

PATIENT

Stella Guillen

PRESENTING CLINICAL SIGNS

SPECIES

Feline

P came in for a dental, and had lost 1.5 lbs unexpectedly in 6 months. • Bloodwork and Rads (thorax and abdomen) – NSF • O states that Stella has been eating less lately but is still eating and steals treats from her brother and takes treats. She is otherwise acting normally at home, no c/s/v/d, BAR + active. AUS to determine cause of weight loss

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: BW and RADs NSF EENT: WNL - very mild tartar on most teeth but gingivitis and moderate tartar on the upper R PM- 4. Level 1-2/4 Physical Exam WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

10 Years

The left kidney has a normal shape and size (3.57 cm) with occasional small non-obstructive nephroliths, one of which measures 0.33 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10.5 Pounds

The right kidney has a normal shape and size (3.49 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)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.48 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.

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Spleen

The spleen is subjectively normal in size (0.75 cm in width at the level of the hilus), 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 very small 0.16 cm hyperechoic lesion in the periphery of the spleen.

REFERRING VET

Dr. Katie Weldon

Liver

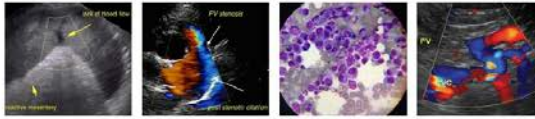
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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PATIENT

Stella Guillen 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 0.41 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 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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

10 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

10.5 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized measuring 0.40 cm and 0.43 cm. The omentum is generally of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Small, hyperechoic lesion on the periphery of the spleen – Findings are most consistent with a benign myelolipoma, but continued monitoring is warranted.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent, mildly enlarged mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

IMAGING BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

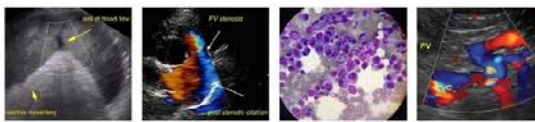
No focal lesions are visualized to explain the weight loss reported. The pancreas appears somewhat prominent. This could be consistent with a previous episode of pancreatitis and remodeling, or it could be consistent with mild chronic pancreatic disease. Correlate these findings with a fPLI level. Additionally, there are some prominent mesenteric lymph nodes. One of the differentials for weight loss could be underlying gastrointestinal disease despite relatively

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Stella Guillen normal looking small intestine.

SPECIES

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

Feline

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

BREED

- 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.

DSH

- Recommend chronic probiotic therapy.

SEX

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

Spayed Female

- If the results of this testing is suggestive of underlying gastrointestinal disease and there is no response to initial therapy, then consider obtaining GI biopsies.

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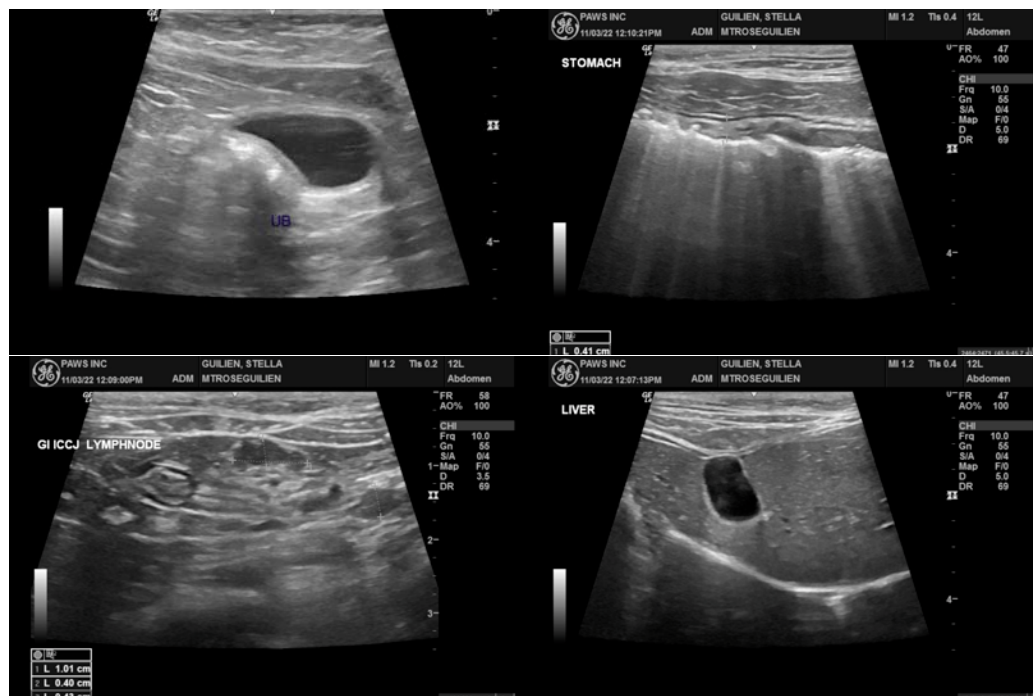
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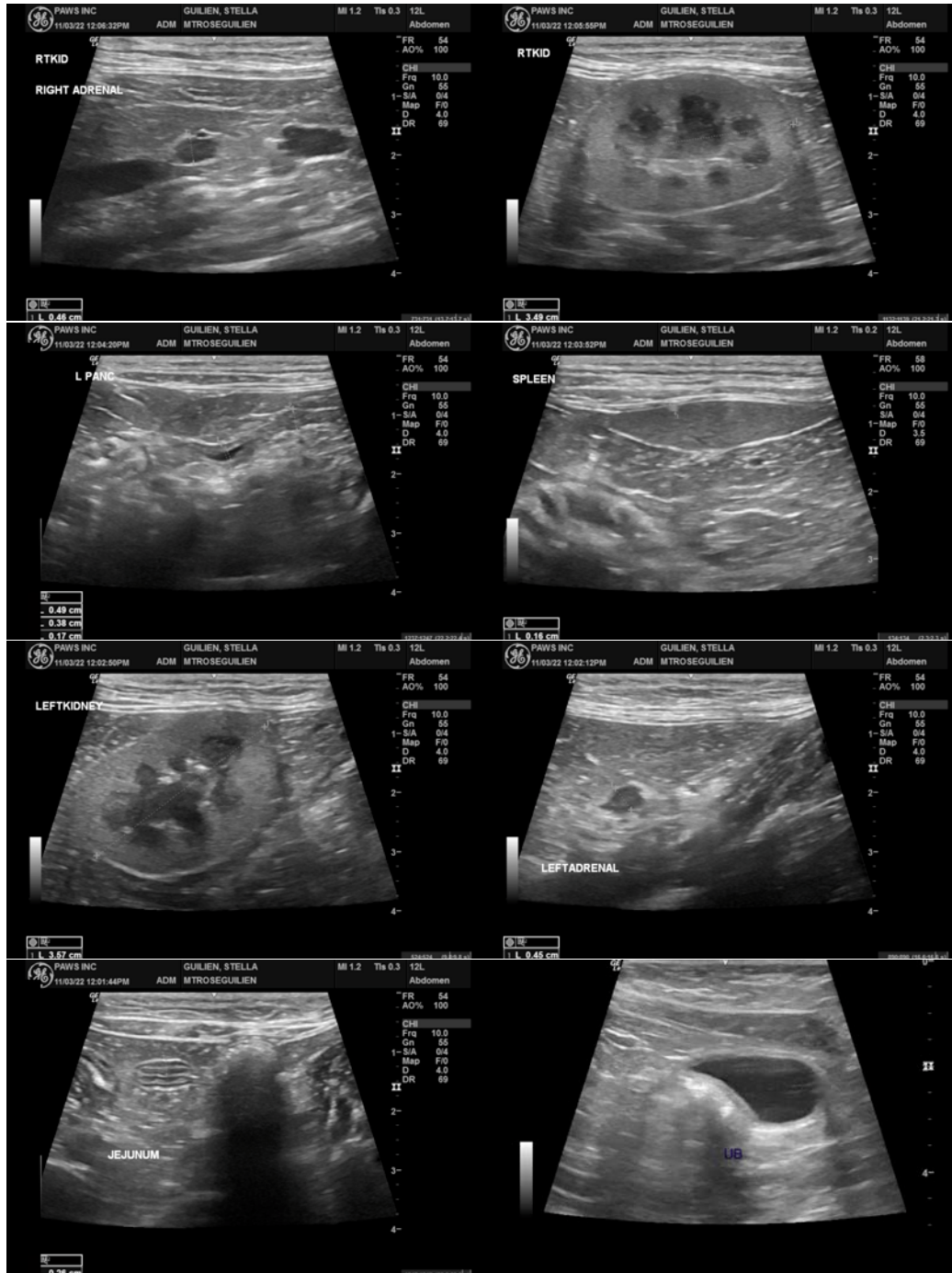
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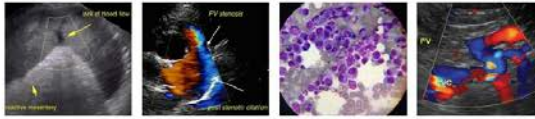


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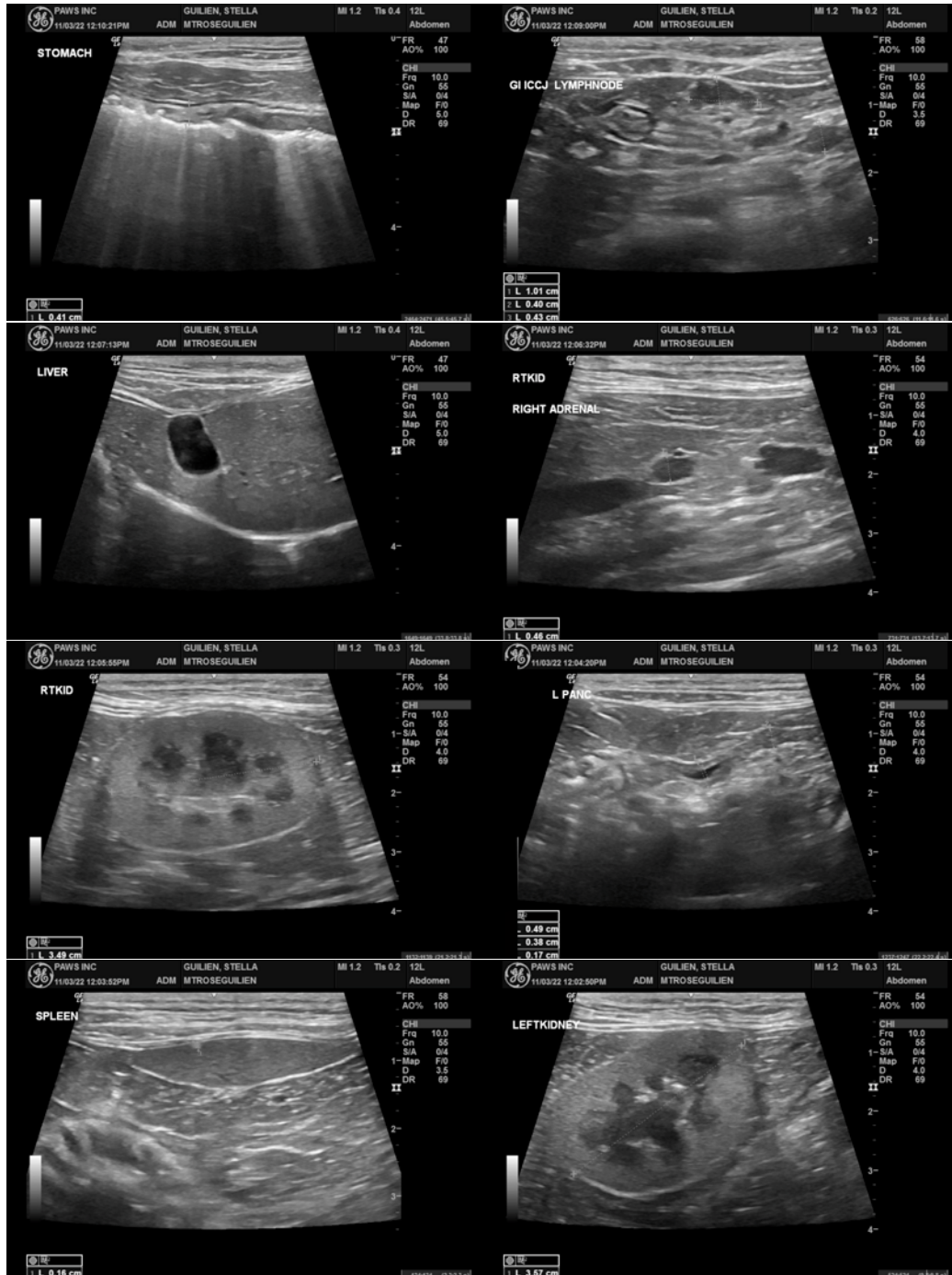
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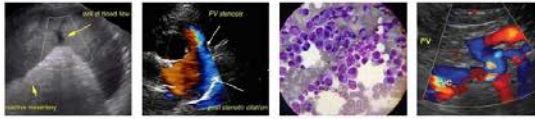


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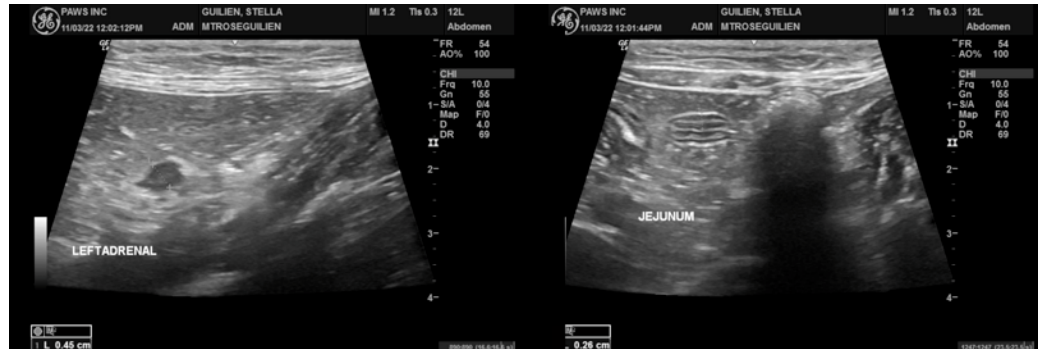
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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