



PATIENT PRESENTING CLINICAL SIGNS

Loki Lehr Vomiting with blood, not eating, diarrhea, lethargic, tried supportive care - difficult for owner to medicate

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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 (3.94 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.

AGE

6 years

The right kidney has a normal shape and size (4.07 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.

WEIGHT

16.5 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.35 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 0.41 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.

IMAGING PERFORMED BY

Adrienne Ligenza

Spleen

HOSPITAL NAME

Rush Veterinary
Urgent Care

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. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Urban

Liver

INVOICE

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The liver is subjectively large/normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 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.

DATE

2/17/22



PATIENT *Gastrointestinal*

Loki Lehr

The stomach is mildly distended with fluid. The gastric wall appears diffusely somewhat thickened and hypoechoic measuring 0.6 cm. In the area of the pylorus/proximal duodenum this thickening progresses and the lumen narrows. Bowel wall in this area is hypoechoic with a lack of distinct wall layering and measures between 1.2-0.77 cm. The findings are concerning for possible partial outflow tract obstruction/gastric or proximal duodenal wall thickening.

SPECIES

Feline

BREED

Domestic Shorthair

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. There is thickened bowel in the area of the pylorus. Some thickening of the proximal duodenum may be present as well. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate.

SEX

Neutered male

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.

AGE

6 years

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.

WEIGHT

16.5 lbs

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cranial mesenteric lymphadenopathy visualized with the gastric lymph node measuring 0.66 cm and the omentum is of increased echogenicity in the cranial abdomen.

IMAGING PERFORMED BY

Adrienne Ligenza

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Thickened gastric wall with loss of layering and progressive thickening in the area of the pylorus. Possible differentials include inflammation, infection/ulceration or infiltration (neoplastic change). Additionally imaging artifact can be present with variable luminal distension.
- Enlarged gastric lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

HOSPITAL NAME

Rush Veterinary
Urgent Care

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall there is mild fluid distension of the stomach and the suspicion of thickened gastric wall with reduced layering in the area of the pylorus. This would be most concerning for possible round cell neoplasia or carcinoma, but an ulcer in this area or severe inflammation are also possible. Options for further evaluation would include surgical biopsies and evaluation of the area. You can consider endoscopic evaluation, but this would only provide superficial biopsies or lastly if surgery is not an

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PATIENT

Loki Lehr

option you can consider anti-ulcerative therapy and reevaluation of the area after treatment.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

SPECIES

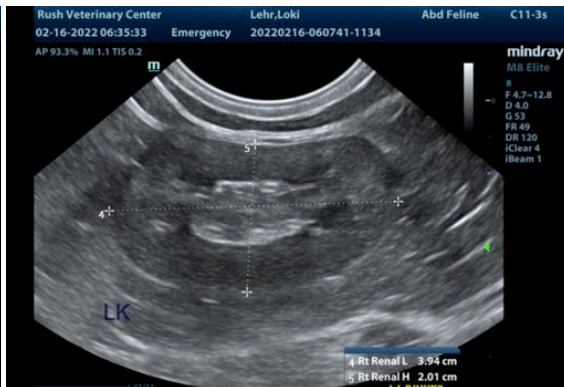
Feline

BREED

Domestic Shorthair

SEX

Neutered male

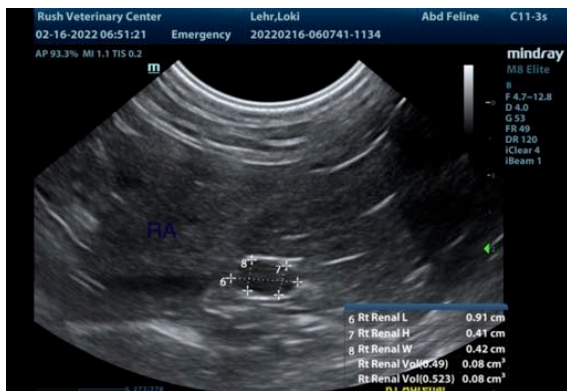


AGE

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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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