

PATIENT

Precious Whalon

SPECIES

Feline

BREED

Turkish Angora

SEX

Spayed Female

AGE

14 years

WEIGHT

4.8 lbs

PRESENTING CLINICAL SIGNS

Losing weight at home - o reports seems disoriented at times and will find in odd places in house. Urinating outside the litterbox, which is a new behavior in last 2 months. Recheck U/S to evaluate for cause of more recent weight loss.
Abnormal PE/Chem/CBC/UA Results: Prominent GI on palpation Grade 3/6 systolic heart murmur Weight loss Urinalysis unremarkable

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 (3.74 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Some medullary mineralization is evident. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.5 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Some medullary mineralization is evident. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 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 0.35 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

Jack Reese

HOSPITAL NAME

Willow Run VC

Spleen

The spleen is subjectively normal in size, 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.

REFERRING VET

Dr. Davies

INVOICE

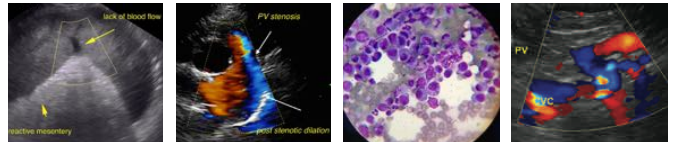
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Liver

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.

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1/6/22



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The wall of the gallbladder 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

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 <0.7cm 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with moderate diffuse fluid distension. Wall appears subjectively, mildly increased. The jejunum measured 0.27 cm, 0.26 cm, and 0.19 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. 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. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

A scant amount of free fluid was noted. There is a significant mesenteric lymphadenopathy present with mesenteric lymph nodes clustered and measured 0.85, 0.5 and 0.65 cm. The omentum is of increased echogenicity around the prominent lymph nodes.

IMAGING PERFORMED BY

Jack Reese

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

HOSPITAL NAME

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Prominent, fluid dilated small intestine with a prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

REFERRING VET

Dr. Davies

Mild to moderate mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

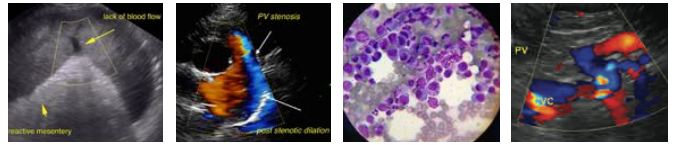
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Decreased corticomedullary distinction in both kidneys. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Mottled, prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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Small amount of free abdominal fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively similar to the previous scan that was performed on 9/2/21. There is evidence of mild, small intestinal changes and a significant mesenteric lymphadenopathy. I suspect that these changes are slightly worse now than when previously examined. Changes are most consistent with primary GI disease. However, current blood work, thyroid testing, etc. should be evaluated.

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- Recommend a GI panel to look to Texas A&M with a qualitative PLI, TLI, cobalamin, and folate to evaluate for exocrine pancreatic insufficiency, dysbiosis and a B12 deficiency.
- Recommend a hydrolyzed protein or novel protein prescription diet (if not already done).
- I recommend probiotic therapy chronically.
- Based on the chronicity of symptoms and lack of response to supportive care obtaining GI biopsies is appropriate and either biopsies of the mesenteric lymph nodes or FNA are recommended.
- I recommend three view thoracic radiographs to look for concurrent intrathoracic disease.

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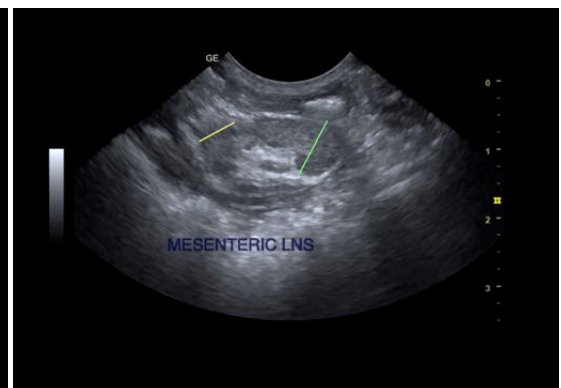


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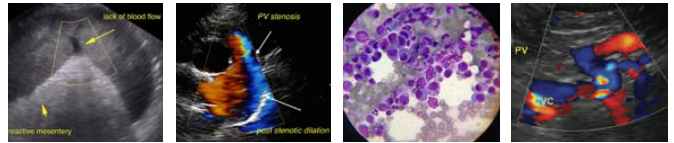
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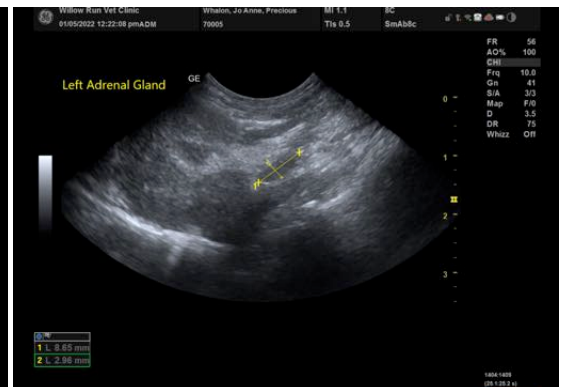
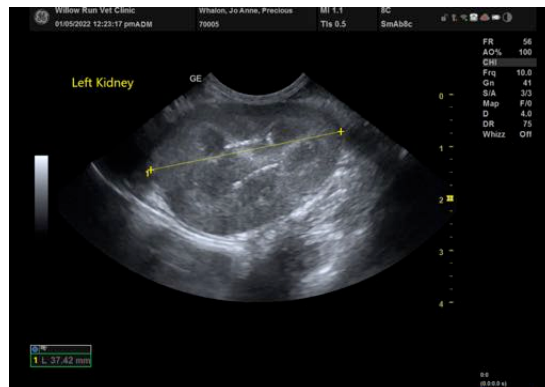
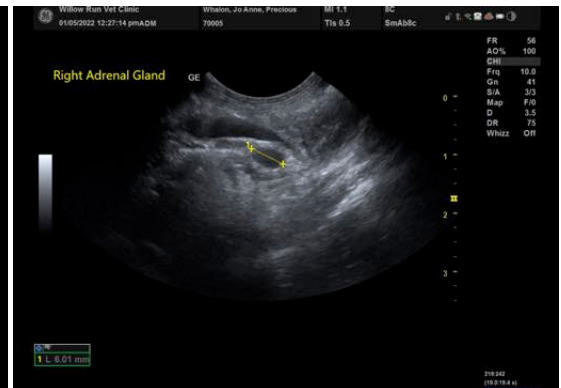
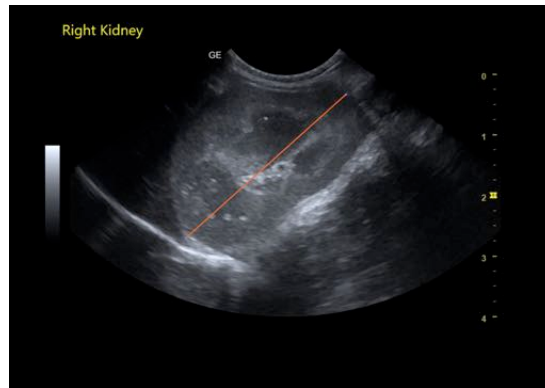
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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