



PATIENT

Merlin Steele

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 ½ years

WEIGHT

7.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Vets and Pets AH

REFERRING VET

Dr. Jarrett

INVOICE

13977

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: Thin cat. Losing weight. Mild changes in lab work.
Abnormal PE/Chem/CBC/UA Results: CBC- WNL Chem-ALT 133, CA 12.3 pSL wnl T4 1.7 U/A- USG 1.016, prot neg, Occult blood 1+ FELV/FIV neg

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is a non-obstructive nephrolith present, measuring 0.38 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.44 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 cm at the caudal pole (insert other measurements if provided) 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 0.36 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.

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.

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 are numerous hyper- and hypoechoic ill-defined nodules throughout the parenchyma in addition to smaller cystic lesions. On the right side of the liver is a 1.43 cm x 1.59 cm hyperechoic nodule, which appears to deform the liver margins.

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.

Gastrointestinal



PATIENT

Merlin Steele

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. The duodenum measured as normal and the jejunum measured as normal (0.23 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Domestic Shorthair

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

Neutered male

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.

AGE

16 ½ years

Free Abdomen

A small amount of anechoic free fluid is observed. There is no evidence of lymphadenomegaly. The omentum is generally of normal echogenicity.

WEIGHT

7.5 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Heterogeneous liver with ill-defined hyper- and hypoechoic nodules and a discrete right sided hyperechoic nodule (which deforms the liver margins). Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Hypoechoic prominent pancreas- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder sludge- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Free abdominal fluid

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Vets and Pets AH

REFERRING VET

Dr. Jarrett

Secondary Findings

- Non-obstructive nephrolith in the left kidney- The hyperechoic mineralized foci observed at the corticomedullary junction of the left kidney are consistent with small, non-obstructive nephroliths.

INVOICE

13977

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

10/22/21

The liver appears irregular on today's scan with numerous ill-defined hypo- and hyperechoic nodules in



PATIENT

Merlin Steele

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 1/2 years

WEIGHT

7.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Vets and Pets AH

REFERRING VET

Dr. Jarrett

INVOICE

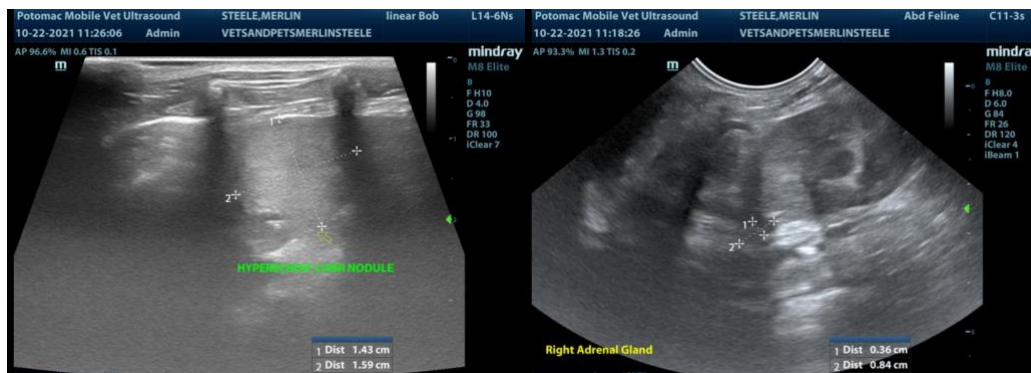
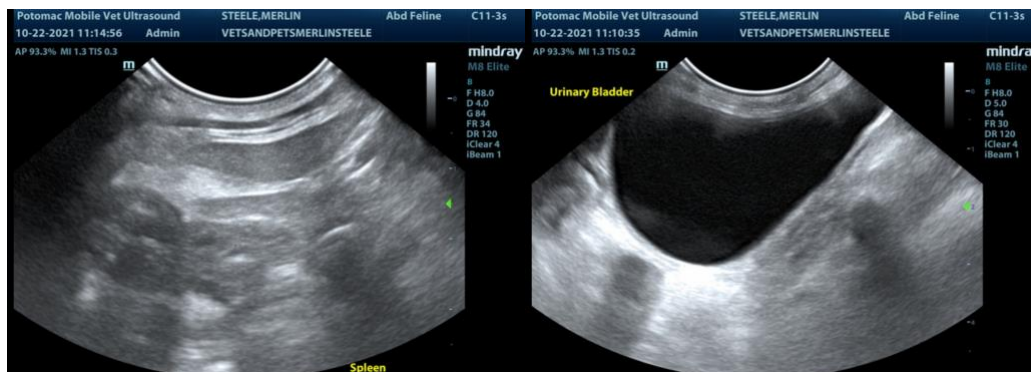
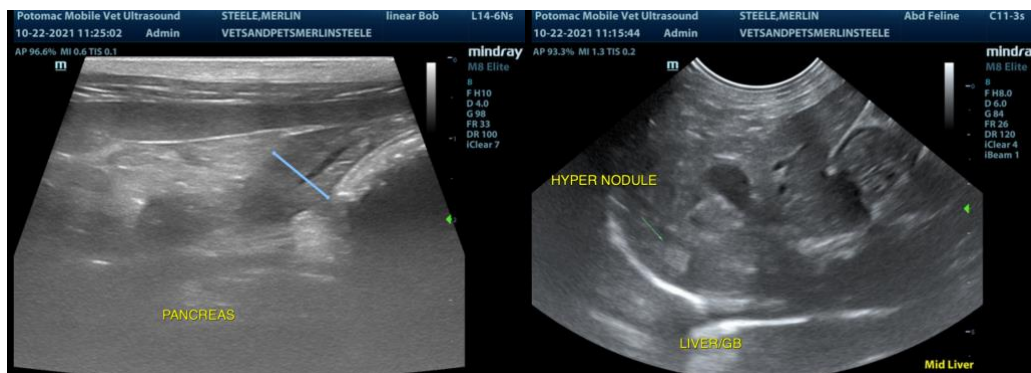
13977

DATE

10/22/21

addition to more distinct hyperechoic nodules which deform the hepatic margins. A fine needle aspirate was obtained from the right sided hepatic nodule, which is excellent. Additionally, there is some excessive debris in the gallbladder. Consider a liver function test, a fine needle aspirate of the liver nodule (already done) and you could consider starting ursodiol with a round of antibiotics for possible cholangiohepatitis. I recommend three view thoracic radiographs to look for any evidence of concurrent intrathoracic disease.

The free fluid present is likely secondary to the hepatic disease suspected. It is difficult to rule out possible concurrent small intestinal disease, but no significant gastrointestinal lesions were noted. You could consider a GI panel with a quantitative FPLI, TLI, cobalamin and folate to further evaluate the pancreatic changes noted and to look for evidence of concurrent small intestinal disease.





PATIENT

Merlin Steele

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 ½ years

WEIGHT

7.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Vets and Pets AH

REFERRING VET

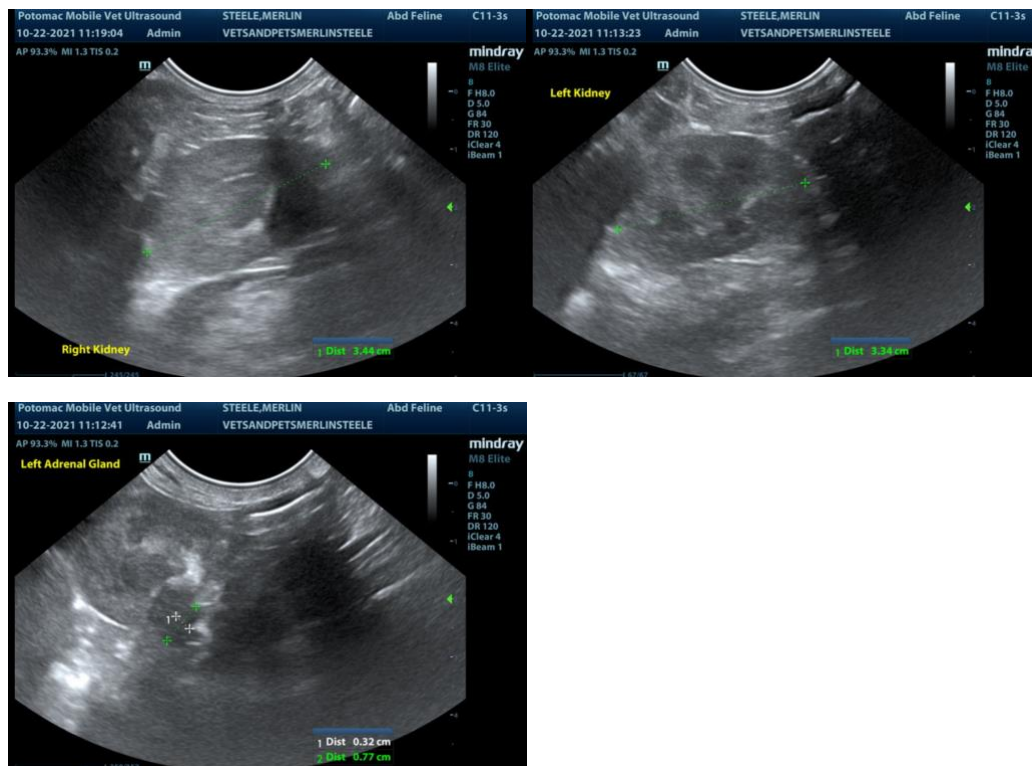
Dr. Jarrett

INVOICE

13977

DATE

10/22/21



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