


PATIENT PRESENTING CLINICAL SIGNS

Gary Milligan

History of sporadic vomiting. III/VI systolic murmur. NSF otherwise. Has been on Prednisolone 2.5 mg q24h. HR 204/ RR 34. Follow up echo from 6/30/21. Check for explanation of leukocytosis and GI issues.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: RBC 6.04 (6.54-12.2), Hct 29.3 (30.3-52.3), WBC 24.51 (2.87-17.02), Neut 19.09 (2.3-10.29). BUN 5.4 (5.7-12.9). Please read attached ECG

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Neutered Male

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

13 Years

The left kidney has a normal shape and size (3.99 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.

WEIGHT

5.4 kg

The right kidney has a normal shape and size (4.25 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
INTERPRETED BY

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

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 PERFORMED BY

Crystal Hill

The right adrenal gland is normal in size measuring 0.40 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.

HOSPITAL NAME

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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. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Gunsinger

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.

INVOICE

42634

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.

DATE

11/8/22



PATIENT

Gastrointestinal

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The stomach contains minimal luminal contents. 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.

SPECIES

Feline

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DLH

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.

SEX

Neutered Male

Pancreas

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.

AGE

13 Years

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a solitary hypoechoic, large lymph node visualized in the mid abdomen, measuring 1.34 cm in diameter. Additionally, there is hyperechoic mesentery around this lymph node and around a prominent area of small intestine with a particularly prominent muscularis layer (see images).

WEIGHT

5.4 kg

ULTRASONOGRAPHIC FINDINGS

- Subjectively thickened small intestine with a prominent muscularis layer – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Large, hypoechoic mesenteric lymph node – Differentials include inflammation, infection, or neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is a somewhat “ropey” appearance to the small intestine. Additionally, there is a focal loop that appears to have a very prominent muscularis layer and is surrounded by hyperechoic mesentery. Additionally, there is an enlarged hypoechoic lymph node visualized in the mid abdomen. Recommend a fine needle aspirate of this lymph node.

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

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



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- If a cytologic diagnosis cannot be made based on the enlarged lymph node and symptoms persist, consider obtaining GI biopsies.

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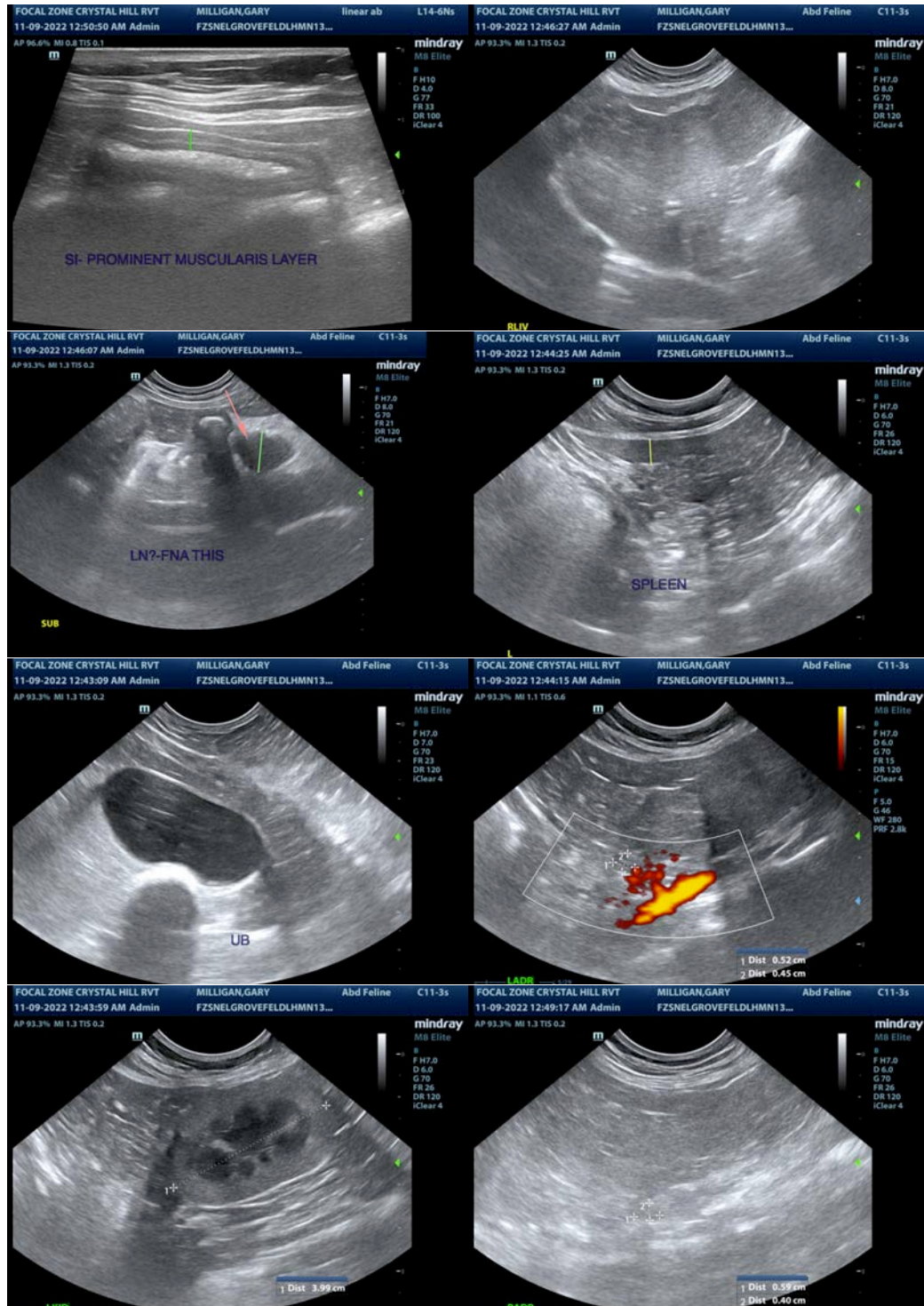
Dr. Gunsinger

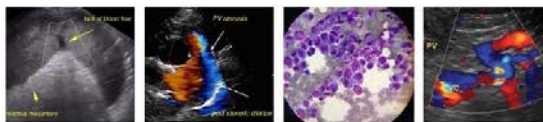
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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