



PATIENT PRESENTING CLINICAL SIGNS

Spot Tanit Pt has history of eating mice, causing some dietary indiscretion. On Monday (10/4) pt presented for vomiting episode (a tapeworm) and lethargy, unwillingness to eat. Hospitalized pt Monday - Wednesday (went home at night) on IVF, Cerenia, Mirtazapine. Some improvement initially, but today, not wanting to eat at all, and very lethargic. Loud GI sounds present Current Medications Cerenia, Mirtazapine, LRS Abnormal PE/Chem/CBC/UA Results: None - hx of renal disease. Although BUN was improved at last lab check

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7 Pounds

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 (2.63 cm) and pyelectasia at 0.3 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.79 cm) and pyelectasia at 0.44 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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.

Spleen

The spleen is large in size. 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.

Liver

The liver is large with rounded edges and prominent vasculature.

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.

Gastrointestinal

The stomach is fluid dilated. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Kristina F Cox

INVOICE

26193

DATE

10/7/21



PATIENT

Spot Tanit

Most of the bowel appears thickened and dilated with fluid or tissue density material. There is a very large, dilated section of bowel that is thickened, measuring 0.44 cm, and appears to have intraluminal tubular structures most consistent with bowel and mesenteric vasculature (mesentery). I suspect this is causing an obstruction or creating a dilated effect.

SPECIES

Feline

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.

BREED

DSH

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.

SEX

Spayed Female

Free Abdomen

A large amount of free fluid was present. No lymphadenomegaly. The omentum was generally of increased echogenicity. The vasculature within the abdomen appears dilated, consistent with vascular congestion.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

- Large bowel lesion – most consistent with an intussusception – This could be secondary to parasites, a mass effect, etc. Surgical intervention is recommended.
- Large liver and spleen – This could be consistent with congestion, infiltrative disease, or may be normal for this individual.
- Bilaterally reduced corticomedullary distinction and pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large volume free abdominal fluid
- Prominent abdominal vasculature – consistent with congestion.
- Diffusely dilated bowel – most consistent with a distal obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large bowel lesion causing a likely distal obstruction. There is concern for an intussusception with bowel and mesentery contained within the lesion. This is likely causing large scale inflammation and possible vascular congestion. Recommend surgical explore, ideally with a veterinary surgeon, as there may be the need for a significant bowel resection.

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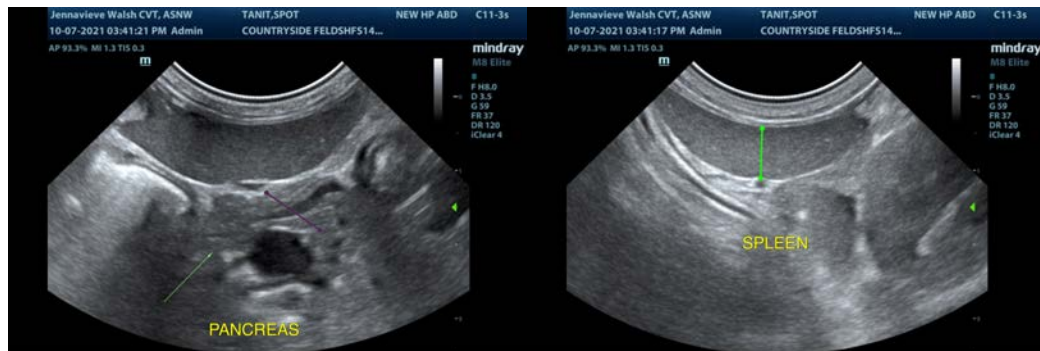
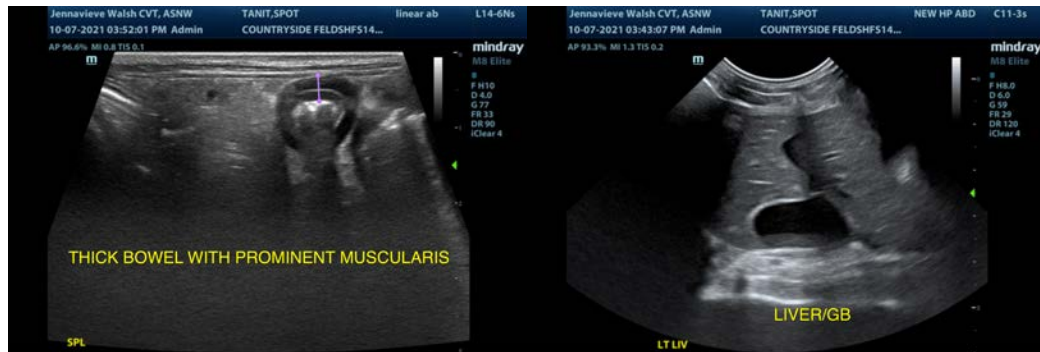
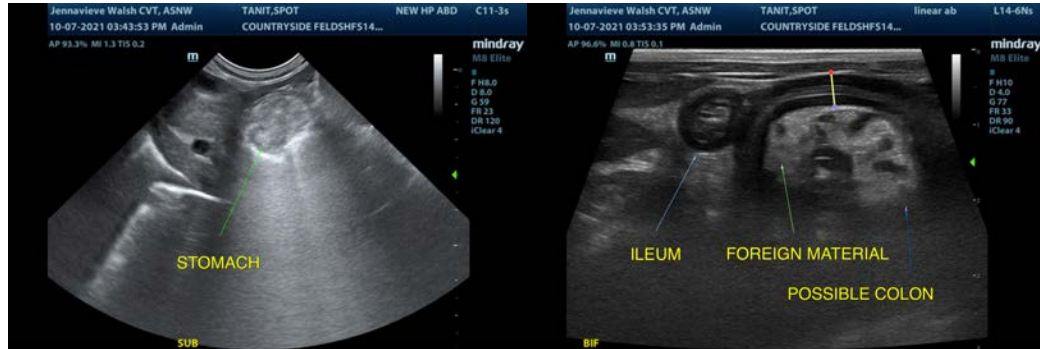
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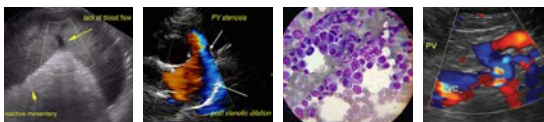


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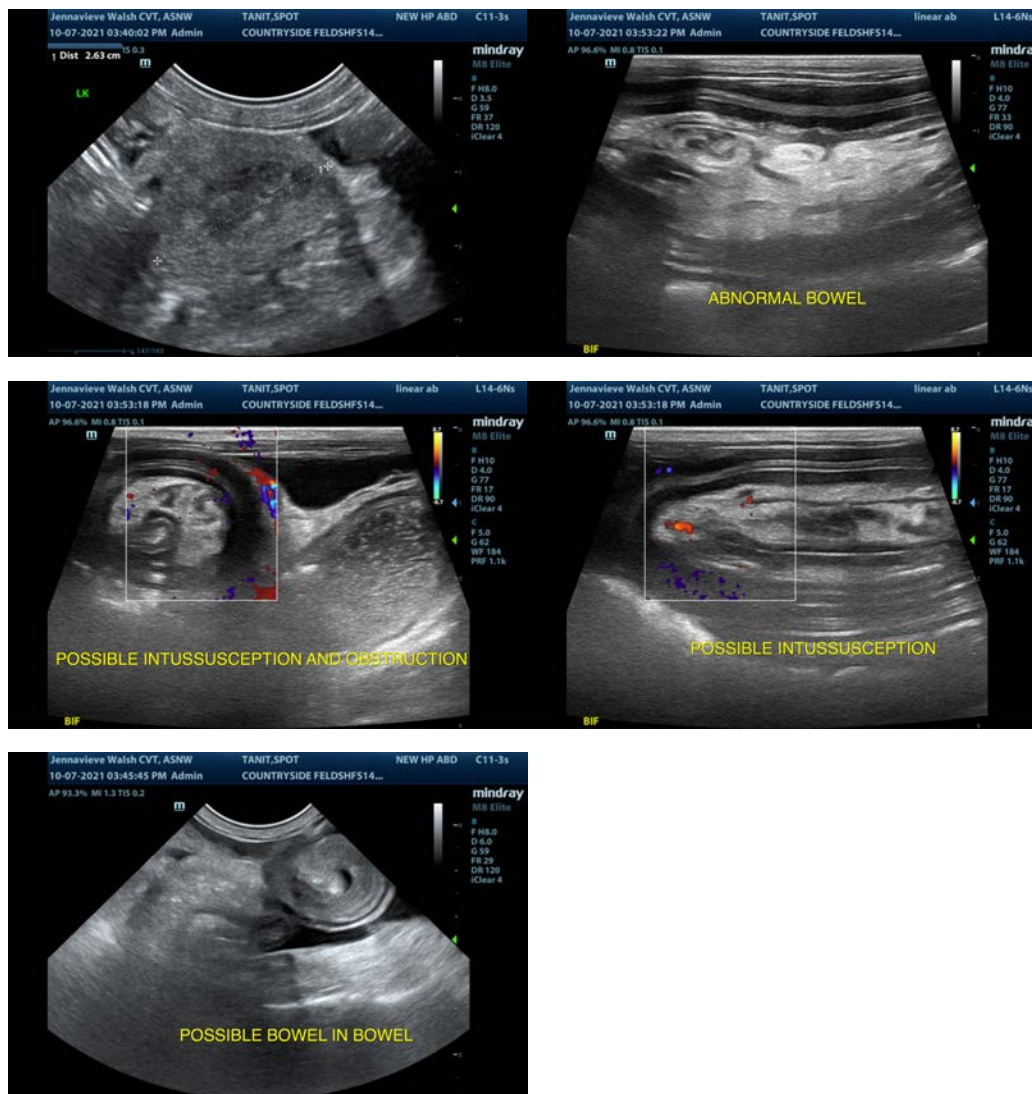
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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