



PATIENT

Liam Corbett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

13.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Dr. Rosenberg

INVOICE

42979

DATE

11/24/22

PRESENTING CLINICAL SIGNS

Chronic vomit, incr last few yrs. PU/PD. Eating Purina UR (urinary diet) for other cat's needs. Stools "N", not sure if daily as o can't tell, but intermittent soiling, sometimes hard nuggets, and suspect some of vomit relates to bm's but not sure if all. Can vomit multiples times per day but both cats vomit so unsure how much is his. No wl but some mild decr mcs at sh/head. Unknown app change. Full blood work all N including T4, B12 and Folate. Exam normal but does have increased amount of stool palpated and is mod hard. Given 150 mg gabapentin today and Torb and Alfaxan low dose for sedation. Everything looked quite normal to me on ultrasound except a few segments of colon that were a bit thick, but feel he has a lot of stool in colon, taking up fair amount of abdomen and traversing from right to left across mid abdomen. Rads done today - show normal amount of stool and colonic diameter, but nuggety and doubled nuggets in distal descending colon. UA: done today show hyposthenuria at 1.003. Taking off UR and putting on c/d multicare instead. Any recommendations for hyposthenuria?
Abnormal PE/Chem/CBC/UA Results: UA: done today show hyposthenuria at 1.003

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 (4.35 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.

The right kidney has a normal shape and size (4.43 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 normal/borderline large (1.03 cm), 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.

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.



PATIENT

Liam Corbett

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.

SPECIES

Feline

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.30 cm 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.

BREED

DSH

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 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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.

AGE

12 Years

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.

WEIGHT

13.7 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The lymph nodes generally appear within normal limits. The pancreaticoduodenal lymph node is prominent at 0.30 cm.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Borderline large spleen – The spleen appears within normal limits, and this is a large cat so this is likely incidental.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

IMAGING PERFORMED BY

Dr. Rosenberg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

London Cat Clinic

Today's scan appears relatively normal. No significant changes are observed to explain the vomiting and hyposthenuria described. I suspect these could be two separate issues. As far as the chronic vomiting goes, no focal GI lesions were observed.

REFERRING VET

Dr. Rosenberg

Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc..

INVOICE

42979

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.

DATE

11/24/22

Hyposthenuric urine is unusual in cats, as the typical differentials such as Cushing's, diabetes insipidus, psychogenic polydipsia, etc. are less common in cats. I would typically recommend confirming the



PATIENT

Liam Corbett

specific gravity if possible and having the owner quantitate water intake. Additionally, I would obtain urine for a culture and consider a liver function test. If none of the typical cause for PU/PD appear to be present, then you could further investigate the possibility of diabetes insipidus with a desmopressin trial.

SPECIES

Feline

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

13.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

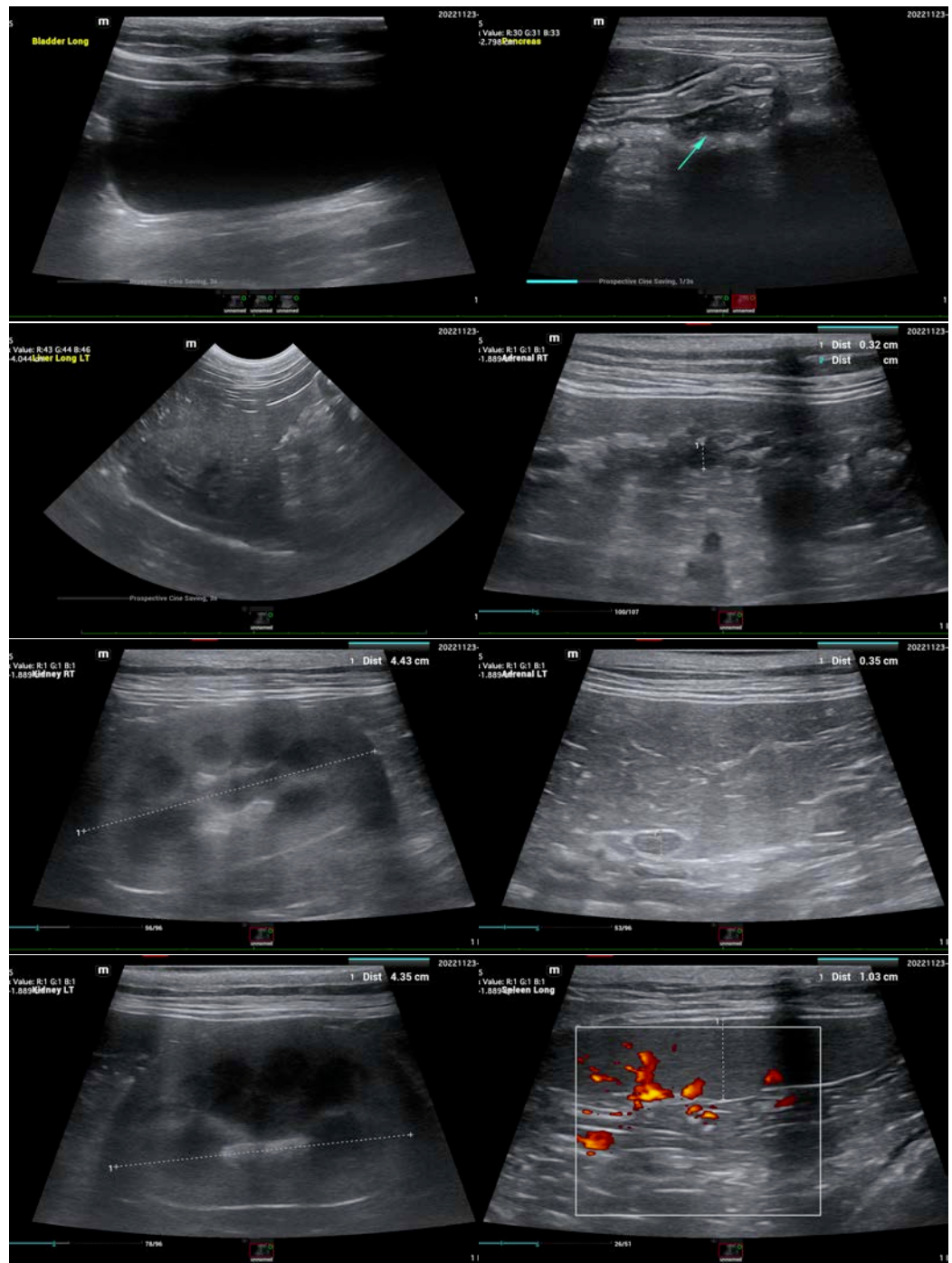
Dr. Rosenberg

INVOICE

42979

DATE

11/24/22





PATIENT

Liam Corbett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

13.7 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

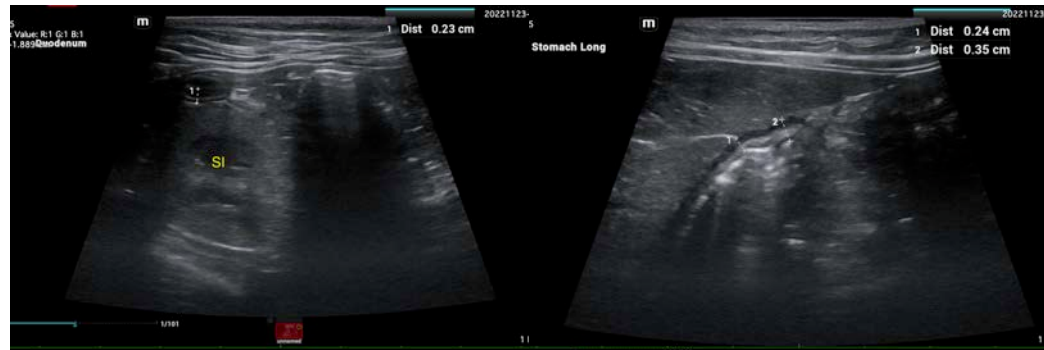
Dr. Rosenberg

INVOICE

42979

DATE

11/24/22



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)

kathleen.sennello@sonopath.com