



**PATIENT**

Phantom Burd

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

6.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

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Dearborn

**INVOICE**

94712

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

Patient has a one year history of low level azotemia. In July 2021 and then again in October, he was presented for not eating well and hiding; responded well to SQ fluids, Mirtazipine, and B12 injections. Then on December 3, he started vomiting. He did not improve with SQ fluids, B12, and Cerenia; went to ER on 12/8. NSF on x-rays other than mild constipation; bloodwork consistent with our recent results here; hospitalized for IV fluids and an enema - did well. Now, he has been vomiting several times a day for the last few days; still eating and drinking; no diarrhea. Thin cat, but has not lost weight despite the vomiting

Abnormal PE/Chem/CBC/UA Results: Bloodwork 10/29/21: SDMA 22, Creat 2.2, BUN 41; all else WNL. No proteinuria. Bloodwork at ER on 12/8 was similar; a recheck after IV fluids revealed normal renal values. X-rays normal other than mild constipation. FAST scan at ER revealed possible abnormal kidney.

**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 is irregular in shape and normal in size (3.42 cm). Overall echogenicity is slightly increased, but there is significant mottling and patchy echogenicity. Overall there is poor corticomedullary distinction with a fairly typical 1:3 cortex to medulla ratio. The kidney appears somewhat nodular and irregular. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, acute infarcts or hydroureter. Occasional, rare, small shadowing mineralizations are evident. This is consistent with small, non-obstructive nephroliths. The renal vasculature appears normal.

The right kidney is irregular in shape and normal in size (2.77 cm). Overall echogenicity is slightly increased, but there is significant mottling and patchy echogenicity. Overall there is poor corticomedullary distinction with a fairly typical 1:3 cortex to medulla ratio. The kidney appears somewhat nodular and irregular. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, acute infarcts or hydroureter. Occasional, rare, small shadowing mineralizations are evident. This is consistent with small, non-obstructive nephroliths. The renal vasculature appears normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.36 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 0.37 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.



**PATIENT**

**Spleen**

Phantom Burd

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilum and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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**Liver**

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

**SEX**

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**Gastrointestinal**

**AGE**

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

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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. The duodenum measured as normal (0.2 cm) and the jejunum measured as normal. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

**IMAGING PERFORMED BY**

Amy Mayhew LVT

**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.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

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**PRIMARY FINDINGS:**

- Irregular kidneys with mottled echotexture and decreased corticomedullary distinction. These changes are likely consistent with chronic progressive renal disease, but the nodular, almost

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mass like nature of the shape is somewhat concerning as this could represent early neoplastic change.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys are irregular in shape with a lumpy silhouette and mottled parenchyma. The changes could be seen with chronic scarring, chronic infarcts, etc., but alternately this could be early neoplastic change. This seems less likely, but the kidneys should be monitored (consider a recheck ultrasound in 6-8 weeks). Alternatively a FNA of the kidneys could be considered and would likely be most definitive.

**BREED**

Domestic Shorthair

- Recommend blood pressure evaluation.
- Recommend urinalysis and culture.
- Recommend three view thoracic radiographs.

**SEX**

I recommend correlating these findings with abdominal radiographs as they can more accurately assess renal size.

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No significant abnormalities were associated with the GI tract although there were many causes for GI signs that cannot be definitively diagnosed by ultrasound alone. If underlying GI disease is suspected as a cause for stomach upset then consider GI panel to Texas A&M for qualitative fPLI, TLI, cobalamin and folate. The pancreas was visible on today's scan, but did not appear overtly inflamed, but sometimes ultrasound findings do not correlate with the clinical picture.

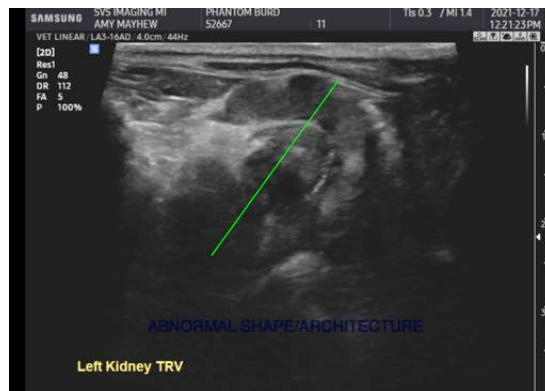
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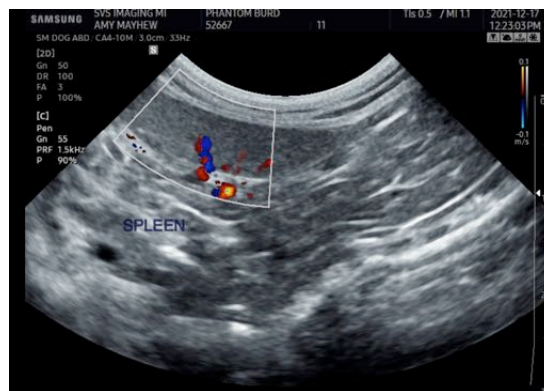
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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