

PATIENT

Priscilla
SammiesFriends

PRESENTING CLINICAL SIGNS

SPECIES

Feline

No Sedation- Shelter cat in longer term foster care, recently experiencing anorexia and weight loss, has always had tremors and ataxia, hyperthyroidism and chronic renal disease, patient currently on SC fluids 75 cc SC SID, benazepril 5mg 1/4TSID, methimazole 1/2TBID, cerenia and mirtazapine; bradycardia; underweight

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: RADS: Conclusion No evidence of significant cardiovascular disease. Mild chronic bronchitis suspected. Recent BW for 10/12/22: BUN 43, WBC 16,700 with PMNs and HCT 24% with marginal increase eosinophils, positive renal tech, no urine. Abdominal fluid analysis: Fluid is a transudate with low cellularity noted; rare non-degenerative neutrophils, lymphocytes, reactive macrophage/mesothelial cells with scant RBCs. No infectious agents or overt neoplasia seen.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild echogenic dependent debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

AGE

11 Years

WEIGHT

6.3 Pounds

The left kidney has a normal shape and size (3.44 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (3.22 cm). Overall echogenicity is slightly hyperechoic with poor 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Brighton Greens VH

The right adrenal gland is normal in size measuring 0.55 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.

REFERRING VET

Dr. Robin Janeway

Spleen

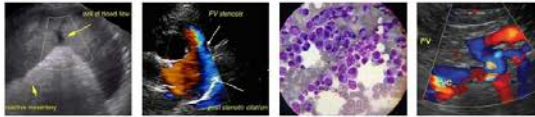
The spleen is subjectively normal in size (0.81 cm in width at the level of the hilus) with rounded margins. The spleen echotexture is heterogenous and mildly mottled. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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42222

DATE

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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature appears prominent and moderately dilated. No focal nodules or cystic lesions are observed.

SPECIES

Feline

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.

BREED

DSH

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.

SEX

Spayed Female

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. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

11 Years

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.

WEIGHT

6.3 Pounds

Pancreas

The pancreas is prominent and hypoechoic as 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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Medicine)

Free Abdomen

There is a large amount of free abdominal fluid. No lymphadenopathy. The omentum is mildly hyperechoic.

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LVT

ULTRASONOGRAPHIC FINDINGS

- Dependent debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mottled “plump” spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The spleen looks somewhat rounded. This could be secondary to congestion.

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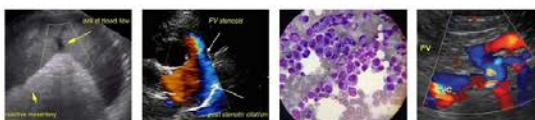
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- Hypochoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SPECIES

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- Large, heterogeneous liver with prominent vasculature – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The prominent vasculature is most consistent with congestion.

BREED

DSH

- Large free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

No focal mass effects are visualized on today's scan. The changes observed in the liver and spleen could be due to congestion secondary to right-sided heart disease or pericardial effusion. Recommend cardiac ultrasound.

AGE

11 Years

There is some echogenic debris in the urinary bladder. Recommend a urinalysis and culture.

The pancreas appears prominent and hypochoic. This could be edema secondary to congestion.

WEIGHT

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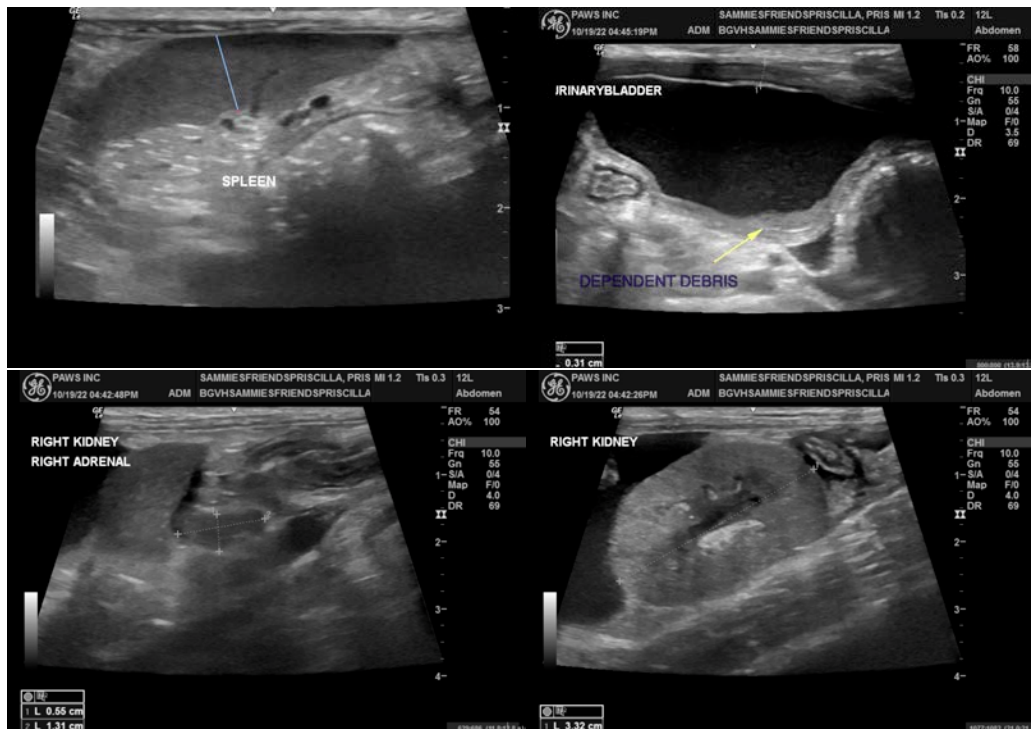
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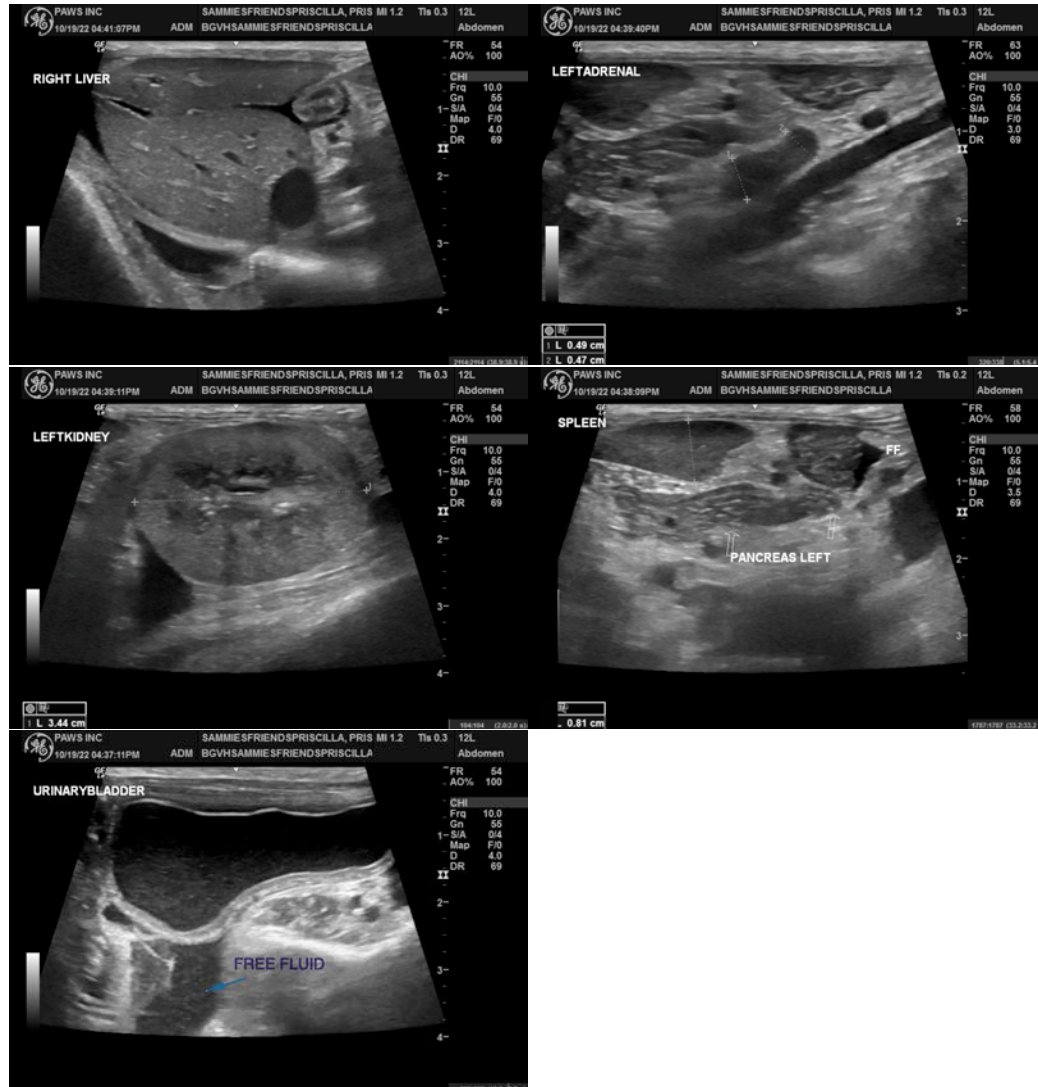
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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