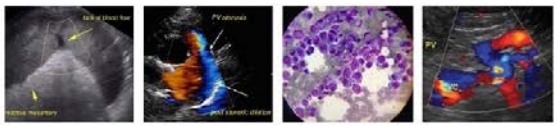
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maverick Gamble

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

10 Months

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Orchard AH

REFERRING VET

Dr. D'Amico

INVOICE

33975

DATE

1/5/22

PRESENTING CLINICAL SIGNS

Vomiting started 01/02/22, then developed soft stool. PE was normal on 01/03/22, treated with cerenia. No further vomiting but still not eating and soft stool developed into diarrhea. Recheck 01/04/22 revealed mild dehydration but still no palpable fb or obvious abdominal discomfort. Gave SQ fluids and started oral metronidazole. Diarrhea seems to have resolved but still lethargic and anorexic. Abnormal PE/Chem/CBC/UA Results: please see attached rads.

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 (3.36 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 (3.39 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 0.47 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 0.31 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

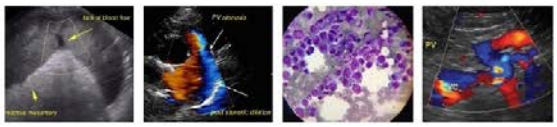
The spleen is normal in appearance and borderline large in size, measuring 1.0 cm in width at the level of the hilus (normal is < 1.0 cm) The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maverick Gamble

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

10 Months

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Orchard AH

REFERRING VET

Dr. D'Amico

INVOICE

33975

DATE

1/5/22

Gastrointestinal

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.

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.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate diffuse mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.81 cm x 2.7 cm, and a cluster around the ileocecal junction measuring 0.43, 0.39, and 0.43 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Mild/moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. These changes could be normal in a younger cat.

SECONDARY FINDINGS

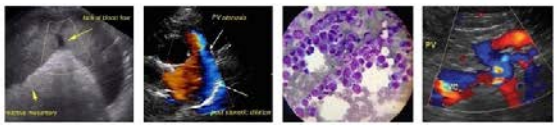
- Borderline enlarged spleen – I suspect this is normal for this large cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesions were visualized. There is a diffuse lymphadenopathy present, which can be seen in younger animals. However, given the symptoms I believe this is atypical, but unfortunately a non-specific finding. Consider a fine needle aspirate of a mesenteric lymph node if possible. The possibility of ingested foreign material cannot be 100% excluded, but there is no evidence of an obstructive pattern.

- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to evaluate for pancreatic inflammation, cobalamin deficiency, etc.
- Recommend fine needle aspirate of a mesenteric lymph node.
- Recommend treatment for dysbiosis.
- Consider empirical deworming and testing for GI parasites including tritrichomonas.
- Correlate with abdominal radiographs.
- Consider a hydrolyzed protein or novel protein diet.
  If symptoms persist despite symptomatic therapy and time, then consider surgical explore to look for foreign material and to obtain GI biopsies.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maverick Gamble

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

10 Months

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Orchard AH

REFERRING VET

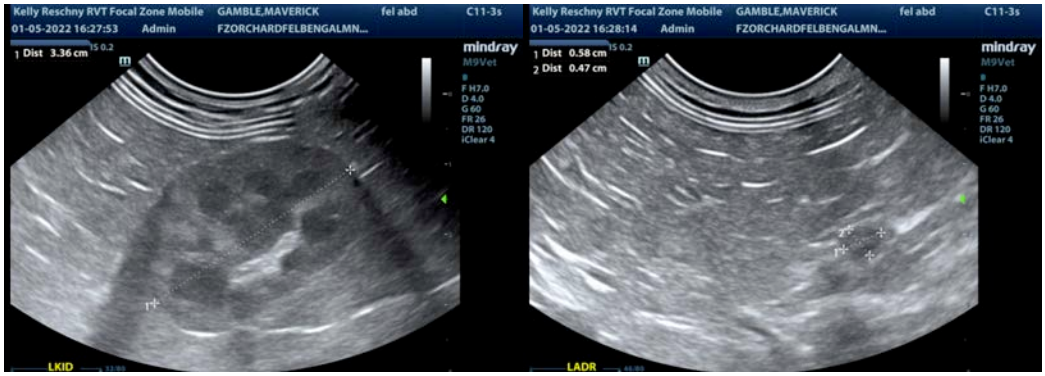
Dr. D'Amico

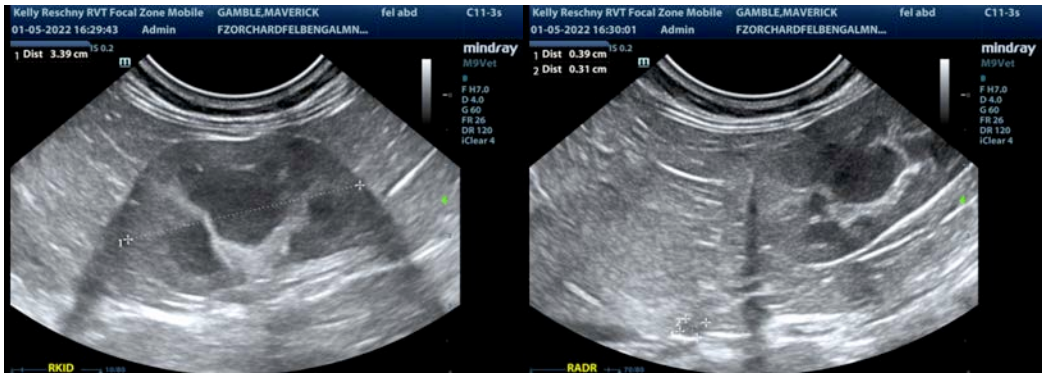
INVOICE

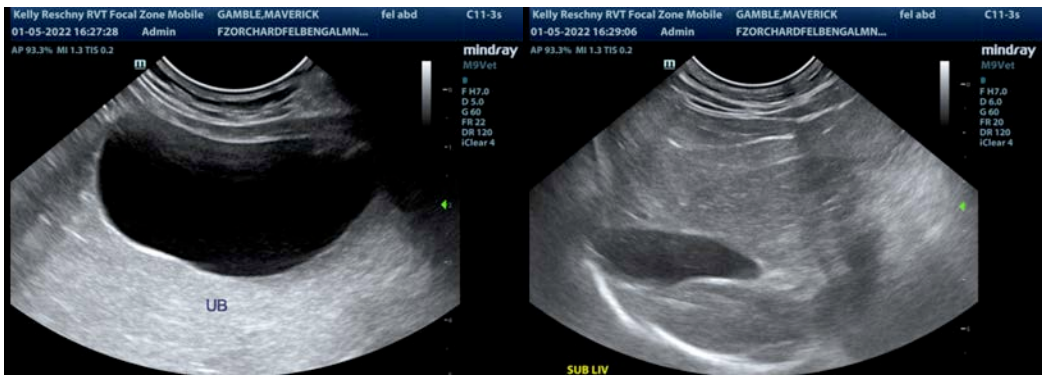
33975

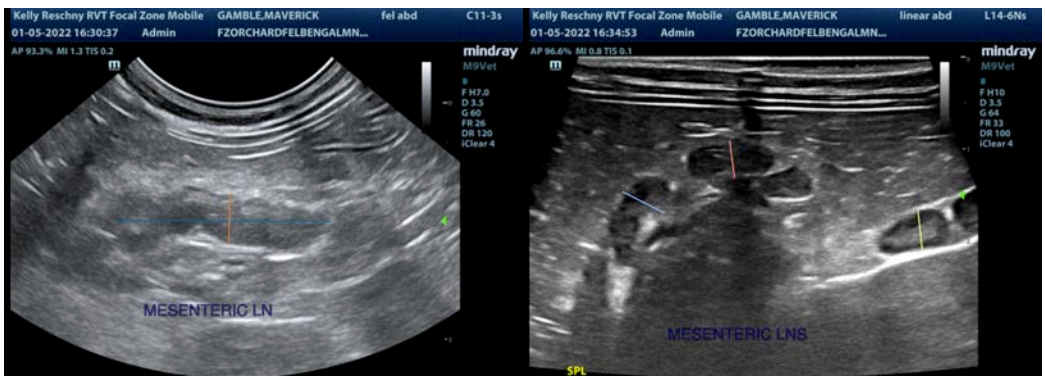
DATE

1/5/22

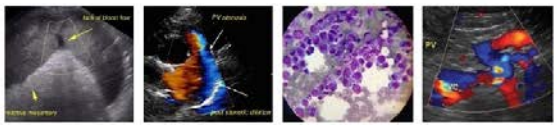








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maverick Gamble

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

10 Months

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Orchard AH

REFERRING VET

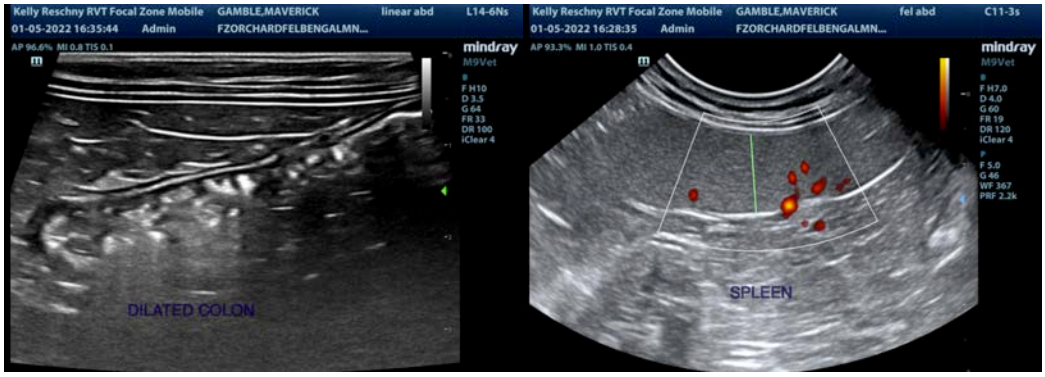
Dr. D'Amico

INVOICE

33975

DATE

1/5/22



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.

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

kathleen.sennello@sonopath.com