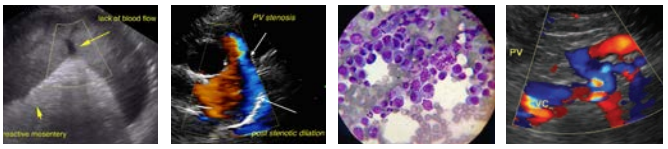
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hannah Inforzato

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

33455

DATE

PRESENTING CLINICAL SIGNS

Patient was referred for ongoing weight loss and vomiting of 3+ months duration, previous CBC / Chem / T4 and abdominal radiographs were unremarkable, and a fecal was negative

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 (3.96 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.07 cm) with small non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.48 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.

Spleen

The spleen is normal/borderline large in size (1.13 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. No focal parenchymal abnormalities are visualized.

Liver

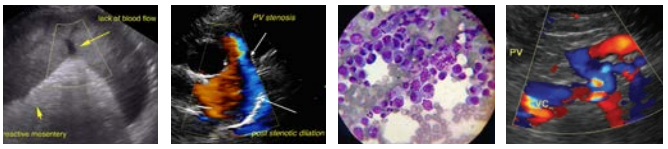
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with irregular shadowing material. The wall appears normal and measures at a normal thickness of <0.36 cm. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Visualization of the stomach is hindered by the shadowing material within, which could be consistent with ingesta, foreign material, hairball, etc.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hannah Inforzato

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
13 Years

WEIGHT
6.4 Pounds

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

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
33455

DATE

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. Duodenum wall measured 0.33 cm. Jejunum wall measured 0.33, 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. The wall measures 0.16 cm.

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.

Free Abdomen

There is a moderate amount of anechoic free fluid present. There is a significant lymphadenopathy present with a mesenteric lymph node measuring 0.88 cm and 0.65 cm. The omentum is generally of increased echogenicity.

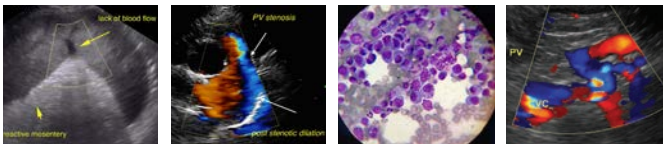
PRIMARY FINDINGS

- Subjectively thickened small intestine with prominent muscularis layer and diffuse mild fluid dilation – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Shadowing material visualized within the gastric lumen – Correlate with feeding history and abdominal radiographs. Findings could be consistent with ingesta or foreign material/hairball, etc.
- Decreased corticomedullary distinction in both kidney s- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Free abdominal fluid

SECONDARY FINDINGS

- Borderline large spleen – This is not a large cat, so this could represent a significant finding. No focal lesions observed. Consider a fine needle aspirate.
- Subjectively mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hannah Inforzato

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

33455

DATE

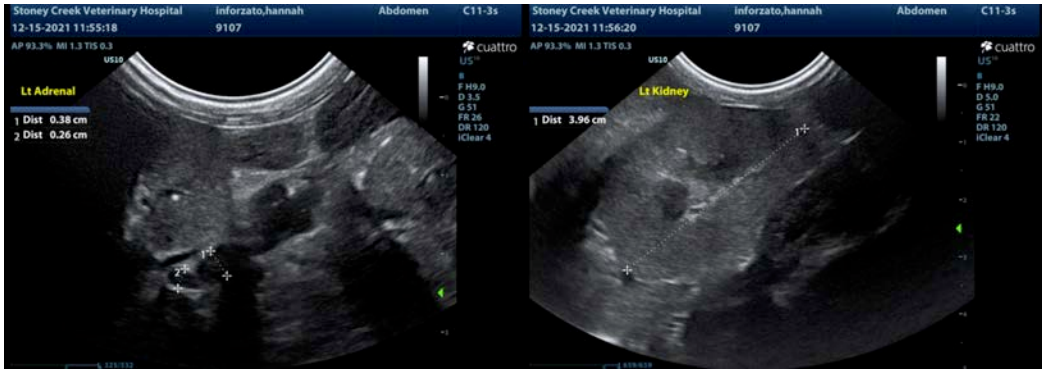
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

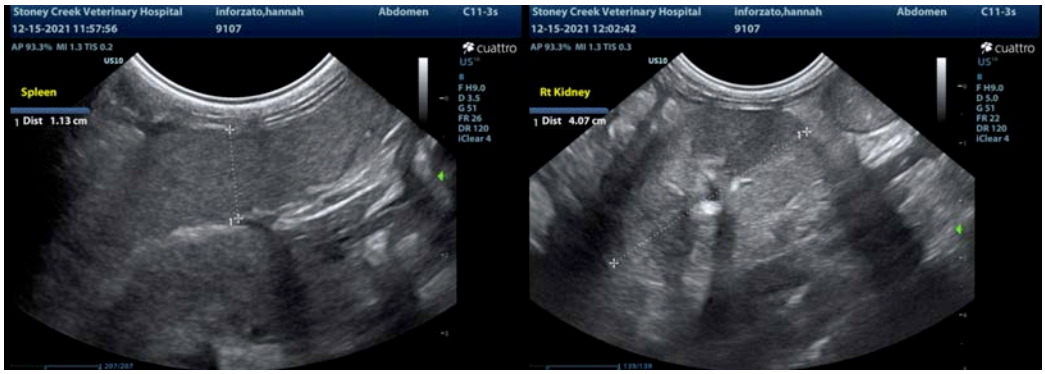
The bowel appears subjectively diffusely thickened and fluid dilated in this patient. Correlate the appearance of the GI tract with feeding history and abdominal radiographs. If this patient is immediately post-prandial, some of this could be within normal limits. Additionally, there is free abdominal fluid. If not already done, recommend current blood work to evaluate albumin levels, etc. An obvious focal lesion is not observed, but diffuse gastrointestinal disease is suspected based on the lymphadenopathy and other changes. If the patient is not hypoalbuminemic, then recommend fluid analysis and cytology on the ascites.

There are changes present in the kidneys that are consistent with chronic progressive disease Recommend blood pressure evaluation, urinalysis, culture, and urine protein/creatinine ratio.

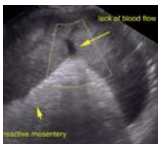
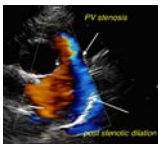
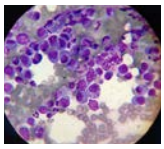
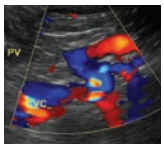
To further evaluate the vomiting, consider:

- GI panel to Texas A&M for qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Transition to a novel protein or hydrolyzed protein prescription diet.
- Evaluate abdominal radiographs to try to determine the significance of shadowing material within the stomach.
- If GI symptoms are persisting, consider exploratory surgery to obtain GI biopsies, biopsy the mesenteric lymph nodes, and evaluate the stomach for foreign material. If the patient has a low albumin level, this is most likely consistent with a protein losing enteropathy.
- Recommend 3-view thoracic radiographs.





SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hannah Inforzato

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

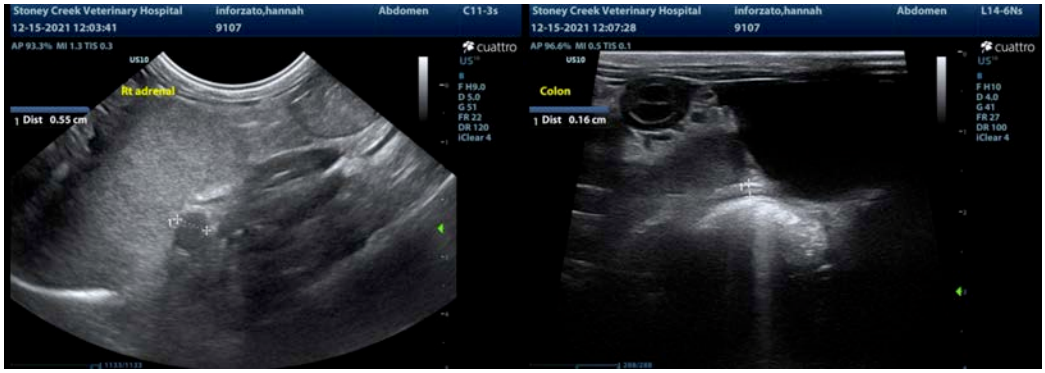
REFERRING VET

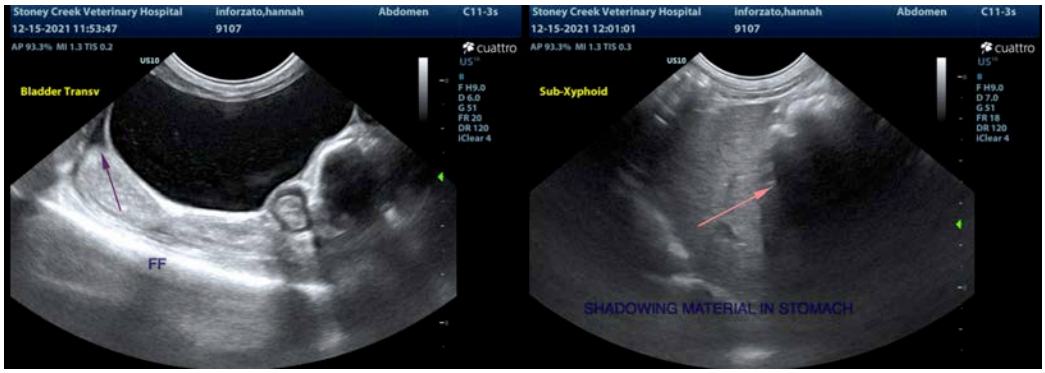
Dr. Tam Mengine

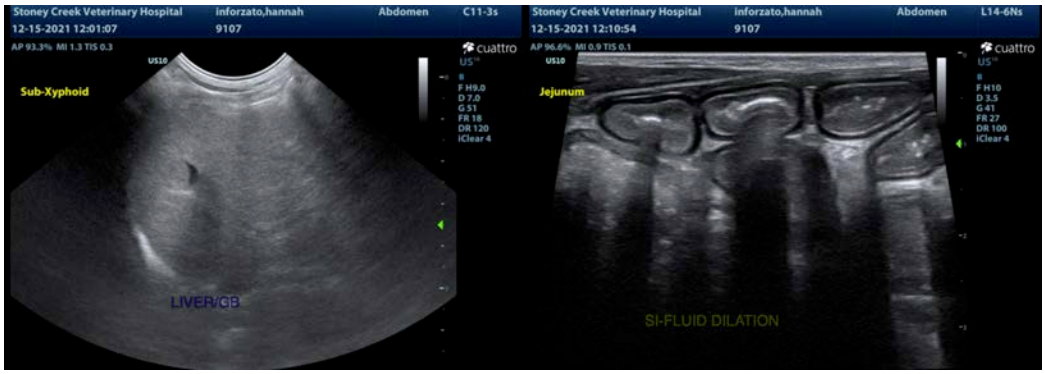
INVOICE

33455

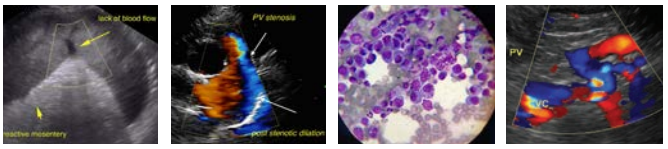
DATE







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hannah Inforzato

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

33455

DATE

The information and recommendations provided are based on the images presented by the referring veterinarian. 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