



PATIENT

Tiger Kecman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

30056

DATE

11/24/21

PRESENTING CLINICAL SIGNS

P presented yesterday for not eating for 2 days, had abdominal pain and seemed very lethargic. P also has CRD and hyperthyroidism. There was a recent adjustment to his methimazole due to there being an understanding regarding dosing with owner. On recheck today p was much more painful in abd and symptomatic treatment had minimal impact on medical status. Medications prior to acute incident methimazole TD 5mg BID for 1m, previously o had been underdosing patient.

Abnormal PE/Chem/CBC/UA Results: 11/23: CBC: lymphs: 988L, Chem: creat: 2.8, confirmed w outside lab 2.9, BUN: 39, glob: 5.7HH, T4: 0.7LL, UA: SG: 1.016, hematuria. Chest rads + abd rads, consult: normal thorax, marked diverticular mineralization in R kidney. C/S: pending 10/1/21: CBC: WNL, miniChem: 1.6, T4: 5.9HH

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 with a non-obstructive nephrolith measuring 0.36 cm and mild pyelectasia 0.24 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is significant perinephric inflammation visualized and a small amount of effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.44 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is evidence of significant perinephric inflammation, a small amount of perinephric effusion, and generalized mineralization of the renal pelvis, with a discreet non-obstructive nephrolith measured 0.56 cm. Mild pyelectasia is present at 0.22 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.32 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 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. There is a small 0.37 cm hyperechoic nodule in the body of the spleen.

Liver

The liver is subjectively normal 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. There is a somewhat ill-defined, irregular, hypoechoic nodule visualized in the splenic parenchyma, measuring 1.92 cm x 0.47 cm



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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.

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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.

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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 were no focal lesions consistent with obstruction or a mass effect observed.

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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

WEIGHT

15 Pounds

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

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There is a small amount of free abdominal fluid, primarily evident around the kidneys and urinary bladder. There is no evidence of a significant lymphadenopathy, and the omentum is of increased echogenicity, particularly around the kidneys.

PRIMARY FINDINGS

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- Bilaterally reduced corticomedullary distinction with non-obstructive nephroliths 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.
- Mildly heterogeneous liver with an ill-defined, hypoechoic nodule – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mild effusion and inflammation, particularly surrounding the kidneys.
- Shadowing ingesta within gastric lumen – correlate with feeding history. If patient is adequately fasted, consider GI foreign material such as hairballs, etc. Recommend abdominal radiographs.

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SECONDARY FINDINGS

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- Hyperechoic splenic nodule – likely represents a benign process, but a neoplastic lesion cannot be ruled out.



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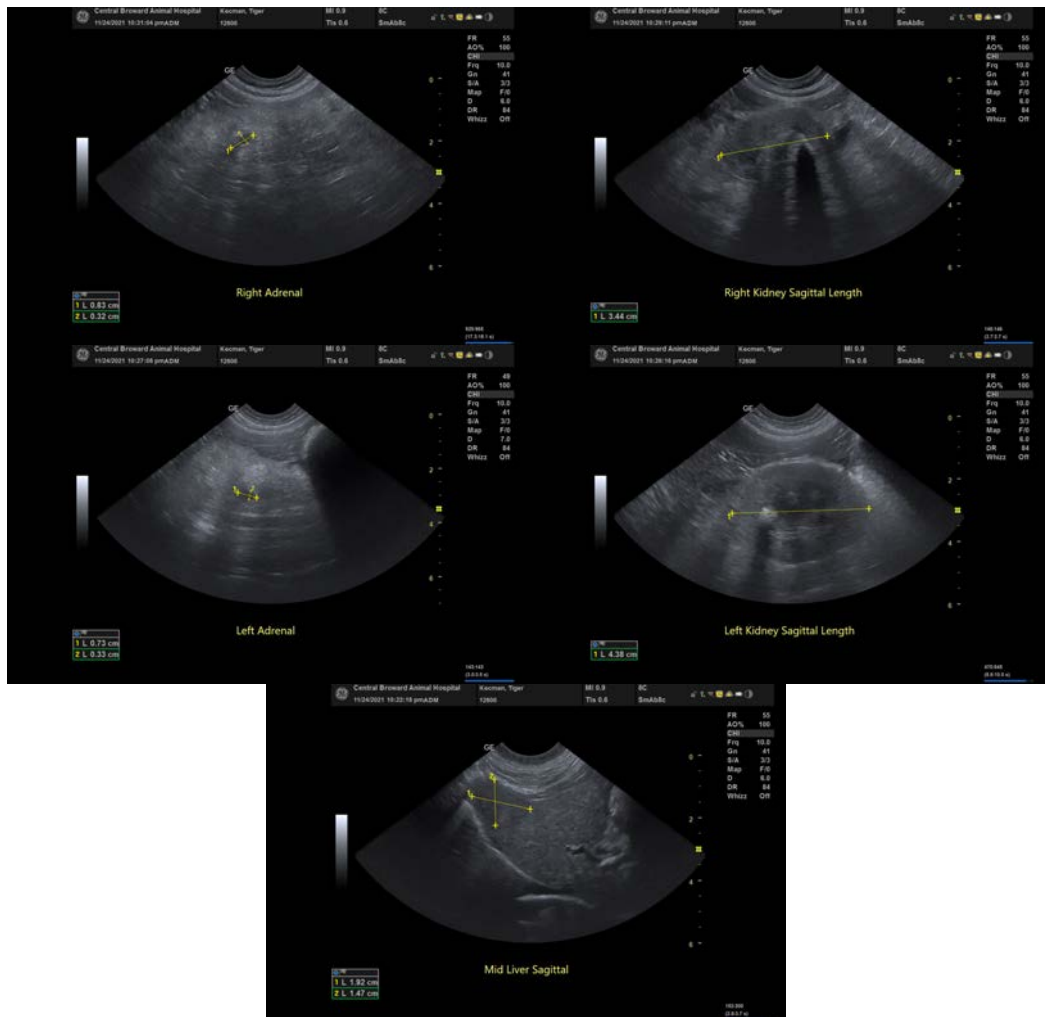
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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