

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kitty Bank Browning
SPECIES Feline
8:25a: O states pt is throwing up. O states pt is not eating much. O states pt is still using the litter box. O states pt drinks a lot. O throws up after eating. O to bring in records. Was once in a while but now vomits more regularly after eating. Vomiting up to twice a day. Is eating maybe more. Is a little lethargic. Does drink a lot but always has. Not more urine in the box. Is losing weight.
Abnormal PE/Chem/CBC/UA Results: RULE-OUTS NEOPLASIA GI FOREIGN BODY FOOD SENSITIVITY METABOLIC DISORDER

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Domestic Shorthair
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, masses or cystic calculi.

AGE 10 years
The left kidney has a normal size (XXcm) and very irregular shape with normal corticomedullary distinction. The irregularities are most likely associated with previous infarcts. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT 9.8 Pounds
The right kidney has a normal shape and size (3.39 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.4 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

Loetitia Saint-Jacques, RVT

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.

HOSPITAL NAME

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Spleen

The spleen is borderline large 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

INVOICE

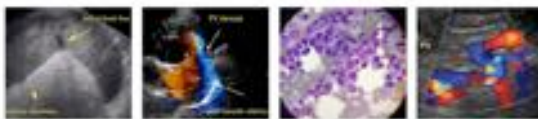
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Liver

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.

DATE

2/25/22



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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.

SPECIES

Gastrointestinal

Feline

The stomach contains minimal ingesta. The majority of the gastric wall appears normal in width measuring <0.36cm with intact wall layering, but there is a focus of hypoechoic tissue that created a mass effect and measured 1.7 x 1.8 cm. There is no evidence of an outflow tract obstruction. The findings are most consistent with a gastric mass.

BREED

Domestic Shorthair

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

10 years

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 subtle, hypoechoic lesion within the colonic wall that measured approximately 0.25 x 0.38 cm. This could represent lymphoid tissue, a small mass effect, etc.

WEIGHT

9.8 Pounds

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cranial abdominal lymphadenopathy present with a lymph node that measured 0.64 cm. Additionally, there is a large, hypoechoic cranial abdominal mass that measured 2.56 x 2.53 cm. This mass lesion does not appear directly associated with the stomach, small intestine or pancreas, but it comes into contact with all of these structures. I suspect that this is an effaced lymph node, but I cannot rule out an association with these other structures. The omentum is of normal uniform echogenicity.

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Heart

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A brief view of the heart was submitted. No pericardial effusion was seen.

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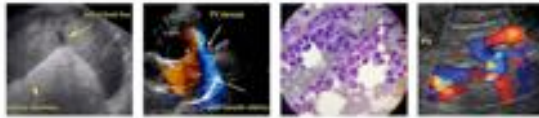
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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, hypoechoic mass effect visualized caudal to the stomach. I suspect that this is lymphoid tissue, but I cannot rule out an association with the stomach, pancreas or small intestine.
- Focal, hypoechoic region to the gastric wall. The findings are most consistent with a gastric



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mass.

- Cranial abdominal lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- Questionable hypoechoic lesion to the colonic wall. This is a subtle lesion which could represent an early mass effect or an area of inflammation, lymphoid tissue, edema, etc.

SECONDARY FINDINGS:

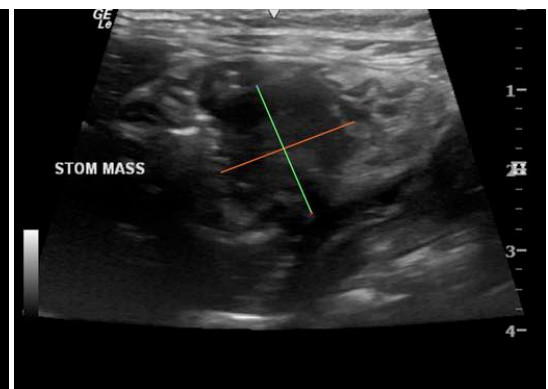
- Mildly reduced corticomedullary distinction in both kidneys with irregular shape I both kidneys. This is most consistent with previous infarcts.
- Subjectively borderline enlarged spleen. The general appearance of the spleen appears normal. A FNA can be considered.

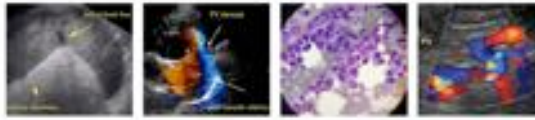
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, cranial abdominal mass caudal to the stomach, which is concerning for possible round cell neoplasia. I recommend a FNA. Additionally there appears to be a gastric wall mass, which is likely associated with reported vomiting. An aspirate or biopsy of this can be considered as well particularly if a FNA of the cranial abdominal mass is not diagnostic.

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

If cytology does not provide a diagnosis surgery with biopsies would be the next step.





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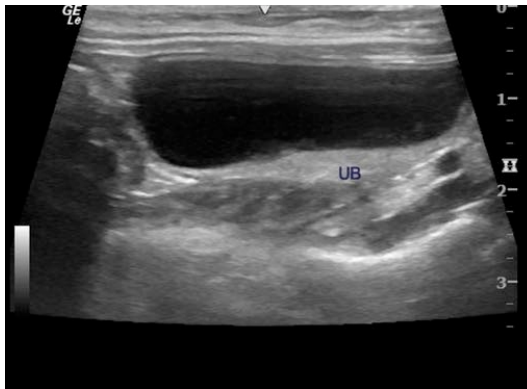
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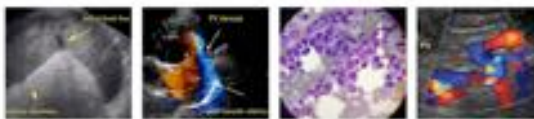
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Domestic Shorthair

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

kathleen.sennello@sonopath.com

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