



PATIENT PRESENTING CLINICAL SIGNS

Ezzy Olivieri
losing weight, decreased appetite, elevated liver enzymes
Abnormal PE/Chem/CBC/UA Results: ALT 892, ALKP 234

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

Spayed Female
The left kidney has a normal shape and size (2.95 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.

AGE

7 Years
The right kidney has a normal shape and size (3.68 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.

WEIGHT

5.8 Pounds
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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.24 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 large, but measures at a normal size 0.93 cm in width at the level of the hilus. The 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

AH of Stoney Creek

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is diffusely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Ozimok

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

42061

Gastrointestinal

DATE

10/13/22

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.



PATIENT

Ezzy Olivieri

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

7 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Dr. Ozimok

INVOICE

42061

DATE

10/13/22

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 formed 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 focal hypoechoic vascular irregular tissue visualized in the abdomen. Two nodules are visualized in the superficial area, cranial to the left kidney, measuring 0.65 cm x 0.93 cm and 0.32 cm x 0.42 cm. Additionally, there is a hypoechoic lymph node/mass effect medial to the spleen measuring 2.2 cm x 0.60 cm. The omentum is generally of normal echogenicity.

SECONDARY FINDINGS

- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Irregular, hypoechoic vascular omental lesions – These findings could represent atypical lymph nodes, omental lesions, etc. Recommend a fine needle aspirate.

SECONDARY FINDINGS

- Prominent spleen – No focal lesions are visualized, and it is not objectively enlarged, but appears prominent.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver. The gallbladder and bile duct appear relatively normal, so findings are most consistent with a primary hepatopathy. Consider the following:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.
- Recommend thyroid evaluation (if not already done)
- If not already done consider pre and post prandial bile acids to evaluate liver function
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- Consider liver biopsy with samples obtained for histopathology and culture



PATIENT

Ezzy Olivieri

- If triaditis is suspected consider therapy for cholangiohepatitis, testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)
- Consider a feeding tube if patient is not eating for a prolonged period of time

SPECIES

Feline

There are some hypochoic irregular vascular omental lesions visualized. Two appear to be superficial cranial to the left kidney. Another larger lesion is visualized medial to the spleen. If possible, consider a fine needle aspirate of these lesions.

BREED

DMH

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

SEX

Spayed Female

AGE

7 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

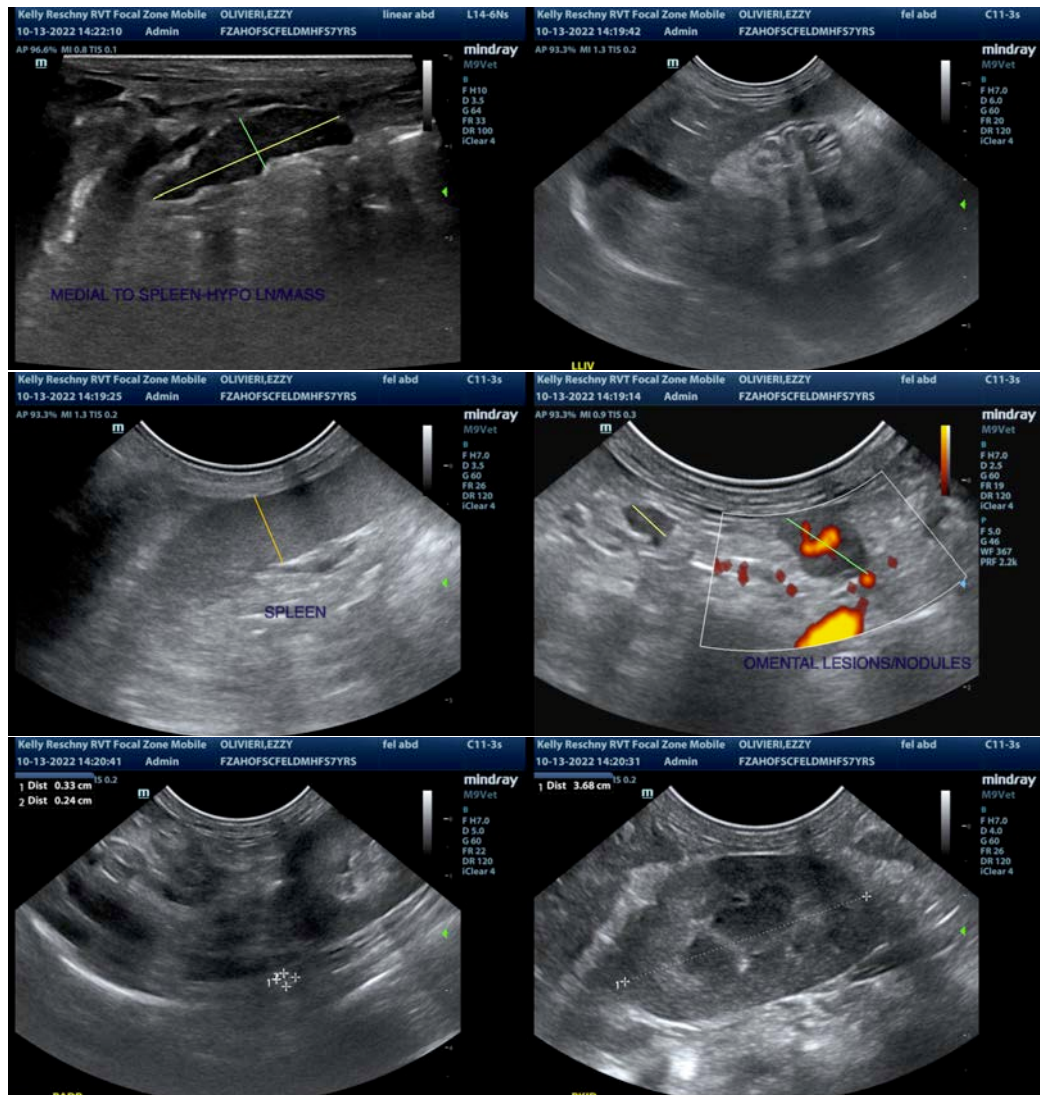
Dr. Ozimok

INVOICE

42061

DATE

10/13/22





PATIENT

Ezzy Olivieri

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

7 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

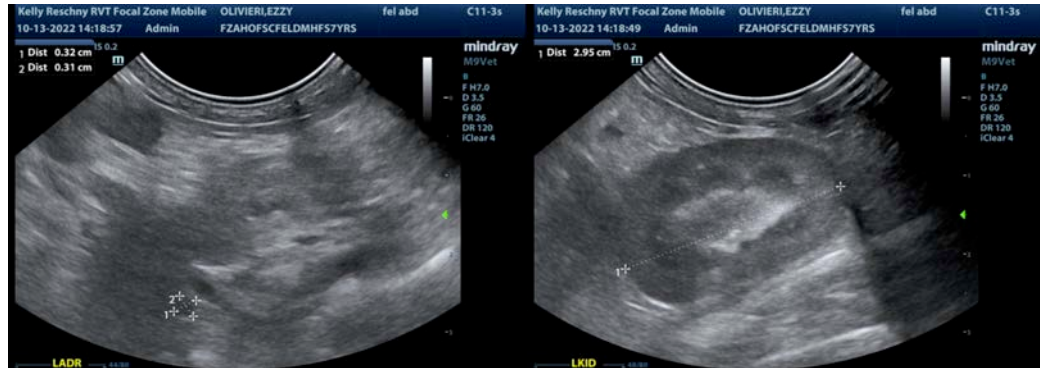
Dr. Ozimok

INVOICE

42061

DATE

10/13/22



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.

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

kathleen.sennello@sonopath.com