

**PATIENT**

Rosie Goodnight

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

7.65 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETCat Care of
Rochester Hills**INVOICE**

43665

DATE

12/22/22

PRESENTING CLINICAL SIGNS

History of weight loss (9.08# on 4-8-22 to 7.68# on 11-21-22); passes stool q 3-4 days; hypercalcemic

Abnormal PE/Chem/CBC/UA Results: Hypercalcemic- ion cal 1.61 on 9-16-22; started alendronate, ion cal 1.39 on 11-21-22 Thickened intestines; chronic constipation (suspect motility issue), and continued weight loss despite regulating calcium level.

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 (likely due to previous infarcts) and borderline small at 2.52 cm with some hyperechoic mineralization at the corticomedullary junction. 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 or hydroureter. Renal vasculature is normal.

The right kidney is irregular in shape (likely due to previous infarcts) and borderline small at 2.38 cm with some hyperechoic mineralization at the corticomedullary junction. 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 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 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.

Spleen

The spleen is subjectively normal in size (0.8 cm), 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 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 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.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rosie Goodnight

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

7.65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Cat Care of
Rochester Hills

INVOICE

43665

DATE

12/22/22

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.

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 0.20 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. Colon wall measures 0.11 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes, two of which measure 0.34 cm and 0.33 cm. Additionally, there is a lymph node near the ileocecal junction measuring 0.34 cm. The omentum is slightly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally irregular, borderline small kidneys with corticomedullary mineralization – Findings are most consistent with chronic progressive renal disease and previous infarcts.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No mass lesions are observed or severe bowel thickening to correlate with the hypercalcemia noted. This does not rule out the possibility of underlying GI disease but makes it somewhat less likely. You could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate.

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

It is somewhat common for hypercalcemic cats to have issues with constipation. Consider a stool softener to help with this issue.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Rosie Goodnight

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

7.65 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

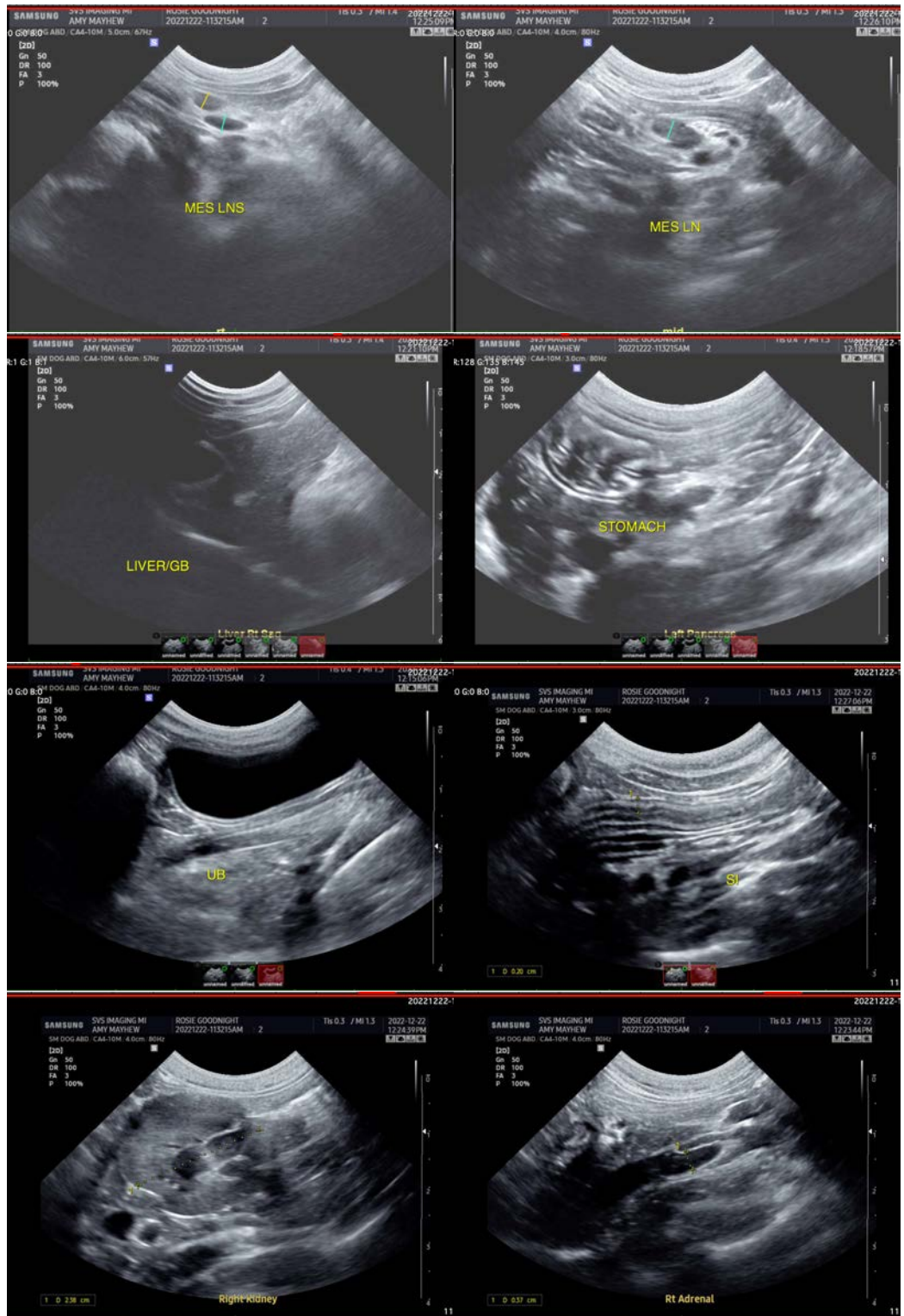
Cat Care of
Rochester Hills

INVOICE

43665

DATE

12/22/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rosie Goodnight

SPECIES

Feline

BREED

Ragdoll

SEX

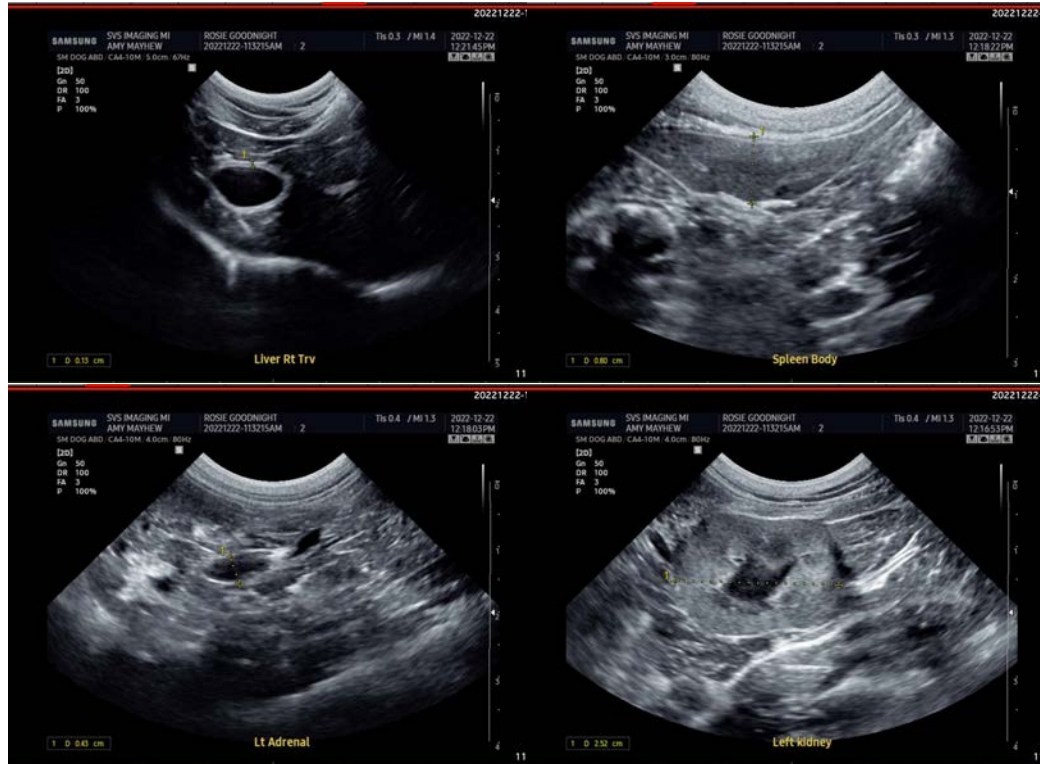
Spayed Female

AGE

2.5 Years

WEIGHT

7.65 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Cat Care of
Rochester Hills

INVOICE

43665

DATE

12/22/22

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