

**PATIENT**

Priscilla O'Laughlin

**PRESENTING CLINICAL SIGNS**

sedated dex/torb/ket- not eating- mouth pain- weight loss- fractious unable to medicate at home- did vomit a few times and vomit up a blood clot

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: LABS done at time of dental (extractions including a canine) 9/23/2021 and all WNL- dental was done due to mouth pain and anorexia but still anorexia.

**BREED**

DSH

**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.

**SEX**

Spayed Female

**AGE**

8 Years

The left kidney has a normal shape and size (2.9 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

9 Pounds

The right kidney has a normal shape and size (3.4 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**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.

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Pine Creek VC

**Liver**

The liver is subjectively normal in size, with hyperechoic echogenicity and 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.

**REFERRING VET**

Dr. Denny Nolet

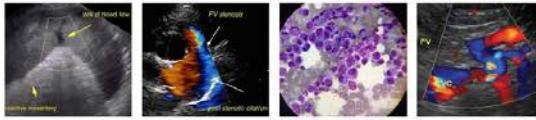
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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**DATE**

10/7/21



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## Gastrointestinal

The stomach contains a moderate amount of fluid. 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. Jejunum wall measures 0.16 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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## SEX

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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

8 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

9 Pounds

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.

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(Small Animal Internal  
Medicine)

## PRIMARY FINDINGS

- Large hyperechoic and heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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## SECONDARY FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears bright and somewhat mottled. This could be a primary problem or secondary now that this cat has not been eating well for a while. No focal lesions were observed in the GI tract, but there are many causes for vomiting that are difficult to definitively diagnose with ultrasound alone. Recommend current bloodwork and consider a GI panel to look for evidence of pancreatitis, which was not evident on today's scan, and a B12/folate level to look for evidence of small intestinal disease. If liver values are elevated, consider a fine needle aspirate.

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At some point in the near future, a feeding tube will need to be considered while trying to obtain a diagnosis. Alternately, the most likely general differential would be gastrointestinal disease. You could consider changing to a novel protein diet (difficult in a patient that is not eating well), or consider endoscopy to both form an upper GI endoscopy, evaluate the gastric mucosa (due to the hematemesis reported), and at that time a feeding tube could be placed and aspirate of the liver could be considered. Additionally, a thorough oral exam could be repeated.



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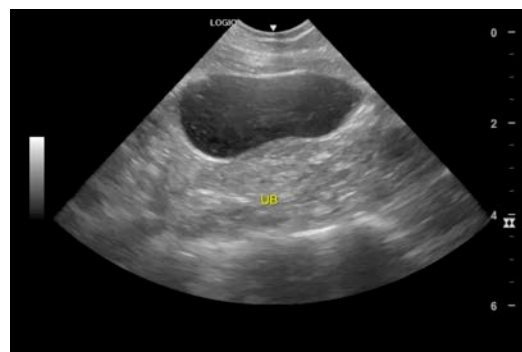
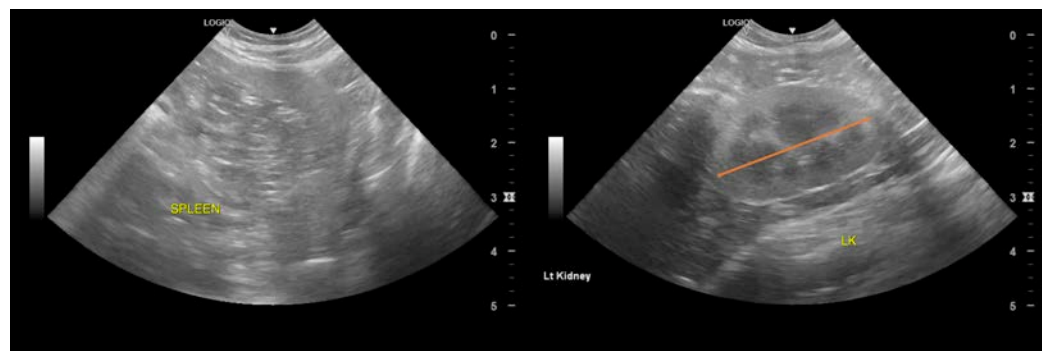
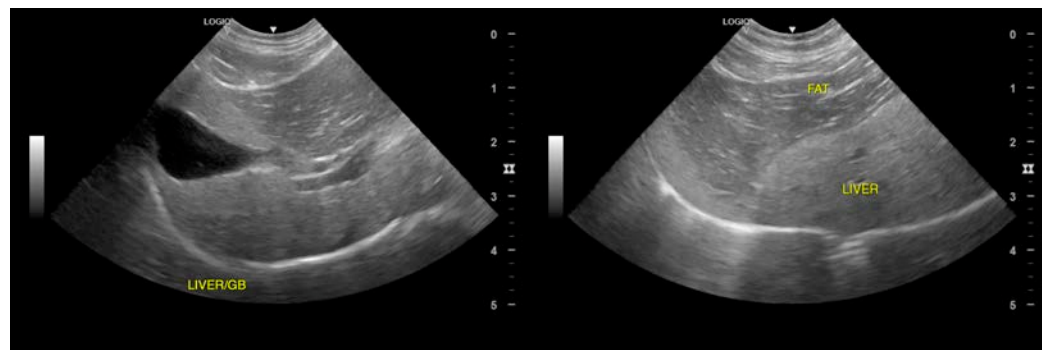
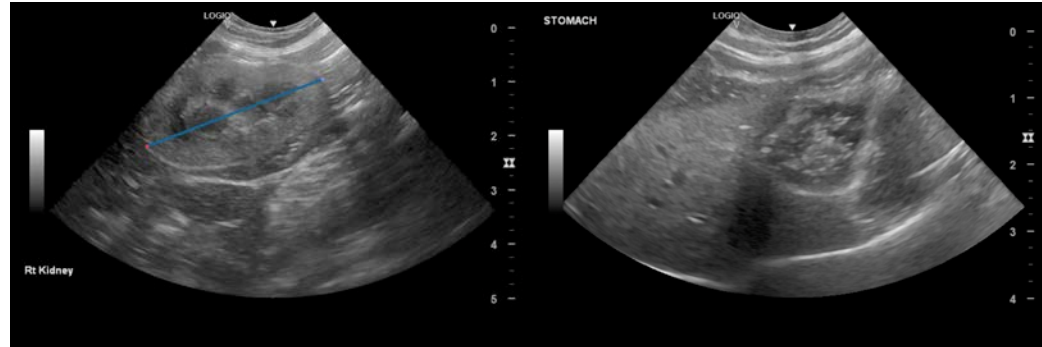
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**BREED**

DSH

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

kathleen.sennello@sonopath.com

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