

## PATIENT PRESENTING CLINICAL SIGNS

Tillie Clements	11/15 Presented for anorexia, straining to eliminate (not sure if urinary or fecal), lethargy. Temp normal. Fleas noted, tail was weak and flaccid but did have sensation. Pain at base of tail. X rays suggested minimally displaced pelvic fracture. Recheck 11/22 Not doing well, anorectic, pacing and straining again. Tail mobility improved. Temp 104.4 Gave convenia, droncit and buprenor. Recheck 11/23 Still febrile (105.5), leaking mucous rectally. Gas and liquid palpable in colon. U/S to get cysto sample showed free fluid. Unable to get large enough sample for full analysis, but protein was 4.0, signifi numbers of non-degenerate neut.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
DSH	Abnormal PE/Chem/CBC/UA Results: In house workup: PCV 48.1%, wbc 59,430 primarily neut.
<b>SEX</b>	BUN 55 Creat 1.3 TP 6.0, normal electrolytes. UA unremarkable. Current Medications Metronidazole, Baytril, Cyproheptadine, Buprenorphine

Spayed Female

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### AGE *Urinary System*

2 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

6.5 Pounds

The left kidney has a normal shape and size (3.95 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 (4.41 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

Sara Hansen

### *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.

## HOSPITAL NAME

Cottage Grove VH

The right adrenal gland is normal in size measuring 0.39 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.

## REFERRING VET

Dr. Damewood

### *Spleen*

The spleen is subjectively normal in size (0.69 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.

## INVOICE

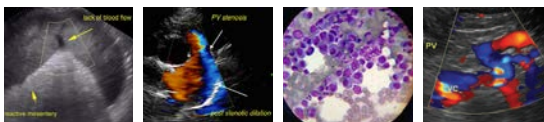
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### *Liver*

## DATE

11/29/22

The liver is large in size, and normal in 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. No focal nodules or cystic lesions are observed.



**PATIENT**

Tillie Clements

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 moderate shadowing debris. 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.

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

**SEX**

Spayed Female

**AGE**

2 Years

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.

**WEIGHT**

6.5 Pounds

***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.

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Medicine)

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. One lymph node is visualized measuring 0.41 cm. The omentum is of normal echogenicity.

**IMAGING PERFORMED BY**

Sara Hansen

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate shadowing ingesta within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

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**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No definitive focal lesions are visualized to explain the fever and symptoms described. The pancreas is somewhat prominent. Correlate this with a quantitative fPLI level. This could be consistent with concurrent mild inflammation or a previous episode of inflammation.

**DATE**

11/29/22

The liver is subjectively large and mildly heterogeneous. Correlate this with liver enzymes. In the absence of liver enzyme elevations, the significance of this is unclear.



**PATIENT**

Tillie Clements

The initial symptoms described indicate some degree of neurologic deficit in the tail, possibly rectum, etc. Consider trauma to the region, spinal cord disease (lymphoma, FIP, etc.), less likely intervertebral disc disease, etc.

**SPECIES**

Feline

Additionally, there is a fever. This could be inflammatory, infectious, or less likely immune mediated. If not already done, confirm FELV/FIV status, consider a urine culture, 3-view thoracic radiographs, and testing for any pertinent infectious disease (mycoplasma, toxo?, FIP PCR to Auburn?, etc.). If symptoms are persisting, consider consultation with a veterinary neurologist.

**BREED**

DSH

Additionally, a fine needle aspirate of the liver could be considered (provided coagulation parameters are normal).

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

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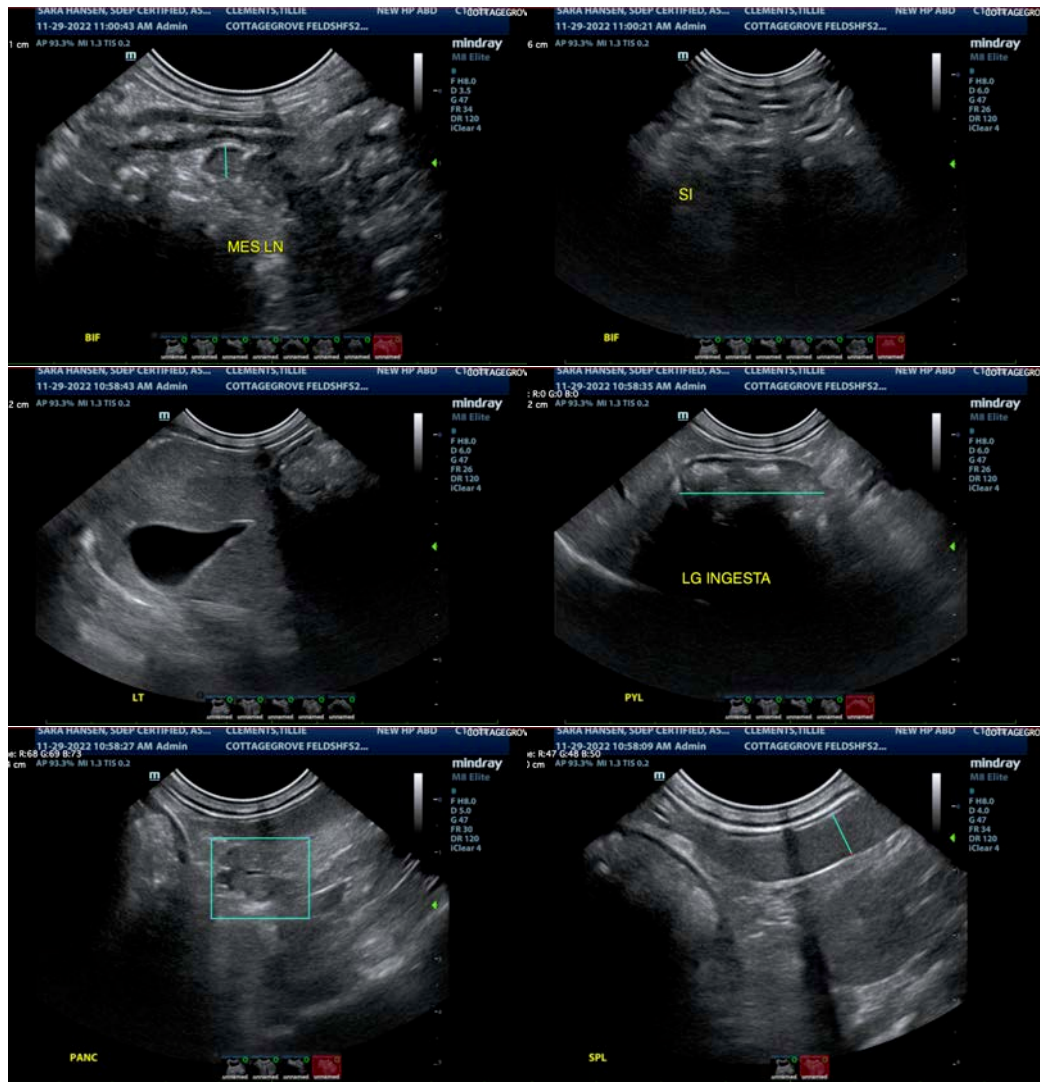
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**DATE**

11/29/22





**PATIENT**

Tillie Clements

**SPECIES**

Feline

**BREED**

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**SEX**

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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.

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