

**PATIENT PRESENTING CLINICAL SIGNS**

Thor Quinto

Monday pm vomited food. O mixed regular food with Hypoallergenic food Monday am. Tuesday O noticed him being very lethargic, barely moving around, wasn't eating or drinking. Took to emerg last night because O said he looked dead - very minimal movement + very lethargic. O thinks ate small amount of food and drank small amount of water yesterday. O thinks he urinated small amount yesterday but cant be sure since they have another cat. O noticed his abdomen is tender when being picked up. Buprenorphine prescribed at emerg seemed to help with pain - more alert today. Sometimes gets into Christmas decorations - doesn't know if he just plays w it or eats it

**SPECIES**

Feline

**BREED**

Tonkinese

Abnormal PE/Chem/CBC/UA Results: SNAP Abnormal fPL LYM  $0.70 \times 10^9/L$  EOS  $0.10 \times 10^9/L$  BASO  $0.00 \times 10^9/L$

**SEX**

Intact Male

**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.

**AGE**

10 Years

The left kidney has a normal shape and size (3.38 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3.88 kg

The right kidney has a normal shape and size (3.6 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)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.20 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.

**IMAGING PERFORMED BY**

Kelly Reschny

The right adrenal gland is normal in size. 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.

**HOSPITAL NAME**

Hamilton Region Vet  
Emergency Clinic

**Spleen**

The spleen is subjectively normal in size (0.95 cm in width at the level of the hilus), 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. Grewal

**Liver**

**INVOICE**

42237

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.

**DATE**

10/21/22

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.



**PATIENT**

***Gastrointestinal***

Thor Quinto

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 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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Tonkinese

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.

**SEX**

Intact Male

***Pancreas***

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**

10 Years

***Free Abdomen***

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 mesentery is hyperechoic in the right cranial abdomen in the region of the pancreas and at the ileocecal junction.

**WEIGHT**

3.88 kg

**ULTRASONOGRAPHIC FINDINGS**

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Hypoechoic, prominent pancreas with some surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region Vet  
Emergency Clinic

**REFERRING VET**

Dr. Grewal

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lesions described on today's scan are relatively mild. There is some inflammation in the right cranial abdomen around the pancreas and the ileocecal junction. Recommend treatment for pancreatitis and continued monitoring. If the patient is not responding to therapy as expected, consider reevaluation of the abdomen, as things can change with hydration, time, etc.

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

**INVOICE**

42237

**DATE**

10/21/22



**PATIENT**

Thor Quinto

**SPECIES**

Feline

**BREED**

Tonkinese

**SEX**

Intact Male

**AGE**

10 Years

**WEIGHT**

3.88 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region Vet  
Emergency Clinic

**REFERRING VET**

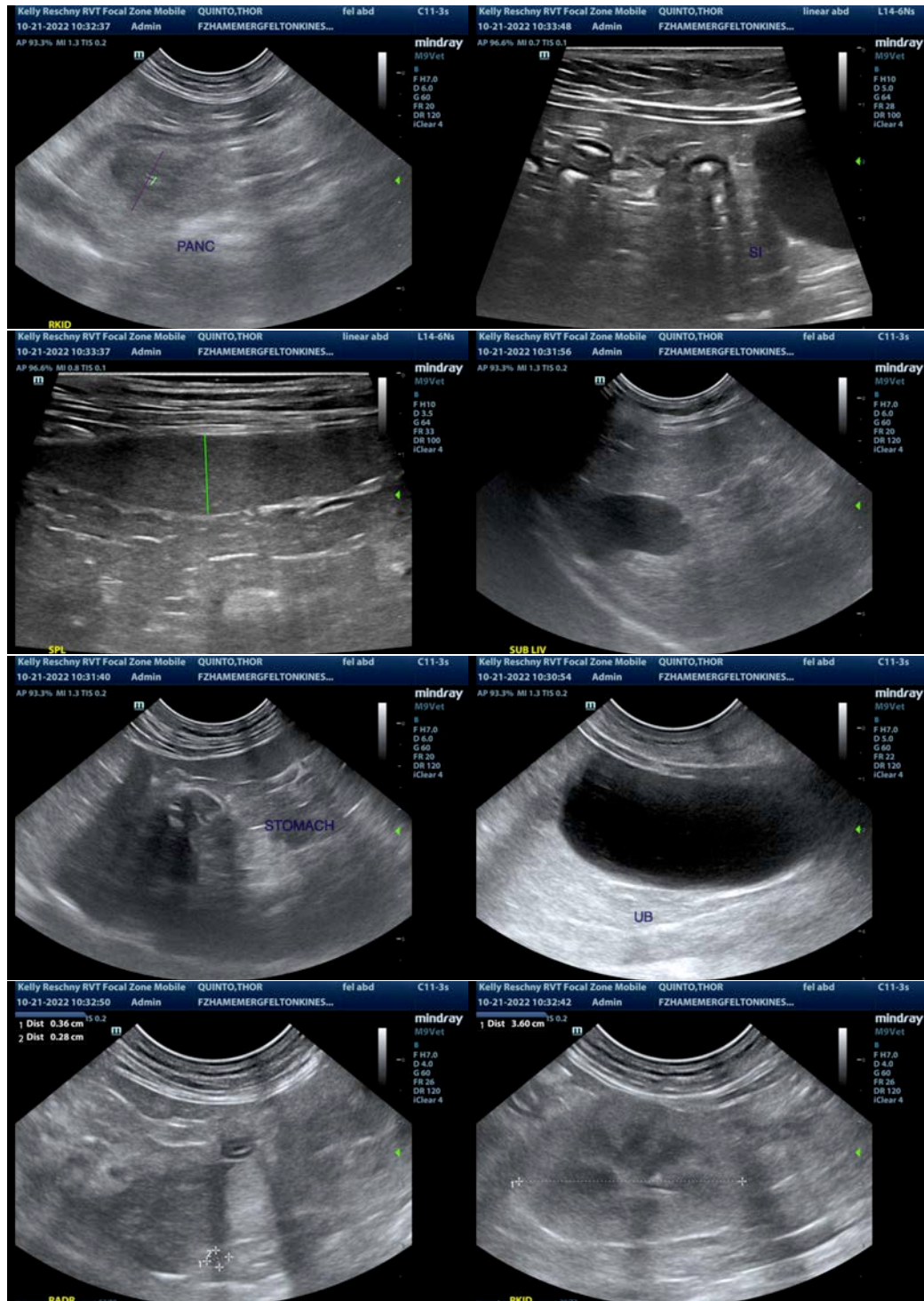
Dr. Grewal

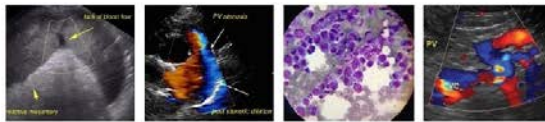
**INVOICE**

42237

**DATE**

10/21/22





**PATIENT**

Thor Quinto

**SPECIES**

Feline

**BREED**

Tonkinese

**SEX**

Intact Male

**AGE**

10 Years

**WEIGHT**

3.88 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region Vet  
Emergency Clinic

**REFERRING VET**

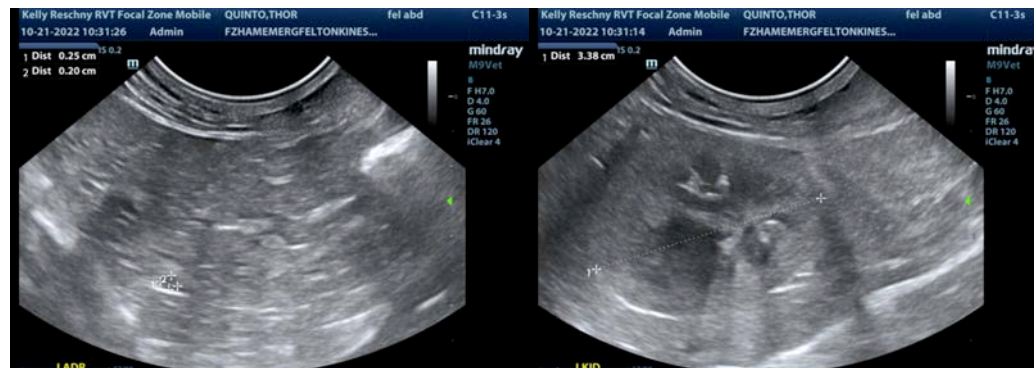
Dr. Grewal

**INVOICE**

42237

**DATE**

10/21/22



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