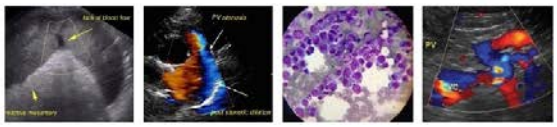
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Leroy Kitten Kuchocki

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

Dr. Lancashire

INVOICE

42374

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Owner has reported irregular breathing for quite sometime. Sometimes snores, sometimes increased resp rate. Also had an episode of vomiting. Was seen at Hamilton Regional Last Night, thoracic radiograph revealed a M2 diffuse bronchial pulmonary pattern throughout the lungs w the CONCLUSION of M2 diffuse bronchial pulmonary pattern. Considerations of chronic lower inflammatory airway dz (eg. feline asthma) and bronchitis (allergic, irritant, infectious, parasitic). No FB's were revealed as a cause for the vomiting however a nonspecific gastroenteritis or pancreatitis could not be ruled out as cause for the vomiting. Lastly splenomegaly was visible M1ly enlarged spleen was noted w smooth margins) w considerations for lymphoid hyperplasia, extramedullary hematopoiesis or less likely infiltrative neoplasia. Owner would like to proceed with double cavity ultrasound. Flovent BID, Ventolin PRN, B12 injectable once monthly, Revolution, Milbemax. No heart murmur. Abnormal PE/Chem/CBC/UA Results: General Health Profile from last night was all WNL. Hx of renal insult in 2019 and 2020, but has resolved in recent labs. July 14 of 2020 this cat had a doubly cavity u/s done by sonopath if you'd like to compare.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic 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.

The left kidney has a normal shape and size (3.55 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.03 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.43 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.

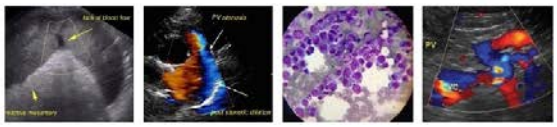
The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is 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. No focal parenchymal abnormalities are visualized.

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.



PATIENT

Leroy Kitten Kuchocki

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

Dr. Lancashire

INVOICE

42374

DATE

10/26/22

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.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 0.22 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 normal and isoechoic to surrounding 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.

PRIMARY FINDINGS

- Borderline large spleen – The parenchyma appears normal. This is a relatively large cat. This could be normal or could be consistent with congestion or infiltrative disease.

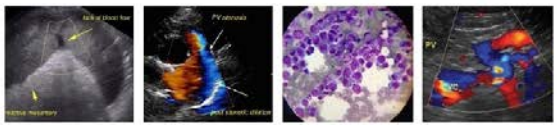
SECONDARY FINDINGS

- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mildly reduced corticomedullary distinction in the kidneys – The bilateral renal findings are consistent with age-related change.
- Moderate shadowing ingesta within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild and non-specific. There is a small amount of echogenic debris in the urinary bladder. Consider a urinalysis and culture.

There is a mild decrease in corticomedullary distinction in the kidneys. This could be due to damage from the previous episode of renal injury or could be age related. Consider blood pressure, urinalysis,



PATIENT

Leroy Kitten Kuchocki

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

Dr. Lancashire

INVOICE

42374

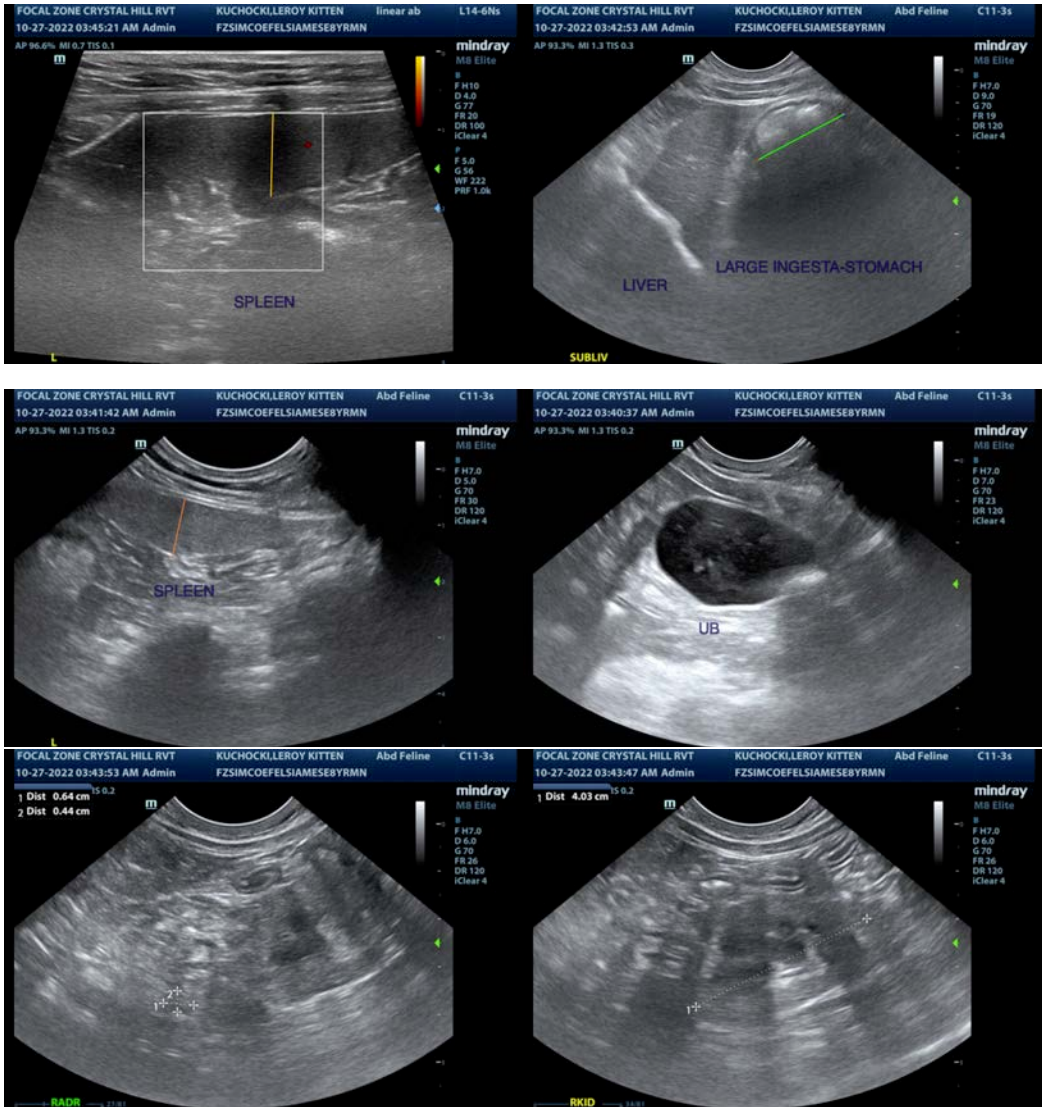
DATE

10/26/22

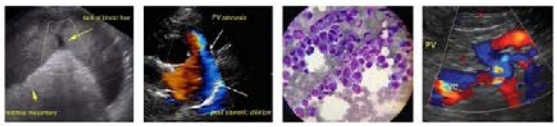
and culture as a baseline.

The spleen measures as borderline large but appears normal. I suspect this is within normal limits, but if there is concern for round cell neoplasia, etc., consider a fine needle aspirate of the spleen.

There are no obvious lesions visualized to explain the current episode of vomiting. Recommend supportive treatment for acute gastroenteritis/pancreatitis. If symptoms persist, recommend serial radiographs +/- repeat imaging.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Leroy Kitten Kuchocki

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

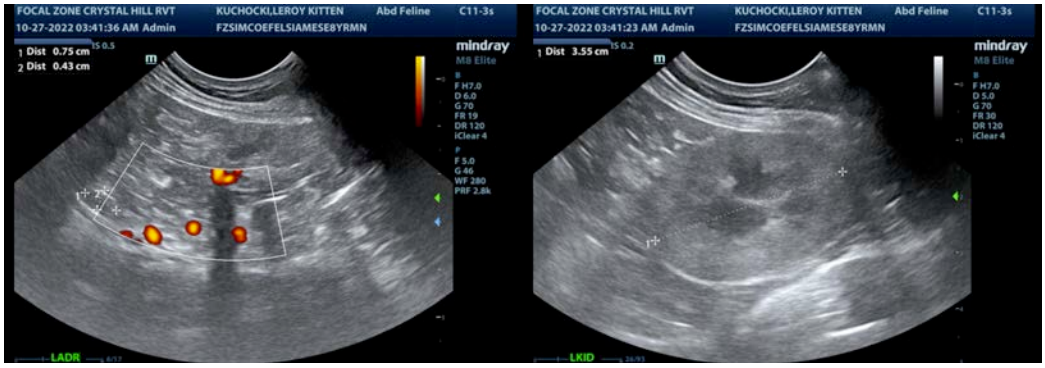
Dr. Lancashire

INVOICE

42374

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