



PATIENT

Midnight Bright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.68 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Marti Williams

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Amanda Olsen

INVOICE

43452

DATE

12/14/22

PRESENTING CLINICAL SIGNS

Decreased appetite, weight loss and occasional vomiting x 3 months. Mildly tender to probe pressure in region of left limb of pancreas and sub-xiphoid

Abnormal PE/Chem/CBC/UA Results: from 11/22/22 - ALT 193, PSL 35, PLT 87 w/ adequate estimate, USG 1.025 w/ trace protein, UPC 0.2, PPSL mildly elevated at 35

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 (3.56 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 (4.25 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

The left adrenal gland is normal in size measuring 0.40 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively large in size (1.1cm at the hilus), hypoechoic and mottled, 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.

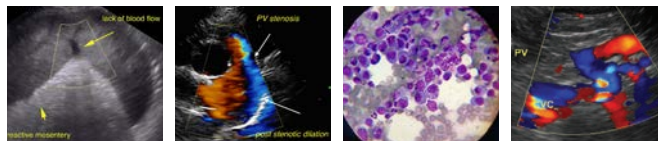
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is 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.

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.

Gastrointestinal

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.



PATIENT

Midnight Bright

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

SPECIES

Feline

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.

BREED

DSH

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. Prominent pancreatic duct noted at 0.20 cm.

SEX

Neutered Male

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a diffuse lymphadenopathy present with mildly to moderately enlarged hypoechoic lymph nodes. A lymph node near the ileocecal junction measures 0.27 cm. A mesenteric lymph node measures 0.51 cm. A gastric lymph node measures 1.1 cm. A splenic lymph node measures 0.68 cm. The omentum appears mildly hyperechoic.

AGE

16 Years

WEIGHT

9.68 Pounds

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, hypoechoic pancreas with prominent pancreatic duct – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is possible.

INTERPRETED BY

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

IMAGING PERFORMED BY

Marti Williams

HOSPITAL NAME

Limestone VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Amanda Olsen

There is the general impression of diffusely mildly to moderately enlarged mesenteric lymph nodes, a large, hypoechoic mottled spleen, subjectively thickened “ropey” bowel (although it measures at a normal thickness), a prominent pancreas, and a heterogeneous liver. This could be consistent with diffuse neoplastic disease, diffuse inflammation, etc. Consider a fine needle aspirate of the spleen and a mesenteric lymph node. Aspirates of the liver and pancreas could also be considered. If cytology is non-specific, you could consider biopsies. While awaiting cytology results, consider symptomatic care for pancreatic inflammation.

INVOICE

43452

Additionally, you could consider a GI panel to Texas A&M for an fPLI, TLI, cobalamin and folate to further evaluate the GI changes observed.

DATE

12/14/22



PATIENT

Midnight Bright

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

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.68 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Marti Williams

HOSPITAL NAME

Limestone VH

REFERRING VET

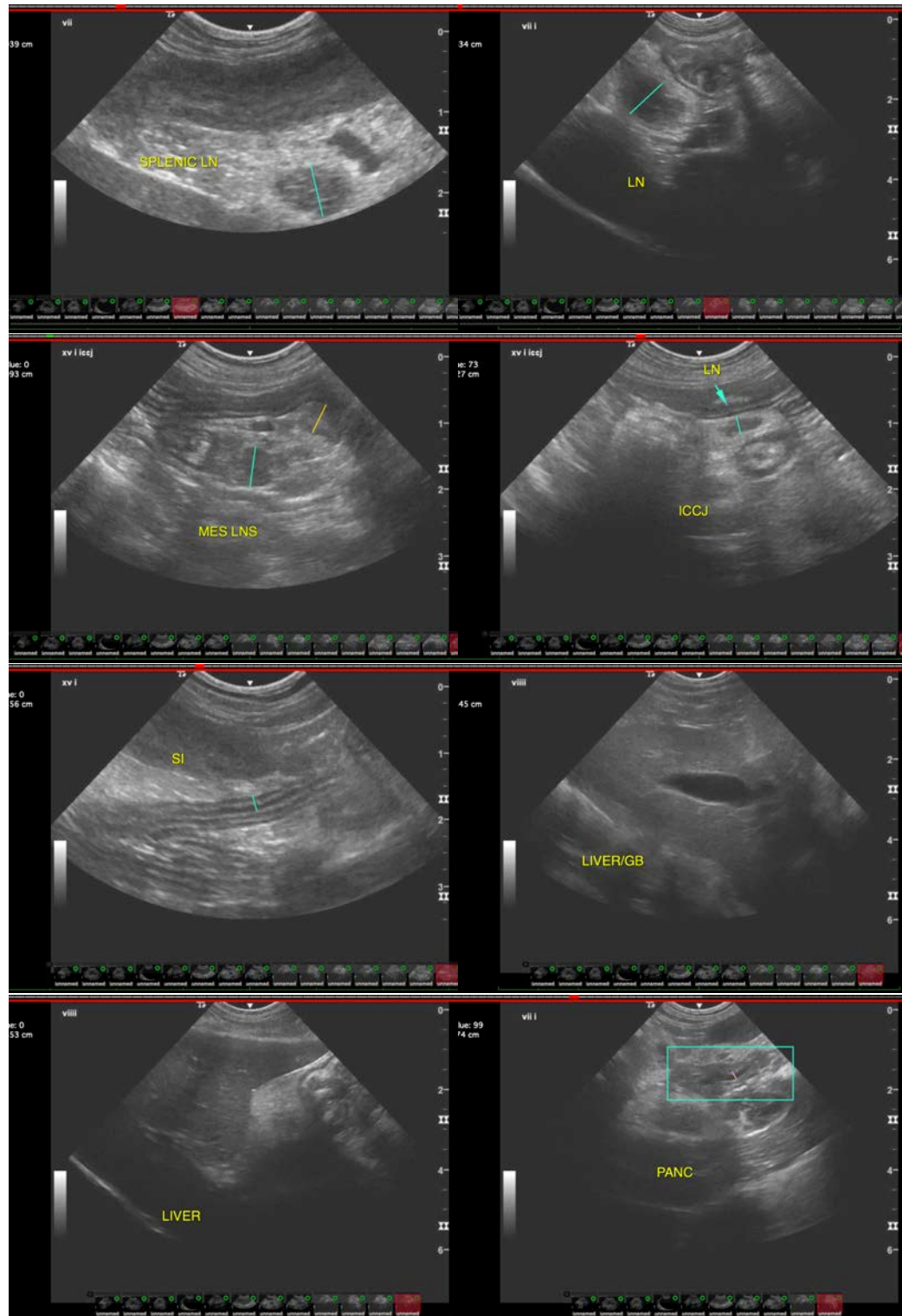
Dr. Amanda Olsen

INVOICE

43452

DATE

12/14/22





PATIENT

Midnight Bright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.68 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Marti Williams

HOSPITAL NAME

Limestone VH

REFERRING VET

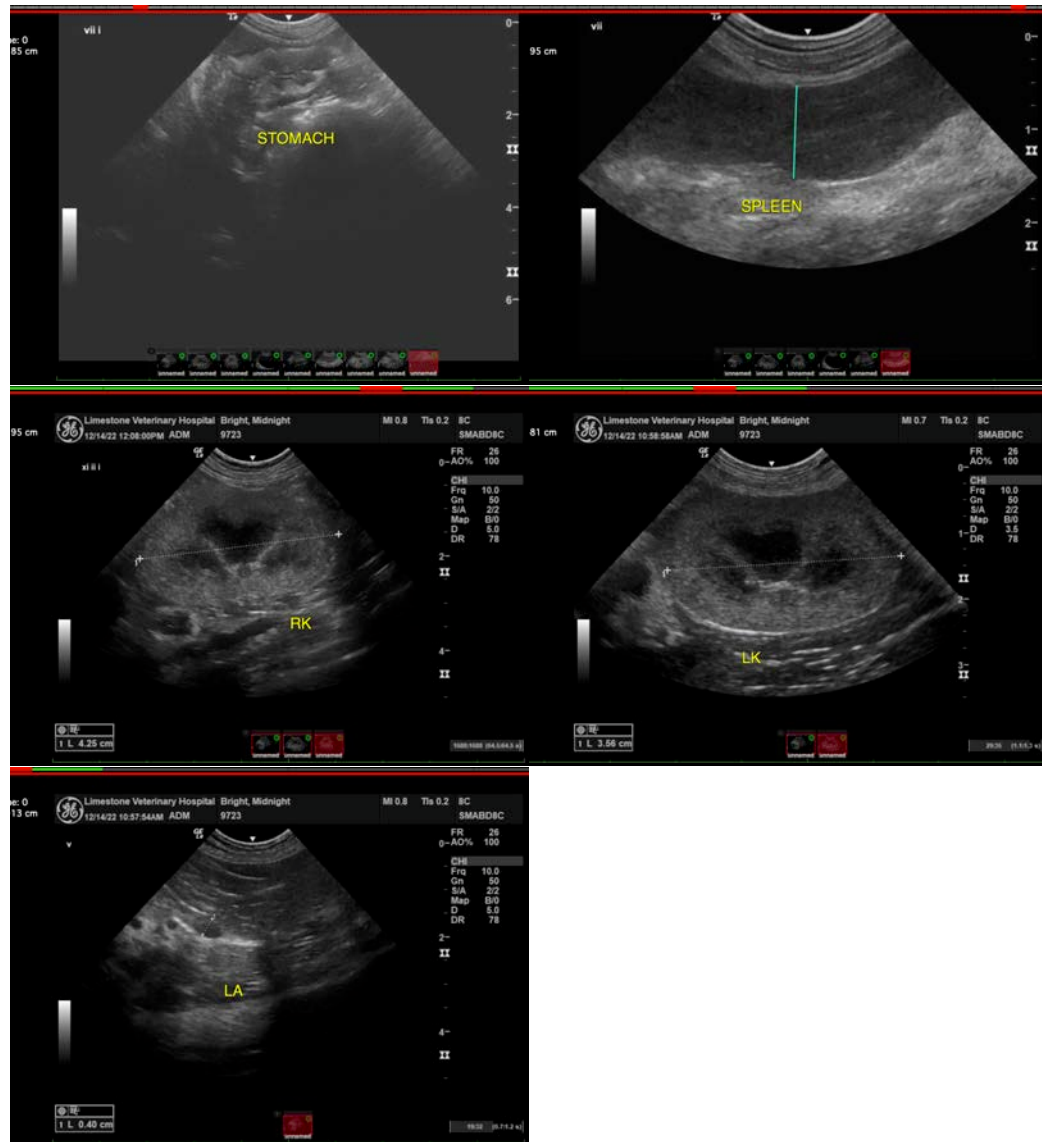
Dr. Amanda Olsen

INVOICE

43452

DATE

12/14/22



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