

PATIENT PRESENTING CLINICAL SIGNS

Puppy Litzelman
History: Poor appetite, straining to pass stool, weight loss
Medication: Adequan, Lactulose, Mirtazapine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Persian

The urinary bladder is moderately/mildly distended with primarily suspended echogenic debris and urine. The Bladder wall appears mildly thickened at 0.27 cm, and slightly irregular. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris, and proteinaceous debris. These findings are most consistent with cystitis or lack of urine distention.

SEX

FS

The left kidney has a normal shape and size (3.27 cm). It is significantly hyperechoic with loss of 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.

AGE

18 years

The right kidney has a normal shape and size (3.04 cm). It is significantly hyperechoic with loss of 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.

WEIGHT

3.9 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.22 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 0.21 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

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen is normal/small 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. This is most consistent with a volume contracted spleen.

HOSPITAL NAME

AH of Dauphin County

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large amorphous, cystic, mixed echogenic area of tissue in the left caudal portion of the liver, most consistent with a cystic mass effect. This area measured 3.8 cm x 4.5 cm.

REFERRING VET

Dr. Sarsfield

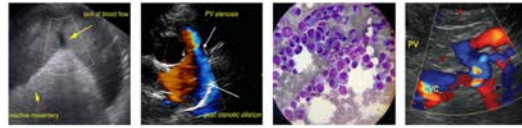
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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

DATE

10.1.2021



PATIENT *Gastrointestinal*

Puppy Litzelman

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.

SPECIES

Feline

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Persian

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are difficult to visualize due to a large amount of intraluminal gas. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

FS

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.

AGE

18 years

Free Abdomen

Evaluation of the peritoneal cavity revealed scan anechoic free fluid. No 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

3.9 lbs

PRIMARY FINDINGS

- Large, left-sided, mixed echogenic/cystic mass – This could be consistent with a benign cystadenoma, or could be consistent with a neoplastic lesion.
- Decreased corticomedullary distinction in both kidneys with increased echogenicity – These findings are most consistent with interstitial nephrosis.
- Subjectively thickened urinary bladder with echogenic urine – most consistent with cystitis, recommend urinalysis and culture.
- Subjectively thickened small intestine with 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.

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 ACVIM (*Small Animal
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SECONDARY FINDINGS

- Moderate gallbladder debris – could be incidental or associated with cholecystitis. No inflammation or wall thickening noted.
- Scant abdominal effusion – this is a common finding in older thin cats.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

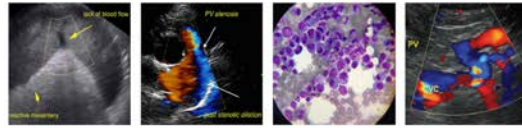
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A large lesion in the area of the liver is evident. This could be a benign cystadenoma. Fine needle aspirate would be difficult, as there is not a lot of solid tissue, but could be attempted. If surgery would be considered, consider a preoperative CT scan to determine the extent of this tissue.

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PATIENT

Puppy Litzelman

Recommend urinalysis and culture due to the appearance of the urinary bladder. Part of this could be due to lack of urine distention. The renal changes observed are consistent with the history provided.

SPECIES

Feline

The bowel does appear somewhat thickened with an increased muscularis layer. This is a non-specific finding and can be normal in older cats. Consider a GI panel for a quantitative PLI, TLI, cobalamin and folate level to further evaluate for pancreatic and small intestinal disease.

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

BREED

Persian

-Recommend diet trial with a novel protein/hydrolyzed prescription diet

-Recommend GI panel for evaluation of B12 levels etc. (start empirical B12 while waiting for results)

-If symptoms are progressing consider obtaining GI biopsies

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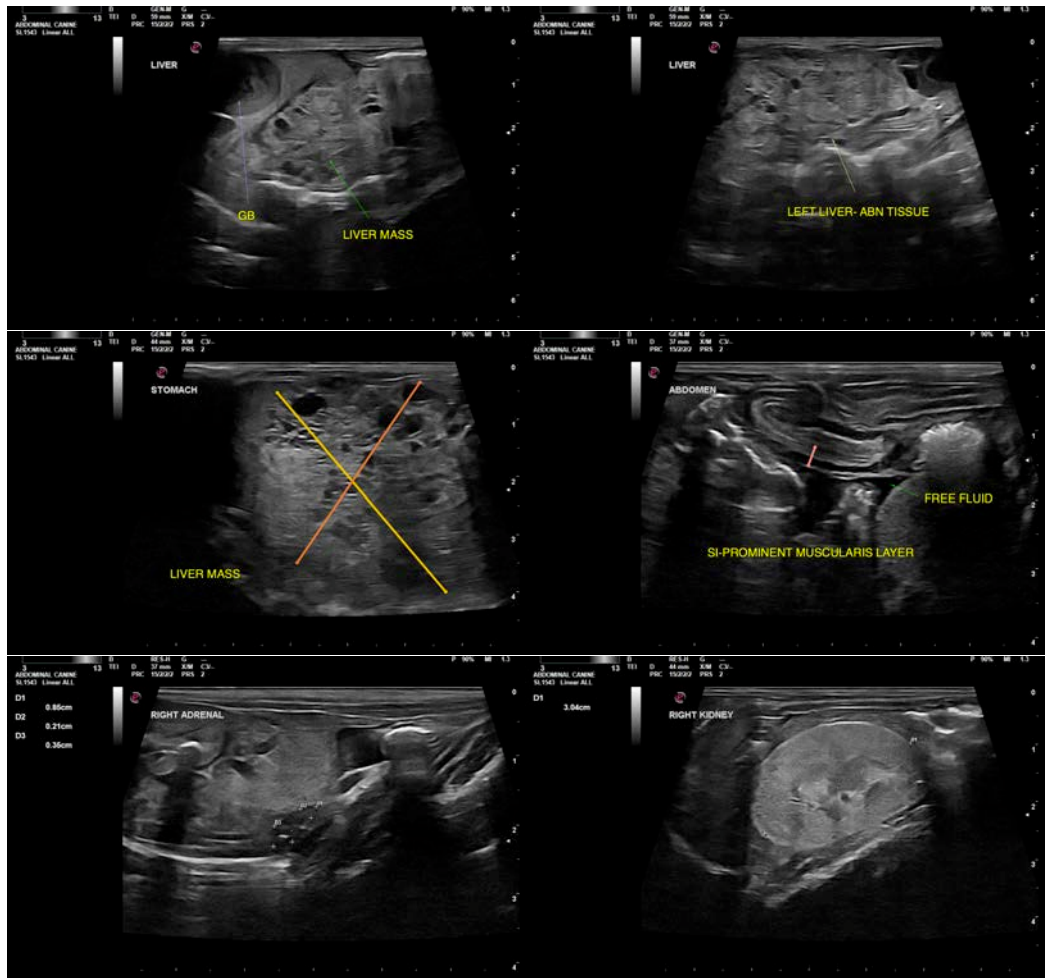
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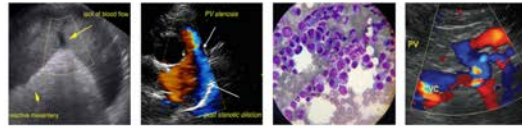
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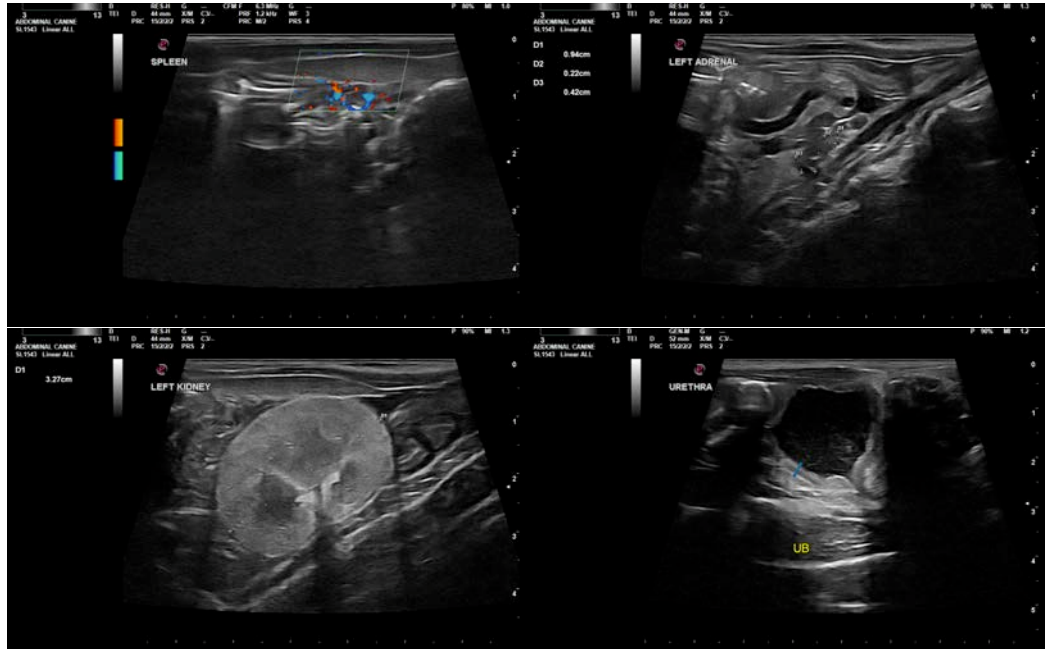
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com