



**PATIENT**

Marco Semler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13.5 Years

**WEIGHT**

12.6 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

34029

**DATE**

1/6/22

**PRESENTING CLINICAL SIGNS**

First seen in 9/19 for constipation, normal CBC / Chem / T4 / U/A at that time, started on miralax. Next seen in 9/21 for acute vomiting, CBC / Chem / T4 / U/A wnl except Creat 1.7, SpGr 1.016, resolved with cerenia. Weight was down 2# at that time from 9/19. Presented again on 1/5/22 for acute inappetance and an episode of vomiting, as well passing one hard stool. Also recent IPU/PD. No palpable constipation on exam, patient down another 1.5# from 9/21, else exam unremarkable, urinalysis - SpGr 1.015, else unremarkable. Recheck CBC / Chem pending.

**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 (3.72 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 (3.86 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 0.31 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 0.33 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 (0.83 cm in width at the level of the hilus), 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.

**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.



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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. Duodenum wall measured 0.29 cm. Jejunum wall measured 0.25, 0.28 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. Colon wall measured 0.11 cm in thickness.

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**Pancreas**

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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**

**WEIGHT**

12.6 Pounds

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Overall mesenteric lymph nodes are normal in size. A prominent pancreaticoduodenal lymph node is visualized at 0.21 cm. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- No significant ultrasonographic lesions visualized

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively normal for a 13 year old cat. No dramatic ultrasonographic lesions were visualized. With the history of azotemia and isosthenuric urine, consider urinalysis, culture and blood pressure evaluation if not already done.

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Additionally, you can have significant clinical GI signs with relatively subtle ultrasonographic changes. Consider a GI panel to Texas A&M for qualitative PLI, TLI, cobalamin and folate to further evaluate for any evidence of small intestinal disease. Recommend 3-view thoracic radiographs to rule out any evidence of concurrent intrathoracic disease. If GI panel abnormalities are significant, you could consider obtaining GI biopsies.

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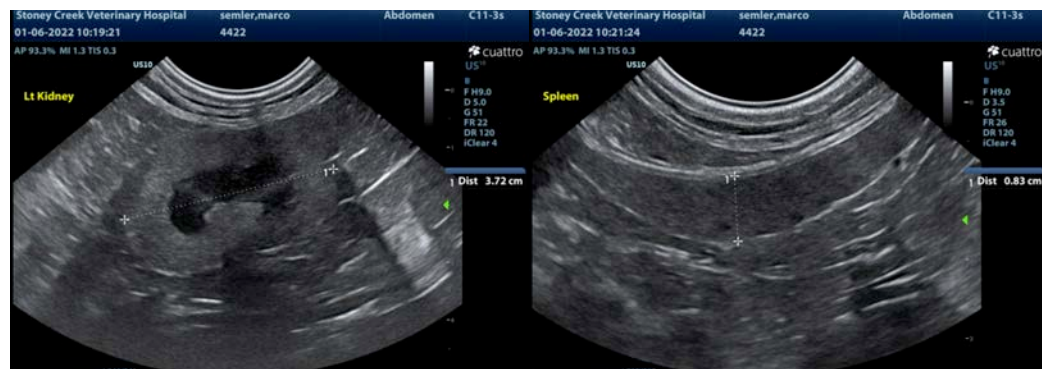
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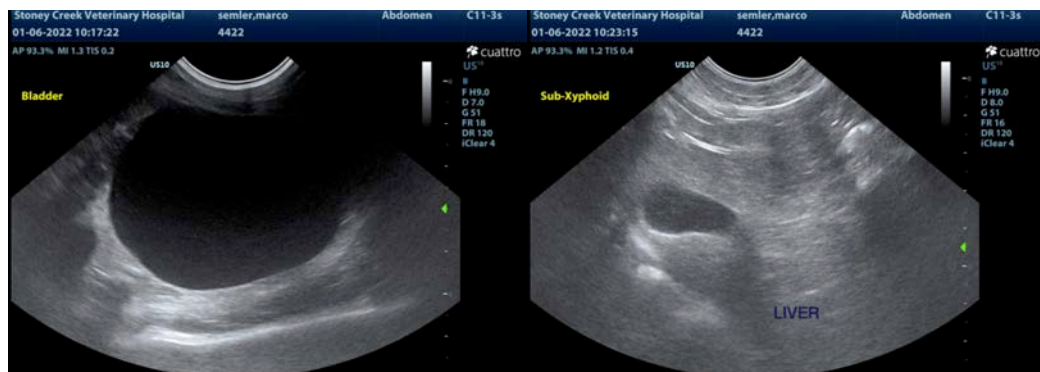
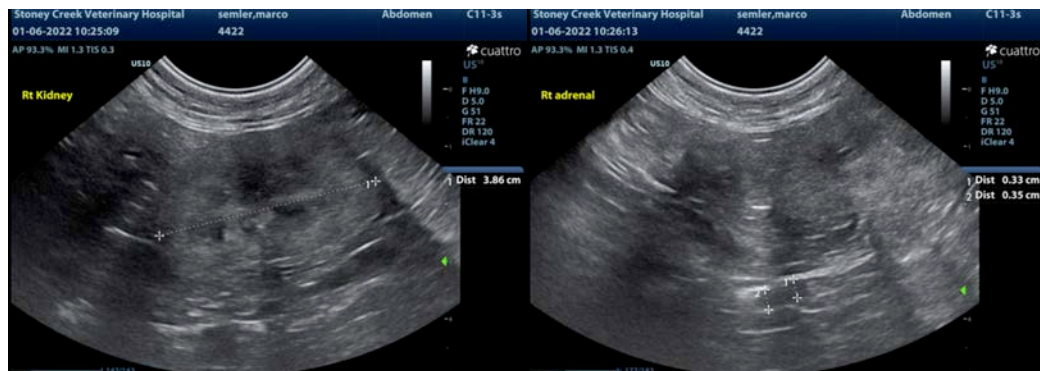
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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