



PATIENT PRESENTING CLINICAL SIGNS

Dolce Pourreza History: painful; hypertensive; hematuria. On semintra 10mg/ml, oral solution- 0.4ml bid x 14 days, then 0.5ml sid . BP to be rechecked in 3 weeks. Also on meloxidyl 1.5mg/ml, 0.1ml sid.

SPECIES Abnormal PE/Chem/CBC/UA Results: urine culture neg; On 10/18/22 hematuria, RBCs>50. USPG 1.066

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Persian

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Spayed Female

The left kidney has a normal shape and size (3.34 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.

AGE

16 Years

The right kidney has a normal shape and size (3.41 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.

WEIGHT

6 Pounds

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.38 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 0.41 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

Diane McFadden

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.

HOSPITAL NAME

ACC Flanders

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 gall bladder 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.

REFERRING VET

Dr. Hallihan

INVOICE

17853

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

DATE

10/21/22



PATIENT

adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Dolce Pourreza

SPECIES

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. The jejunum measured 0.23 cm, 0.27 cm in diameter.

Feline

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.

BREED

Persian

SEX

Pancreas

Spayed Female

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

AGE

Free Abdomen

16 Years

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or 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

ULTRASONOGRAPHIC FINDINGS

6 Pounds

- Decreased corticomedullary distinction in both kidneys- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Hypoechoic prominent pancreas surrounded by hyperechoic mesentery- The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Prominent muscularis layer to the small intestine- The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

ACC Flanders

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

The pancreas appears prominent and hypoechoic with some mildly hyperechoic mesentery surrounding. Findings are most consistent with mild to moderate pancreatitis. I recommend treatment with pain medications, hydration, nausea medications, etc., and consider a low-fat diet.

Dr. Hallihan

The changes observed in the kidneys are most consistent with chronic age-related kidney disease. Recommend a urinalysis/culture and blood pressure as a baseline.

INVOICE

17853

The muscularis layer of the small intestine appears prominent. This can be an indicator of underlying small intestinal disease but can also be a normal finding in older cats. Correlate with clinical signs if this patient has underlying GI signs, then additional work up may be recommended.

DATE

10/21/22



PATIENT

No lesions were visualized associated with the urinary bladder to explain the hematuria reported. Recommend a urinalysis and culture. If no infection is present, consider possible sterile cystitis?.

Dolce Pourreza

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

16 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

ACC Flanders

REFERRING VET

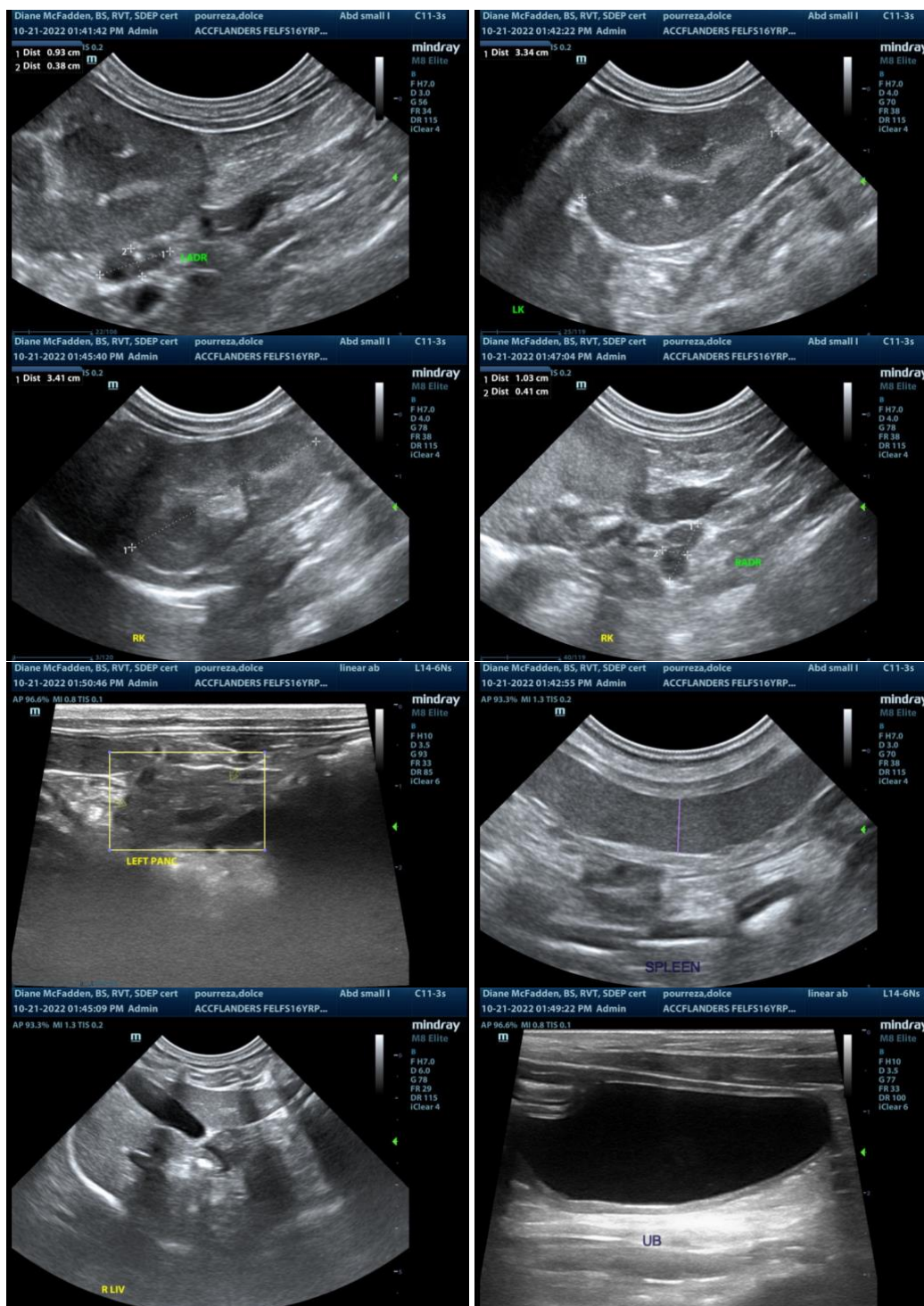
Dr. Hallihan

INVOICE

17853

DATE

10/21/22





PATIENT

Dolce Pourreza

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

16 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

17853

DATE

10/21/22



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