**PATIENT**

Rosay Smith

PRESENTING CLINICAL SIGNS

Multiple month history of vomiting. Was fasted 12 hours prior to scan.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Last PE WNL other than obesity. History of feline acne, has been treated with antibiotics and history of resorptive tooth lesions, has had affected teeth extracted or crown amputated. CBC/Chem/T4 and UA all NSF in November 2022. Texas GI panel pending

BREED

DSH

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.

SEX

Neutered Male

The left kidney is slightly irregular in shape (likely due to previous infarct) and measures 4.0 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 or hydroureter. Renal vasculature is normal.

AGE

12 Years

The right kidney has a normal shape and size (4.35 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

16 Pounds

Adrenal Glands**INTERPRETED BY**

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

The left adrenal gland is normal in size measuring 0.30 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 0.40 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.

IMAGING PERFORMED BY

Sara Pender, CVT

Spleen

The spleen is subjectively normal in size (0.72 cm in width), 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.

HOSPITAL NAME

SVS Imaging QC

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.

REFERRING VET

Dr. Anne Pelzer

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.

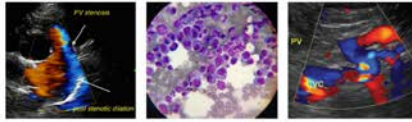
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Gastrointestinal**DATE**

1/4/23

The stomach contains minimal luminal contents. The gastric wall appears subjectively thickened with a reduction in the distinction of wall layering. In some areas it measures at 0.78 cm. Additionally, there is

**PATIENT**

Rosay Smith

either a focal hypoechoic region of the gastric wall or an overlapping lymph node in the region measuring 1.14 cm x 0.84 cm.

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 0.21 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.

Pancreas**SEX**

Neutered Male

The right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

AGE

12 Years

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy in the cranial abdomen with an irregular hypoechoic lymph node in the region of the portal lymph node measuring 1.6 cm x 1.81 cm. There is a gastric lymph node visualized measuring 1.1 cm and another large, hypoechoic, more caudal lesion measuring 2.29 cm x 1.4 cm. The omentum in the cranial abdomen is hyperechoic.

WEIGHT

16 Pounds

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

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

- Prominent, hypoechoic pancreas (right limb) – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Subjective gastric wall thickening with decreased detail of wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Questionable focal gastric lesion or overlapping lymph node
- Moderate cranial abdominal mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

IMAGING PERFORMED BY

Sara Pender, CVT

HOSPITAL NAME

SVS Imaging QC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Anne Pelzer

There is a significant amount of inflammation in the cranial abdomen as well as some large, hypoechoic, irregular lymph nodes. The gastric wall appears prominent and thickened in some images. This can be variable depending on the amount of distention, etc., and there is an image of either a focal gastric wall lesion or a lymph node overlapping the gastric wall. Consider a fine needle aspirate of an enlarged lymph node. If this cannot be done, you could consider a fine needle aspirate of the gastric wall. If a cytologic sample is not available, then consider surgical biopsies.

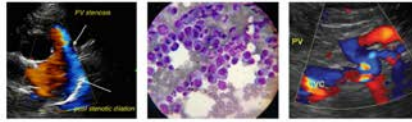
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The pancreas is somewhat prominent and hypoechoic. This could be consistent with current mild inflammation or previous episodes of pancreatic inflammation.

DATE

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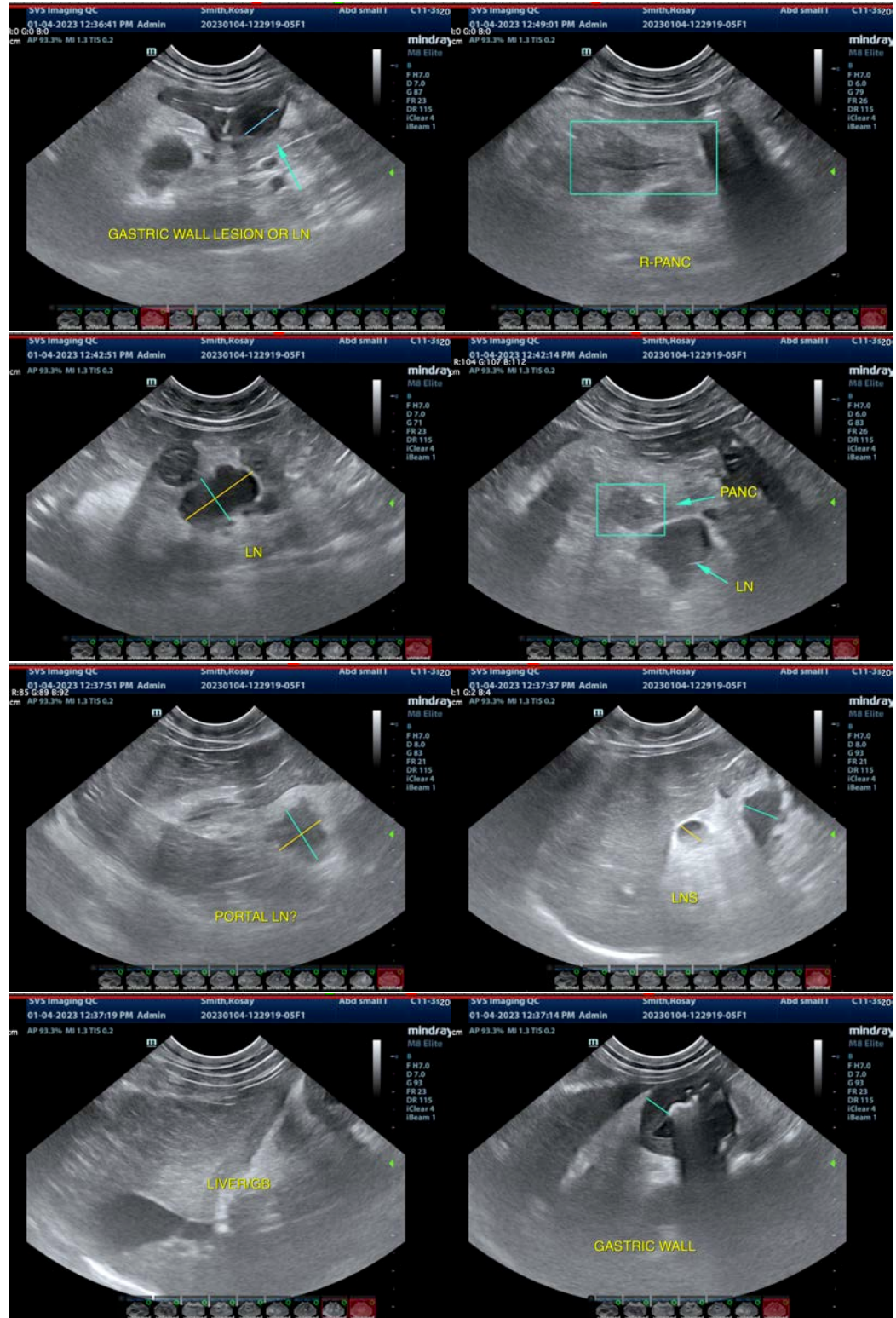
Dr. Anne Pelzer

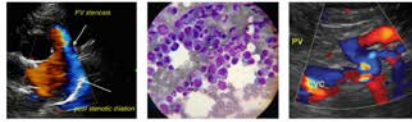
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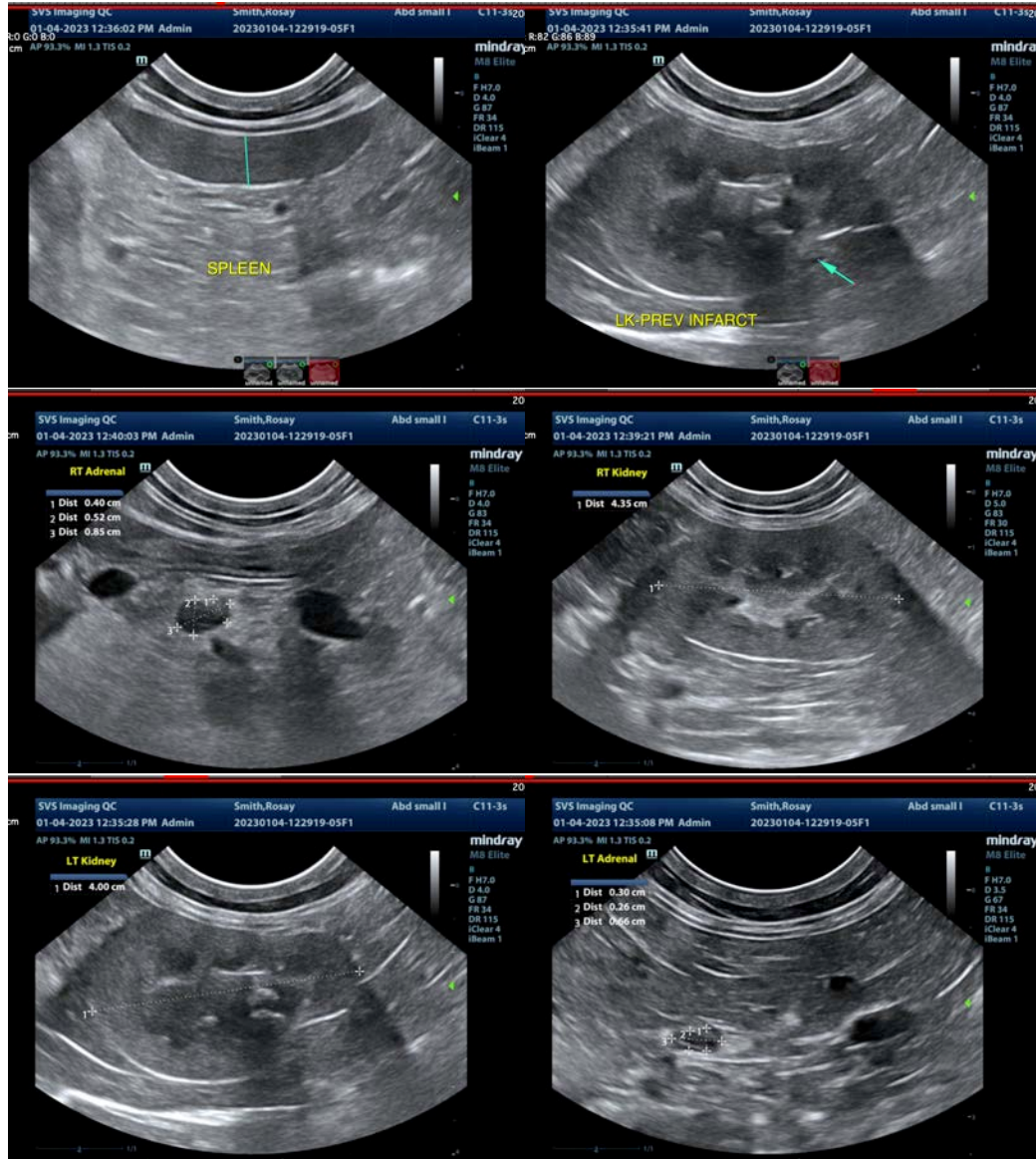
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com