



**PATIENT PRESENTING CLINICAL SIGNS**

Sadie Baxter

Presented at our hospital for not eating or drinking. Owner says that Monday patient stopped eating or drinking. Owner took her to reg vet yesterday where they took radiographs and ran bloodwork. Owner was told that there is a mass of some sort in the abdomen. They were referred here for an ultrasound. Owner still concerned because patient still not willing to touch food or water and is lethargic. Patient has also started regurgitating a clear liquid similar to spit. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: not eating since Sunday

**SPECIES**

Feline

**BREED**

DLH

Abnormal PE/Chem/CBC/UA Results: Abdominal: very tense on palp, full abdomen rdvm rads: round mid-abdominal mass, unable to tell if it is part of intestinal tract, spleen, or other organ. Unable to identify spleen. rdvm bloodwork: MCHC 36.0; EOS 0.01; GLU 169; ALKP 12; K 3.4 EPOC today: K+ : 3.4 L, Ca++ : 1.08 L, Glu : 189 H

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

14 Years

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.

**WEIGHT**

5.4 kg

The left kidney has a normal shape and size (3.91 cm). Overall echogenicity is normal with adequate 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)

The right kidney has a normal shape and size (3.9 cm). Overall echogenicity is normal with adequate 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.

**IMAGING PERFORMED BY**

Erin Wicks

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**HOSPITAL NAME**

Shores VEC

**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.

**REFERRING VET**

Dr. Moser

**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.

**INVOICE**

40956

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.

**DATE**

10/5/22



**PATIENT**

**Gastrointestinal**

Sadie Baxter

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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There is a solid mid abdominal mass effect that is likely either an effaced lymph node or a bowel mass (see description under other).

**BREED**

DLH

**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.

**Pancreas**

**AGE**

14 Years

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**

**WEIGHT**

5.4 kg

There is a small amount of free abdominal fluid. No evidence of a diffuse mesenteric lymphadenopathy. The omentum is diffusely hyperechoic.

**Other**

**INTERPRETED BY**

Kathleen Sennello DVM,  
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Medicine)

There is a solid hypoechoic mid abdominal mass measuring 3.2 cm x 3.38 cm. This could be an enlarged abnormal abdominal lymph node. Additionally, this lesion comes into contact with several bowel loops, with possible origination from this source.

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic mid abdominal mass – Suspect this is an effaced lymph node, but a bowel mass is possible. Consider such differentials as round cell neoplasia, carcinoma, etc.
- Free abdominal fluid

**IMAGING PERFORMED BY**

Erin Wicks

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Shores VEC

There is a mass effect in the mid abdomen, which I suspect is an effaced lymph node, but this lesion does come into contact with several loops of intestines, so a bowel mass cannot be ruled out. Recommend a fine needle aspirate and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, then consider fluid analysis and cytology on a sample of the free abdominal fluid.

**REFERRING VET**

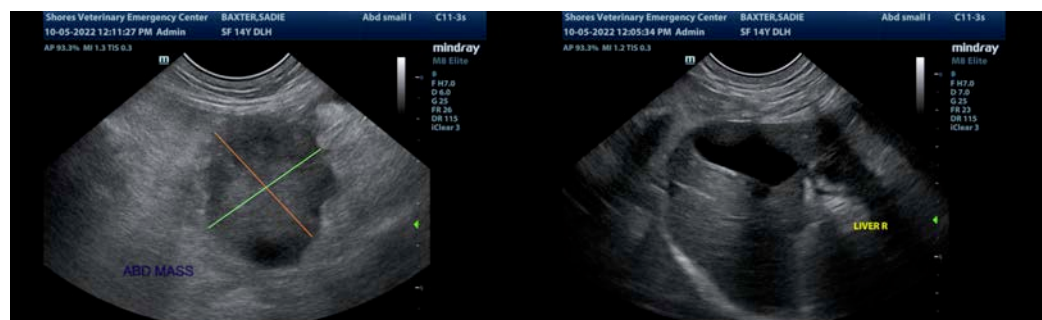
Dr. Moser

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**PATIENT**

Sadie Baxter

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

5.4 kg

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**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

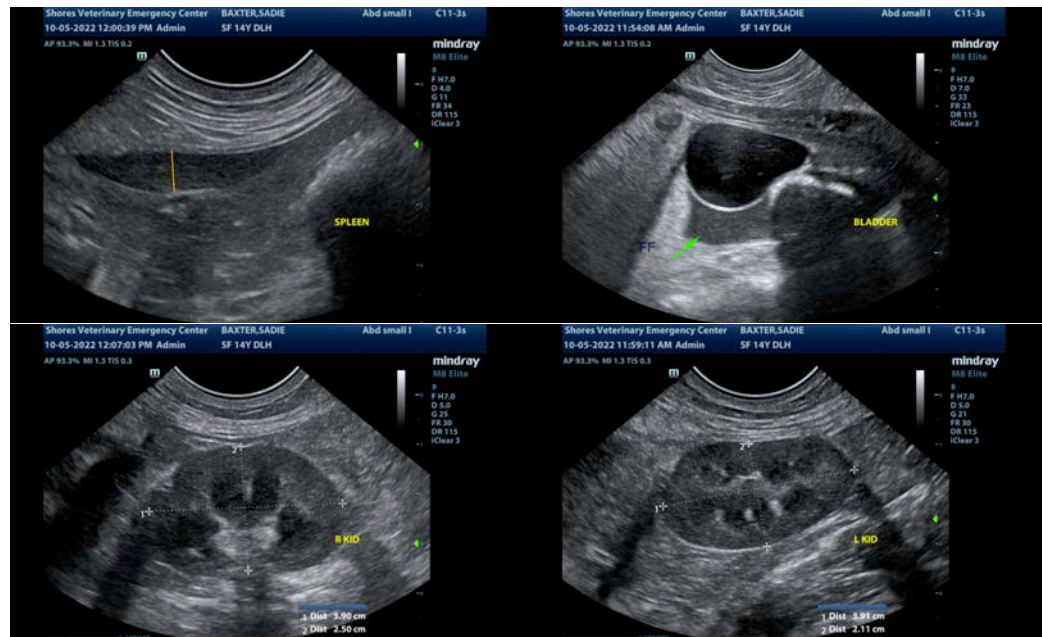
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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