

**PATIENT PRESENTING CLINICAL SIGNS**

Magnus Roach Lethargic and not eating, and painful abdomen. Low platelets, stress leukogram

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 22.5 (3.9 - 19.0 x10<sup>9</sup>/L) Neutrophils 18.0 (2.6 - 15.2 x10<sup>9</sup>/L) Lymphocytes 3.6 (0.9 - 5.9 x10<sup>9</sup>/L) Monocytes 0.9 (N:0.0 - 0.5 x10<sup>9</sup>/L) Eosinophils 0.0 (N:0.0 - 2.2 x10<sup>9</sup>/L) Basophils 0.0 (N:0.0 - 0.1 x10<sup>9</sup>/L) Platelets 69 (155 - 641 x10<sup>9</sup>/L)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Savannah

**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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (3.75 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.

**AGE**

5 Years

The right kidney was not clearly visualized.

**WEIGHT**

8.7

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**Spleen**

The spleen is borderline large (1.2 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.

**IMAGING PERFORMED BY**

Jessica Morgan, RVT

**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.

**HOSPITAL NAME**

Oxford County VC

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.

**REFERRING VET**

Dr. Bowcott

**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.

**DATE**

12/22/22

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 0.19 cm.



**PATIENT**

Magnus Roach

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

**SPECIES**

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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.

**Pancreas**

**BREED**

Savannah

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery, particularly in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

**SEX**

Neutered Male

There is a small amount of free abdominal fluid. No lymphadenopathy is noted, but there is diffusely hyperechoic mesentery throughout the abdomen, consistent with peritonitis.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

5 Years

- Diffusely hyperechoic mesentery and small amount of free abdominal fluid – findings are consistent with peritonitis (sterile, infectious, etc.).
- Borderline large spleen – The appearance of the spleen is relatively normal, but it measures as slightly enlarged. A fine needle aspirate could be considered.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

**WEIGHT**

8.7

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a diffuse small amount of free abdominal fluid and diffusely hyperechoic mesentery. I cannot visualize a source of the fluid or inflammation, and it seems distributed evenly throughout the abdomen. Findings are concerning for peritonitis (sterile vs infectious). Recommend obtaining a sample of the free abdominal fluid for fluid analysis, cytology +/- anaerobic and aerobic culture. If bacterial peritonitis is present, recommend exploratory surgery.

**IMAGING PERFORMED BY**

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

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If not done already, also recommend radiographs of the abdomen, looking for any evidence of free gas, etc.

A small area of pancreas is visible caudal to the spleen in one image, but I suspect this is not the source for the inflammation, due to the diffuse distribution of the inflammation.

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**HOSPITAL NAME**

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**REFERRING VET**

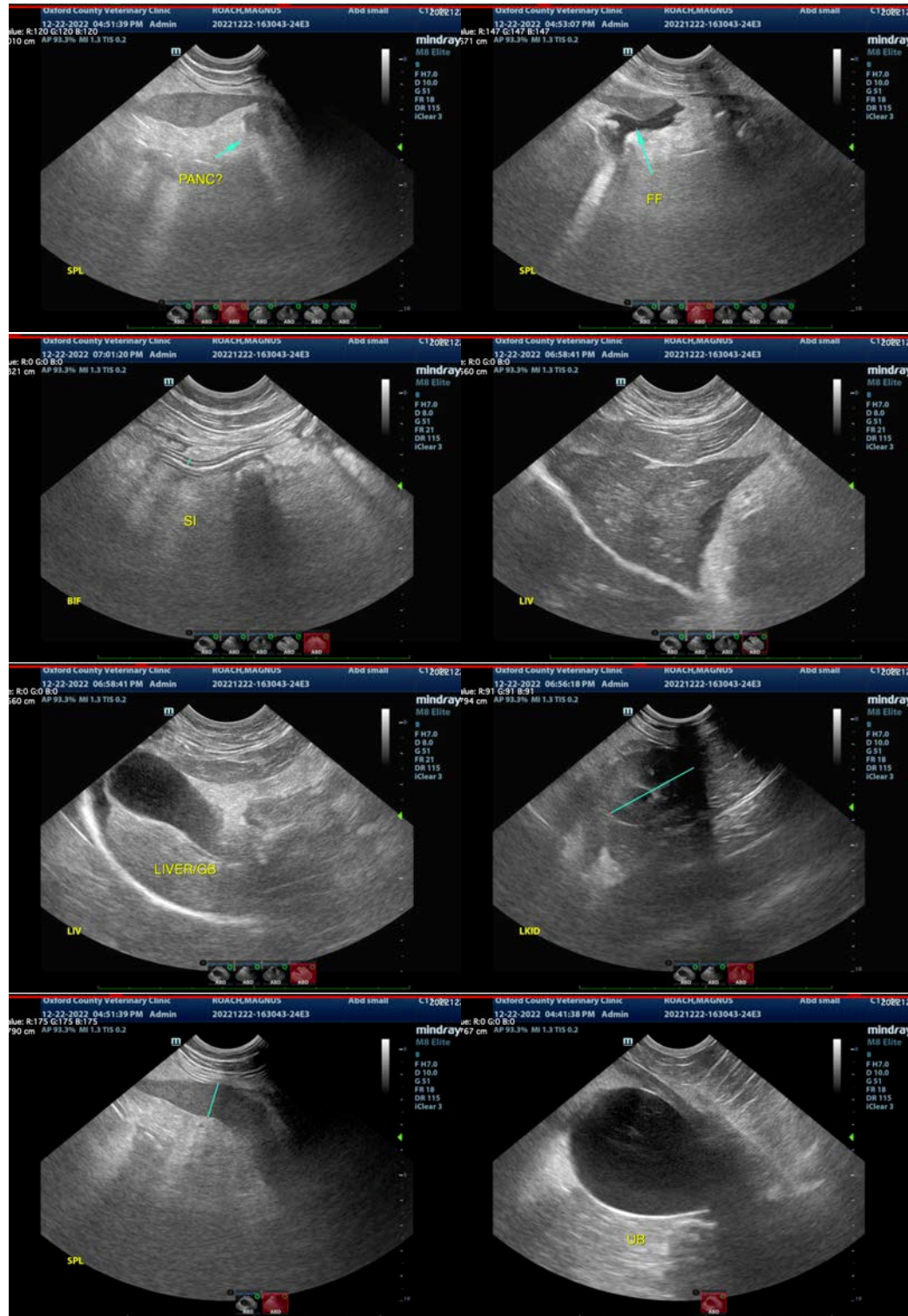
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**PATIENT**

Magnus Roach

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.

**SPECIES**

Feline

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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