



PATIENT PRESENTING CLINICAL SIGNS

Oreo Slack
 History: Weight loss, decreased appetite, grade II/VI murmur L side. Prev. report from 2/2021 attached. R/O IBD vs Lymphoma vs other GI issues. Meds: previous Aminopentamide, Flagyl.
 All WNL, USG 1.046

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic Longhair

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.84 cm). Overall echogenicity is slightly hyperechoic with poor 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.

AGE

9 years

The right kidney has a normal shape and size (3.57 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

Adrenal Glands

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The left adrenal gland is normal in size measuring 0.31 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 0.47 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.

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 ACVIM (Small Animal
 Internal Medicine)

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

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Andover AH

The spleen is subjectively large in size (1.05 cm and <1 is considered normal). The spleen echotexture is heterogenous and mottled, 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.

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Liver

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The liver is subjectively large 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. No focal nodules or cystic lesions are observed. . The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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.

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Feline

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 duodenum measured 0.5 cm and the jejunum measures 0.46 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

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SEX

Spayed Female

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.

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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.

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Free Abdomen

A scant amount of anechoic free fluid was noted. Significant mesentery lymphadenopathy is present with mesenteric lymph nodes ranging in size from 0.46-0.78 cm. A superficial, hypoechoic node is measured at 0.66 x 1.2 cm and the omentum is generally of increased echogenicity.

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Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

Shari Reffi, CVT

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

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Dr. Hummell

- Significantly thickened small intestine with a prominent muscularis layer and mild loss of layering detail. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Large, mesenteric lymph nodes. The moderate lymphadenopathy observed is most concerned for a neoplastic process. However, you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick borne disease such as Bartonella, fungal infections, FIP). A FNA with cytology is recommended for further evaluation.

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- Mildly mottled, borderline enlarged spleen. The diffuse splenic changes are non-specific and



PATIENT	could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
Oreo Slack	
SPECIES	<ul style="list-style-type: none"> Hypoechoic prominent pancreas surrounded by hyperechoic mesentery. The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
Feline	
BREED	<ul style="list-style-type: none"> Large, heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidoses or other hepatopathy.
Domestic Longhair	
SEX	SECONDARY FINDINGS:
Spayed Female	<ul style="list-style-type: none"> Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
AGE	
9 years	

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild lesions observed in the previous scan appear to have progressed and now we are observing significantly thickened bowel loops and significant mesenteric lymphadenopathy present. Additionally the liver and spleen are large and the pancreas is prominent. This scenario is concerning for the possibility of round cell neoplasia, but severe IBD is also possible. I recommend a FNA of the mesenteric lymph node and possibly the liver and spleen. I recommend current blood work to further evaluate the previously elevated liver values and three view thoracic radiographs. If a diagnosis is not achieved then I recommend surgery or full thickness GI biopsies, biopsies of the mesenteric lymph nodes +/- the liver, spleen and pancreas. If not previously done I recommend a GI panel (even if it was previously done) to look for a B12 deficiency, elevated folate levels, etc.

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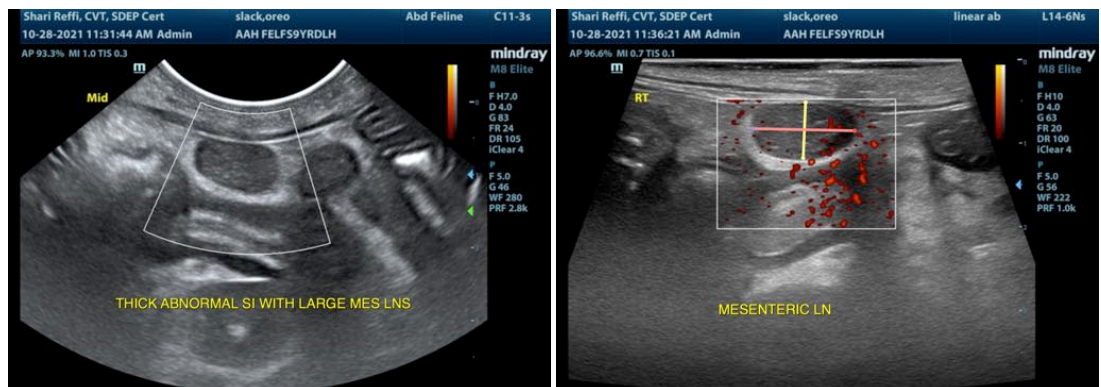
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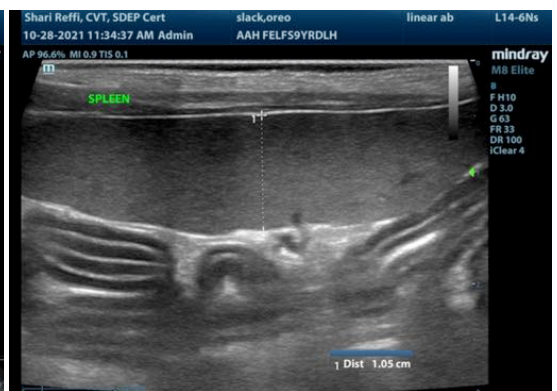
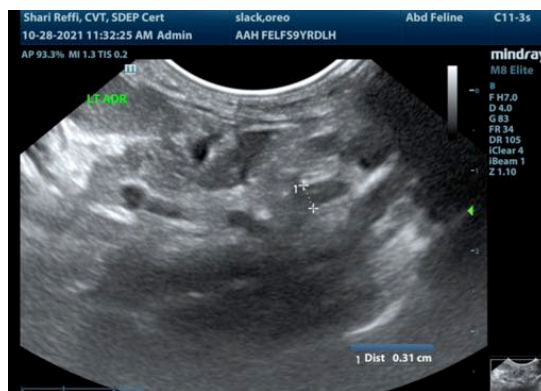
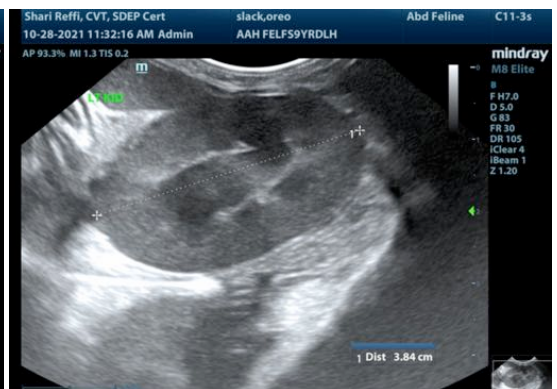
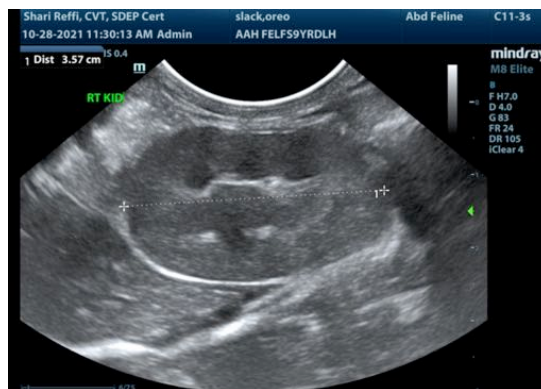
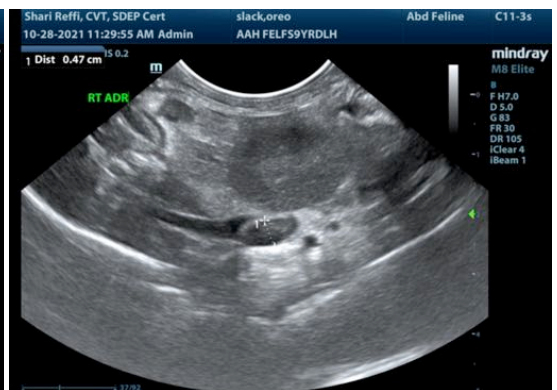
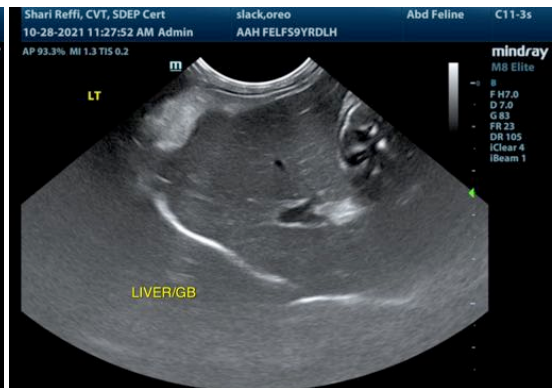
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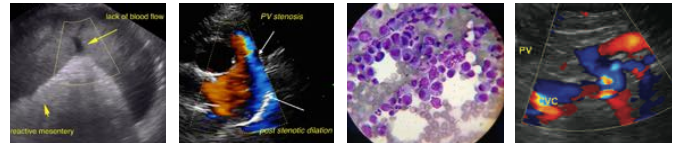
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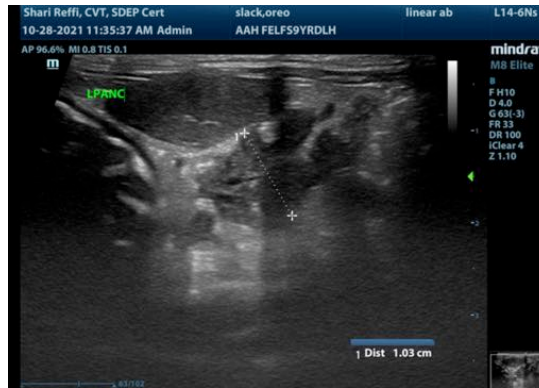
WEIGHT

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.

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