



PATIENT

Finley Hord

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

11.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

43748

DATE

12/27/22

PRESENTING CLINICAL SIGNS

3 week history of decrease appetite and suspected weight loss - O noticed pet abruptly stopped wanting to eat food - would walk up and sniff food and then walk away - eventually though will eat small bites throughout the day; Pet has had previous history of constipation and has been on miralax daily for the last 3 years, have not had much miralax in the last 3 weeks; Owner reports currently still producing bowel movements - small in size but owner believes related to not eating well, has not noticed them being excessively hard, no blood or straining noted; PE-10.6lbs (loss of 1.5lbs since Sept 2022); difficult for full exam as become fractious; moderate tartar, grade 4/6 heart murmur, reactive on any type of abdominal palpation (pain vs behavior), unable to perform rectal exam; was treated with mirtazipine over weekend, appetite has improved slightly prior to ultrasound today.

Abnormal PE/Chem/CBC/UA Results: Bloodwork fPL - neg, CBC - nsf, Chem - Ca 11.4 (7.8-11.3) - in Sept 2022 was 10.2, ALT <10, otherwise nsf

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 (3.74 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 (4.38 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 0.31 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 normal in size (1.0 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.



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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.

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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.

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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. Jejunum wall measures 0.18 cm. 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. Large areas of colon are visualized with shadowing fecal material and gas. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of 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

- Large amount of shadowing material visualized within the colon – Correlate with abdominal radiographs to assess for constipation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the stomach or small intestine, although there are some areas that are obscured due to shadowing from fecal material within the colon. Correlate these findings with abdominal radiographs to assess the degree of constipation present. Unfortunately, there are many causes for weight loss and decreased appetite that can't be diagnosed by ultrasound alone.

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Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc...

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- Recommend an ionized calcium and PTH level to further evaluate the hypercalcemia noted in the history.

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

- Consider chronic probiotic therapy.

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- Based on clinical assessment and the results above, try to determine if there is underlying gastrointestinal disease, constipation, other.
- Additionally, consider 3-view thoracic radiographs.

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If small intestinal disease is strongly suspected, GI biopsies may be necessary.

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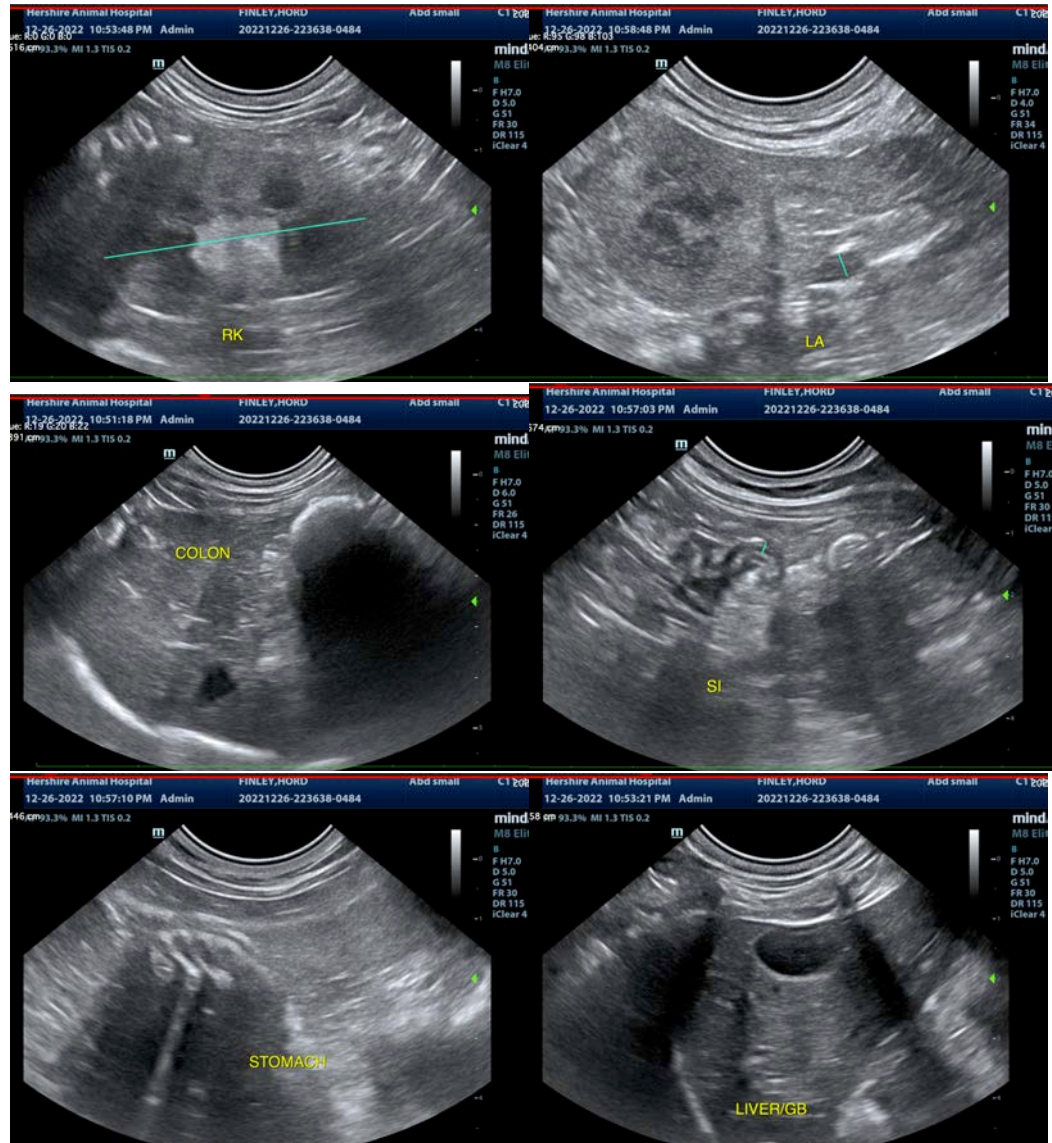
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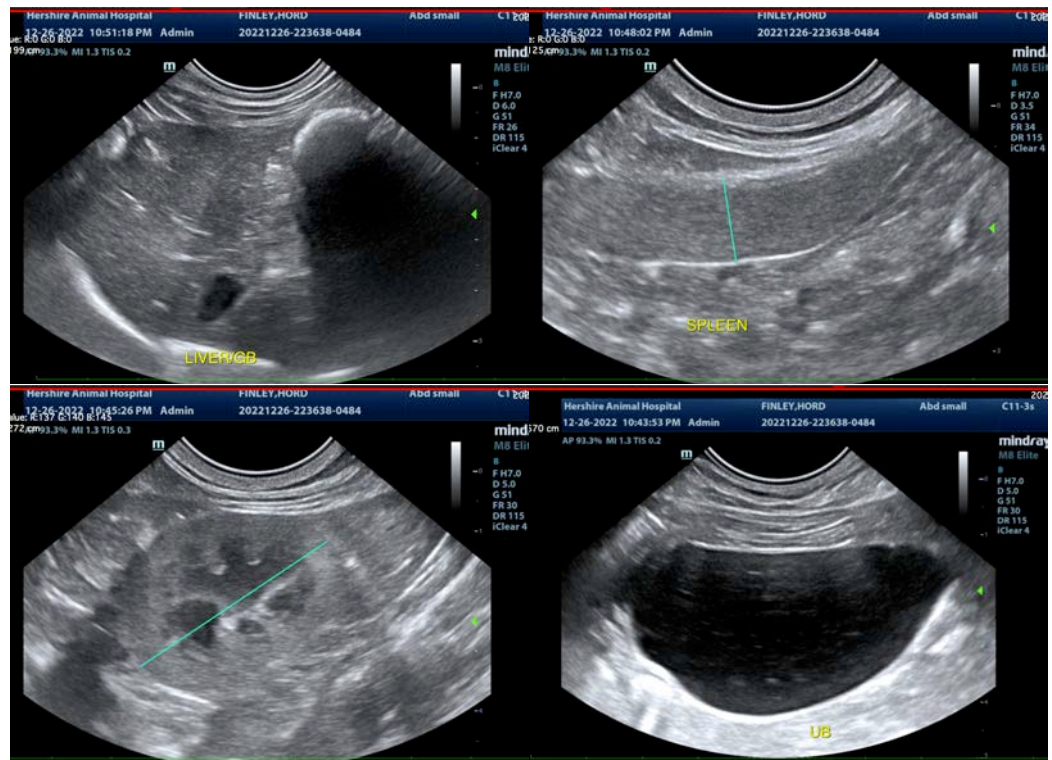
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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