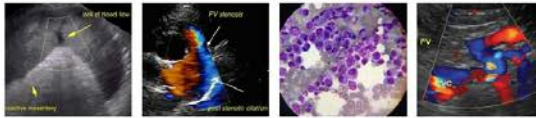
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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