



PATIENT

Clary Mama Berker

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

18 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Sorbo

INVOICE

42350

DATE

10/26/22

PRESENTING CLINICAL SIGNS

FORL Weight loss LVOT obstruction - currently assessed as benign. Chronic intermittent vomiting/diarrhea.

Abnormal PE/Chem/CBC/UA Results: Caution on exam - dental dz (FORL), BCS 4/9, otherwise impressive health for age.

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.

The left kidney has a normal shape and size (4.16 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.

The right kidney has a normal shape and size (3.74 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 0.25 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/borderline large (1.0 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. There is a small hyperechoic nodule within the parenchyma measuring 0.31 cm.

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 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 common bile duct appears somewhat prominent and dilated, measuring 0.24 cm.



PATIENT

Clary Mama Berker

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

18 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

Dr. Sorbo

INVOICE

42350

DATE

10/26/22

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.

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 0.17 cm. 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 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.

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 omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Prominent bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Borderline large spleen with focal hyperechoic focus – This is a relatively large cat, so the spleen could be within normal limits. Additionally, the hyperechoic lesion trends towards a benign process, although underlying neoplasia cannot be ruled out.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for an 18 year old cat. The changes in the kidneys are consistent with age related change. Consider a urinalysis, culture, and blood pressure for a baseline.

I suspect the changes in the spleen are normal for this individual. The hyperechoic lesion is most consistent with a myelolipoma or other benign lesion, but I cannot definitively rule out the possibility of underlying neoplasia. A fine needle aspirate could be performed if concerned.



PATIENT

Clary Mama Berker

The changes in the pancreas are most consistent with chronic remodeling. There is little evidence of active pancreatitis, although you could consider an fPLI to further evaluate.

SPECIES

Feline

- Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc....

BREED

DLH

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

SEX

Spayed Female

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

AGE

18 Years

- Recommend chronic probiotic therapy.

- Confirm normal thyroid levels (if not already done).

- If these symptoms persist or worsen and no other causes are identified, then consider obtaining GI biopsies.

WEIGHT

10.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

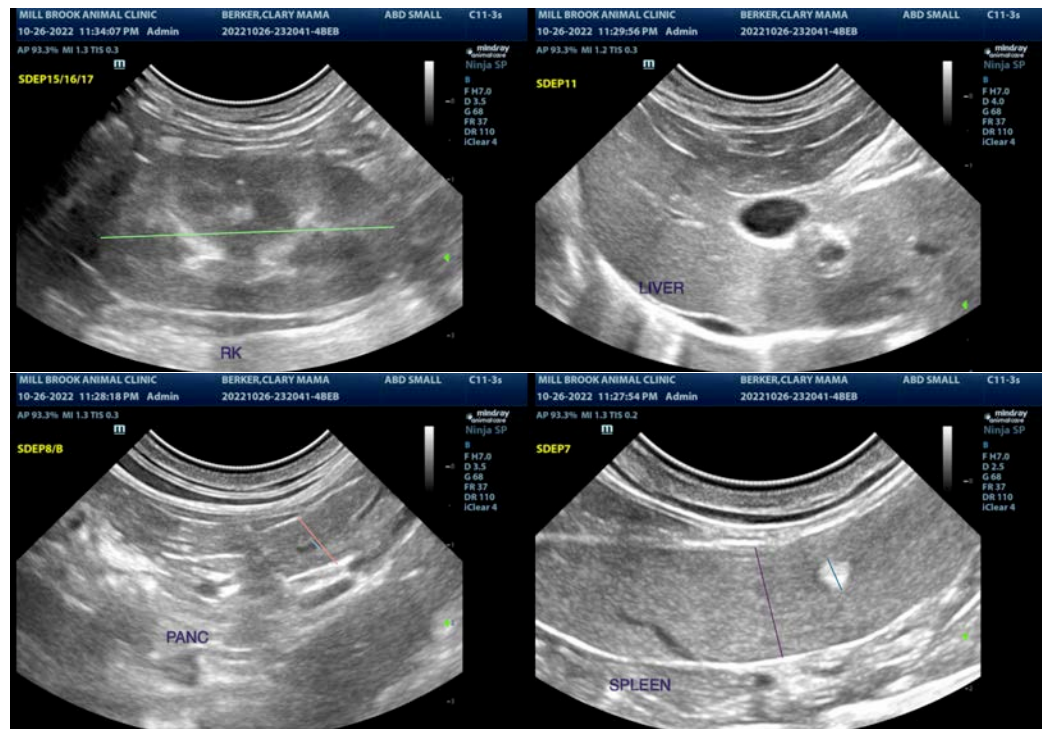
Dr. Sorbo

INVOICE

42350

DATE

10/26/22





PATIENT

Clary Mama Berker

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

18 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Mill Brook AC

REFERRING VET

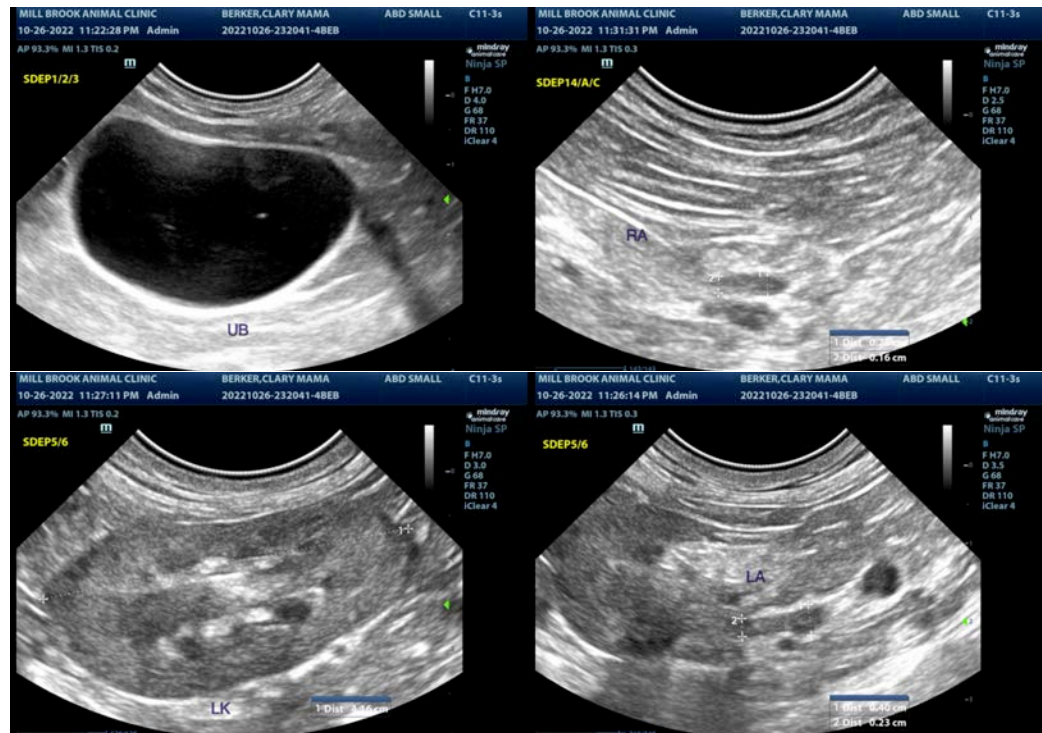
Dr. Sorbo

INVOICE

42350

DATE

10/26/22



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