



PATIENT PRESENTING CLINICAL SIGNS

Benny Hertzberger

Grade 2/6 systolic murmur, lung sounds normal, weight loss, history of chronic vomiting, ALT elevated on labs.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

SEX

Neutered Male

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, or masses. In the dependent portion of the urinary bladder, there is hyperechoic shadowing debris, most consistent with sandy debris, small stones/mineralizations.

AGE

13 Years

The left kidney has a normal shape and size (3.7 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.

WEIGHT

3.9 kg

The right kidney has a normal shape and size (4.22 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal in size measuring 0.42 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.

HOSPITAL NAME

New Hamburg VC

Spleen

The spleen is subjectively normal in size (0.81 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.

REFERRING VET

Dr. Puckering

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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DATE

2/15/23

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.

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.



PATIENT
Benny Hertzberger

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

SPECIES
Feline

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.

BREED
DSH

Pancreas

SEX

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.

Neutered Male

Free Abdomen

AGE

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.

13 Years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

3.9 kg

- Hyperechoic shadowing debris in the dependent portion of the urinary bladder – Findings are most consistent with sandy debris, stones, etc. – Recommend urinalysis and culture and correlate with abdominal radiographs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized on today's exam to explain the weight loss and elevation in ALT reported. Depending on the degree off ALT elevation, this could be consistent with a primary hepatopathy or even a reactive hepatopathy. These are my recommendations for further evaluation of the ALT elevation:

IMAGING PERFORMED BY

Kelly Reschny

The ultrasonographic changes in the liver were relatively mild. Unfortunately, the sonographic changes do not always reflect the severity or cause of the hepatopathy.

HOSPITAL NAME

New Hamburg VC

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc..

REFERRING VET

Dr. Puckering

- Recommend thyroid evaluation (if not already done)

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- If not already done consider pre and post prandial bile acids to evaluate liver function
- Consider fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)

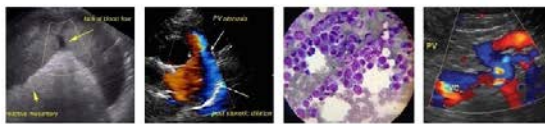
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- If cytology is not helpful and there is no response to therapy, consider liver biopsy with samples obtained for histopathology and culture.

- If triaditis is suspected (chronic GI signs, concurrent pancreatic changes on US) consider therapy for cholangiohepatitis (fluids, ursodiol, probiotics, +/- steroids/antibiotics), testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)

- Consider a feeding tube if patient is not eating for a prolonged period of time



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Also consider the possibility of primary gastrointestinal disease a cause for the vomiting, weight loss, etc. No focal lesions were visualized, but there are many causes for vomiting that cannot be diagnosed by ultrasound alone.

SPECIES

Feline

- 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.

BREED

DSH

- Consider probiotic therapy.

SEX

Neutered Male

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

AGE

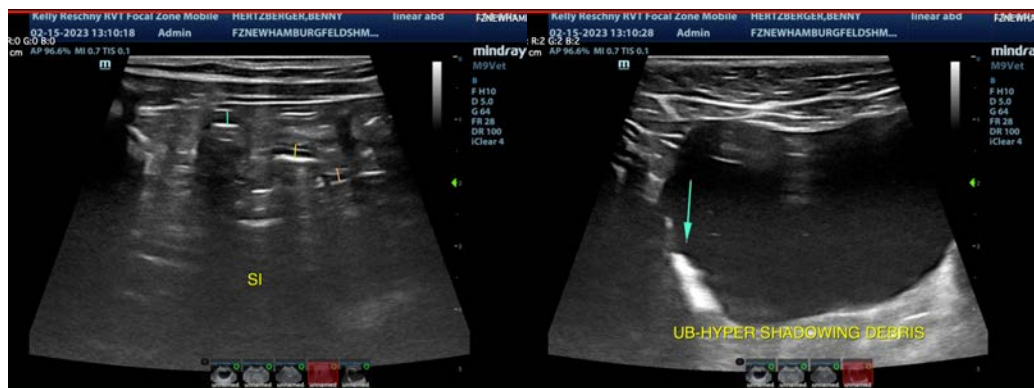
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WEIGHT

3.9 kg

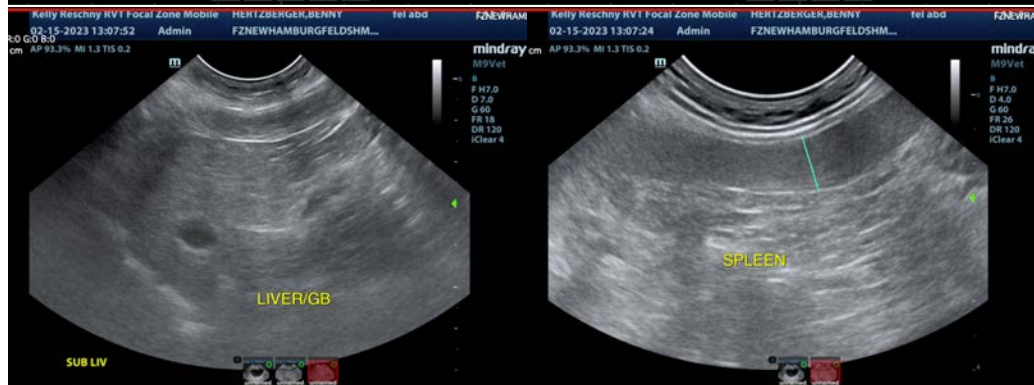
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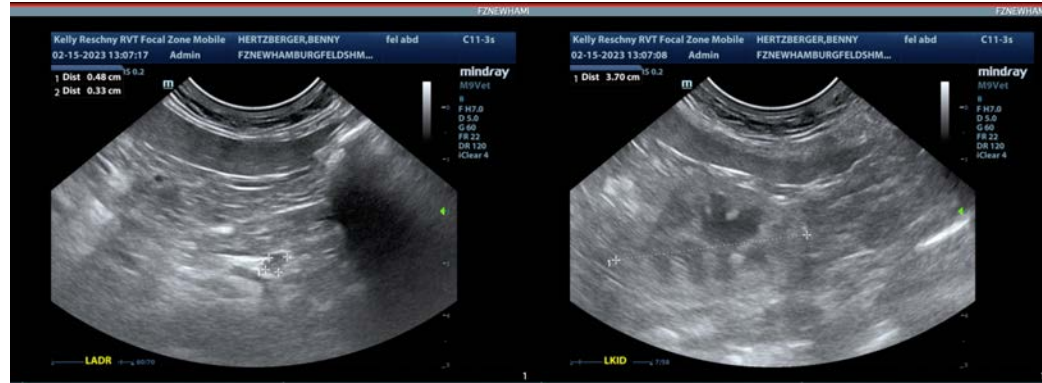
Dr. Puckering

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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.

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

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