



PATIENT PRESENTING CLINICAL SIGNS

Tina Chaudry
recheck, trending lymphatic nodule and pancreatic nodule
Abnormal PE/Chem/CBC/UA Results: please see attached labs and previous US report

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED 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.

DMH

SEX The left kidney has a normal shape and size (3.71 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.

Spayed Female

AGE The right kidney has a normal shape and size (3.79 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.

8 Years

WEIGHT Adrenal Glands

4.9 kg
The left adrenal gland is normal in size measuring 0.35 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.

INTERPRETED BY

Kathleen Sennello DVM,
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The right adrenal gland is normal in size measuring 0.38 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

Kelly Reschny

Spleen

The spleen is subjectively normal in size (0.89 cm), 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

Sixteen Mile VC

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. Gibbs

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.

INVOICE

43905

Gastrointestinal

DATE

1/4/23

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.


PATIENT

Tina Chaudry

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

BREED

DMH

Pancreas
SEX

Spayed Female

The pancreas is normal and isoechoic to surrounding mesentery. There is a slightly irregular, hypoechoic, mottled lesion visualized medial to the caudal portion of the spleen. This could represent a pancreatic mass lesion, a lymph node, or even a daughter spleen. There is no evidence of regional mesenteric inflammation or fluid.

AGE

8 Years

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.

WEIGHT

4.9 kg

Other

There is a slightly irregular, hypoechoic mass lesion visualized medial to the caudal aspect of the spleen (described under pancreas), which could be consistent with a pancreatic mass, a lymph node, a daughter spleen, etc. On today's scan, the largest measurement was 1.49 cm x 0.91 cm (previous measurement 10/19/22 was 1.2 cm x 0.77 cm).

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 Medicine)

ULTRASONOGRAPHIC FINDINGS

- Irregular tissue medial to the caudal aspect of the spleen – Consider differentials such as pancreatic nodule, lymph node, ectopic splenic tissue, etc.
- Moderate ingesta within the gastric lumen – This is most consistent with a non-fasted patient.

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME

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Today's scan appears relatively stable to the previous scan on 10/19/22. The lesion visualized medial to the spleen appears relatively stable in size. This is an irregularly shaped lesion, and it is difficult to obtain repeatable measurements, but no significant growth has taken place. On today's scan, this has less of an appearance of a lymph node, and more a mass lesion or even ectopic splenic tissue. Consider recheck evaluation in approximately two months. If this patient is clinically doing worse, reevaluate for a possible fine needle aspirate or biopsy.

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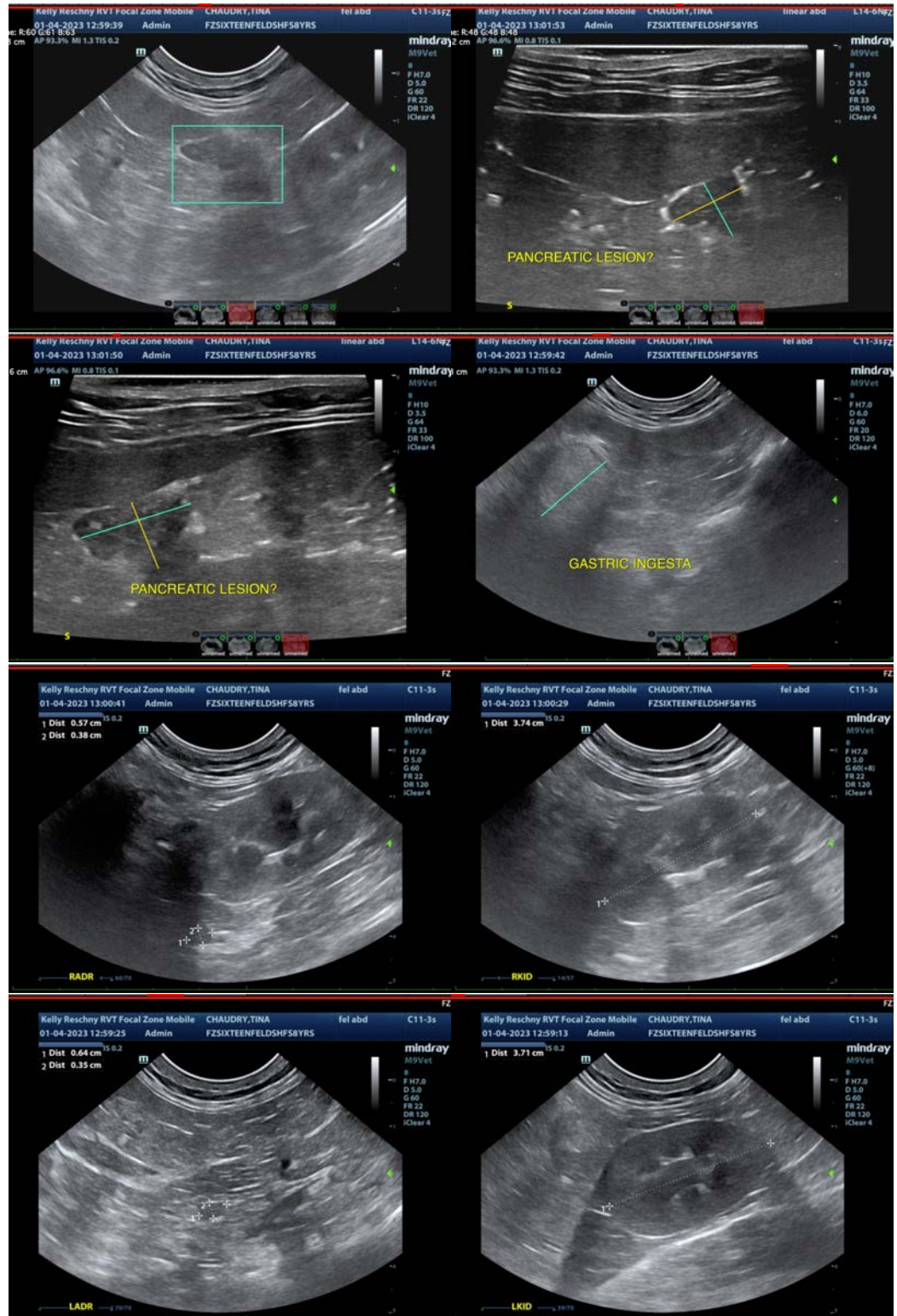
Dr. Gibbs

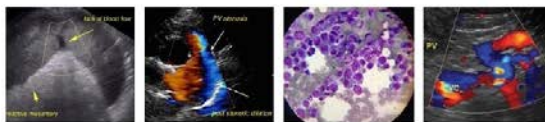
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SPECIES

Feline

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AGE

8 Years

WEIGHT

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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.

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