



PATIENT PRESENTING CLINICAL SIGNS

Snowball Streed

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

17 years

WEIGHT

8.09 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Animal Medical Center of
Reno

REFERRING VET

Dr. Taormina

INVOICE

96089

DATE

2/15/22

History: Presented to our clinic for the first time on 2/4/2022 for chronic vomiting with slight progression. Was seen for same issue at different clinic in 11/2021. Good appetite and is currently being fed dry and canned. Owner is having to feed only 1 TBSP multiple times a day because if feeds more than that then vomits, but if gives just a tiny amount seems to hold down. Will often vomit hours after eating and is undigested food. Variety of foods being offered. Physical exam findings: grade 4-5 heart murmur, wt has been stable since exam at different clinic in Nov 2021 Non-painful abdomen but somewhat self-defensive intolerant of full exam Abnormal CBC Values: Full labs were done at different clinic 11/18/2021- NSF other than slight increase in SDMA Abnormal Chemistry Values: Increase in SDMA at 19 but rest of values WNL T4 normal at 2.4 Abnormal UA Values: NSF- 1+ protein, USG 1.042 Radiograph Findings: no obstructive pattern, possible mild thickening of intestinal wall The abdomen is normal in contour. There is adequate serosal margin detail. The liver is normal. The spleen is normal. The stomach contains a mild amount of mottled soft tissue material mixed with gas. Small intestinal bowel loops are normal in size and distribution and have a mixed pattern with subjectively thickened walls. The colon contains formed feces and gas. The kidneys are obscured by bowel. The urinary bladder is mildly distended and unremarkable. There is narrowing of the lumbosacral intervertebral disc space consistent with degenerative disc disease and spondylosis deformans at the same location. Reason for Ultrasound: pet is having dual cavity ultrasound for chronic and progressive vomiting and anorexia. Has prominent heart murmur and cardiomegaly on rads thus concerned that the heart disease may be contributing or if high doses of steroids are indicated for intestinal disease than what are the risks/safer approaches/ medication protocols for concurrent cardiac disease.

Abnormal PE/Chem/CBC/UA Results: Weight 8 pounds Temp 99.6 Pulse 180 Resp 32 Pain 2 - Mild Pain Appetite 6 - Voracious Urine Outp 2 - Increased Feces Normal Attitude BAR Blood Pressure was performed via Doppler on rear left using a 3.0 cuff. P in R lateral. 1st Reading 170mm/Hg 2nd Reading 160mm/Hg 3rd Reading 150 mm/Hg Radiograph Findings: Heart is horizontally oriented which is common for geriatric cats. Within this limitation, mild generalized cardiac enlargement is still suspected. The pulmonary vasculature is unremarkable. There is a prominent generalized broncho-interstitial pulmonary pattern involving all lung fields. Bronchial markings are seen centrally to peripherally. There is no evidence of thoracic lymphadenopathy or pleural effusion. The cranial mediastinum is normal.

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 (3.4 cm). Overall echogenicity is normal with adequate 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 (3.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Pyelectasia was noted and measured 0.29 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.



PATIENT *Adrenal Glands*

Snowball Streed 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.

SPECIES The right adrenal gland is normal in size measuring 0.32 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.
Feline

BREED *Spleen*

Domestic Shorthair The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen measured 0.68 cm in height at the level of the hilus. There is an ill-defined, hypoechoic nodule visualized in the parenchyma of the spleen and measured 1.09 x 0.74 cm.

SEX

Spayed Female

AGE *Liver*

17 years The liver is 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. There is a small, ill-defined, hypoechoic nodule visualized and measured 1.1 cm. 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.

WEIGHT

8.09 lbs

INTERPRETED BY *Gastrointestinal*

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

96089 The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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PATIENT *Free Abdomen*

Snowball Streed Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy present with diffusely, enlarged mesenteric lymph nodes measuring 0.74 cm, 1.2 cm and 0.84 cm. The omentum is of increased echogenicity around these enlarged lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

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- Hypoechoic nodule within the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, prominent pancreas with prominent pancreatic duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Ill-defined, hypoechoic nodule visualized in the liver. The findings could be consistent with a benign or neoplastic lesion. The appearance favors a more benign lesion, but hepatic nodules are always more concerning in cats.
- Mild, right-sided pyelectasia. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. No obstructive process is visualized.
- Thickened small intestine with prominent muscularis layer and mucosal speckling. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.
- Moderate mesenteric lymph node enlargement. The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases. The lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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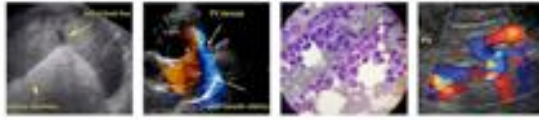
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with prominent muscularis layer and mucosal speckling as well as enlarged mesenteric lymph nodes. These findings point to a primary small intestinal issue.

- Recommend FNA with cytology of a mesenteric lymph node
- Consider GI panel with qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine
- Recommend hydrolyzed protein/novel protein diet
- Recommend chronic probiotic therapy.



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- If cytology of a mesenteric lymph node is not diagnostic then recommend obtaining GI biopsies to obtain a diagnosis.

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Additionally there is an ill-defined nodule visualized within the spleen and liver. Options moving forward with these lesions would be continued monitoring with ultrasound or obtaining a FNA. I recommend three view thoracic radiographs.

Recommend urinalysis and culture to further evaluate the right sided pyelectasia described.

BREED

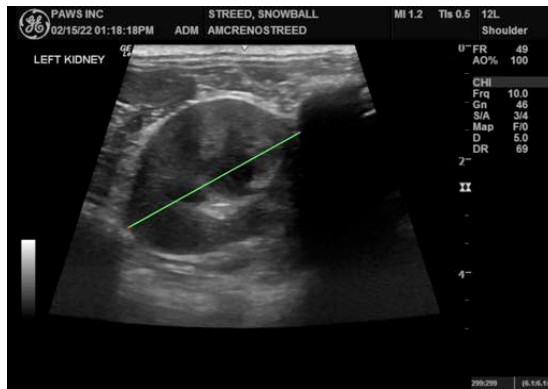
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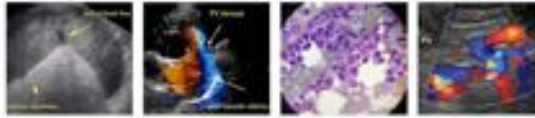
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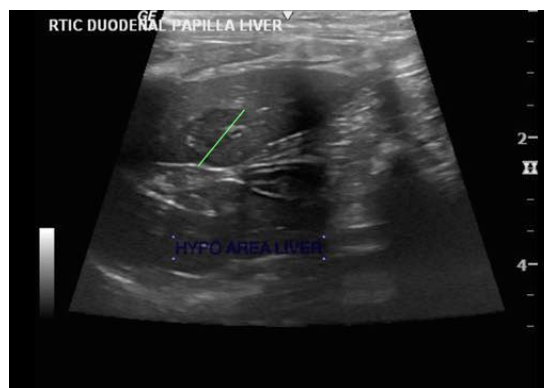
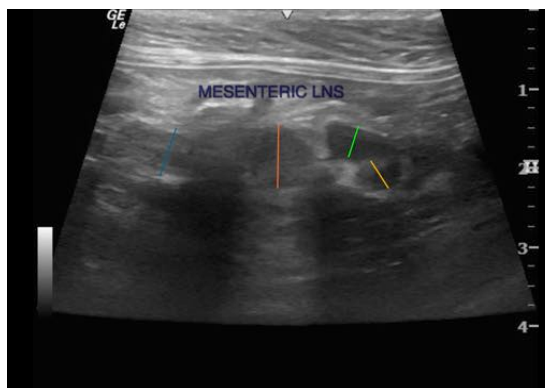
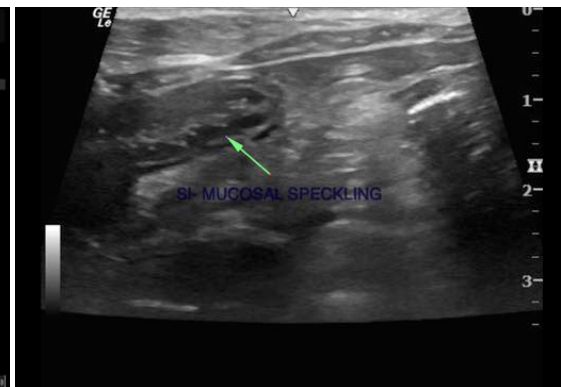
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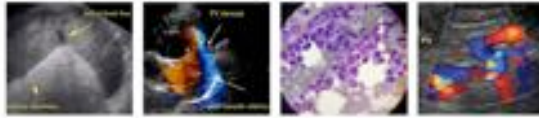
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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kathleen.sennello@sonopath.com

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