

PATIENT PRESENTING CLINICAL SIGNS

Simon Dabbagh Eating but not producing stool.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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. There is a small hyperechoic shadowing focus in the dependent portion of the urinary bladder measuring 0.25 cm x 0.41 cm. Most consistent with a small stone or pile of small, mineralized debris/sand.

DSH

SEX

Neutered Male The left kidney has a normal shape and size (3.33 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.

AGE

14yr

WEIGHT

12.9lbs

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 Adrenal Glands

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 0.35 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

Shari Reffi, CVT

Spleen

HOSPITAL NAME

Sussex County Animal Hospital

The spleen is subjectively normal in size (0.84 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. Jaffe

Liver

INVOICE

10085

The liver is subjectively normal, slightly irregular in shape, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous cysts visualized within the hepatic parenchyma. A cyst on the left side of the liver is visualized measuring 1.36 cm x 1.15 cm. A cyst on the right side of the liver is measuring at 2.20 cm x 3.12 cm. An additional cyst on that side measuring 1.45 cm x 1.76 cm. Many of these cystic lesions are in close proximity to each other concentrated in the caudal dorsal aspect in the liver.

DATE

3/1/2023

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



PATIENT

Simon Dabbagh

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.

SPECIES

Feline

The visualized areas of 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 jejunum measured as normal (0.26 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DSH

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

14yr

Pancreas

The pancreas is prominent and hypoechoic. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

12.9lbs

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.

INTERPRETED BY

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

PRIMARY FINDINGS

- Hyperechoic shadowing debris visualized within the urinary bladder. Findings are most consistent with a small stone/pile of sandy debris. Correlate with abdominal radiographs, urinalysis, and C/S.
- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Numerous cystic lesions visualized within the liver. Findings are most consistent with benign hepatic cysts or possibly associated with cystadenoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions are visualized to explain the reported difficulty producing stool. Correlate these findings with abdominal radiographs, looking for evidence of obstipation, constipation, etc.

INVOICE

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There is a small amount mineralized debris visualized within the urinary bladder. This appears relatively quiet but could be causing straining, which could mimic constipation?

DATE

3/1/2023

There are several cystic lesions visualized in the liver, these are most consistent with benign hepatic cysts. They seem concentrated in the caudal dorsal region of the liver. It is unlikely that surgical resection would be necessary but if this is considered, a contrast CT scan should be considered, as many of these may be confined into one liver lobe.

If the patient is truly constipated, consider Miralax etc. Ultrasound is relatively insensitive in picking up intraluminal colonic lesions but there is minimal evidence of significant colonic distention with stool on the scan.



PATIENT

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Neutered Male

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REFERRING VET

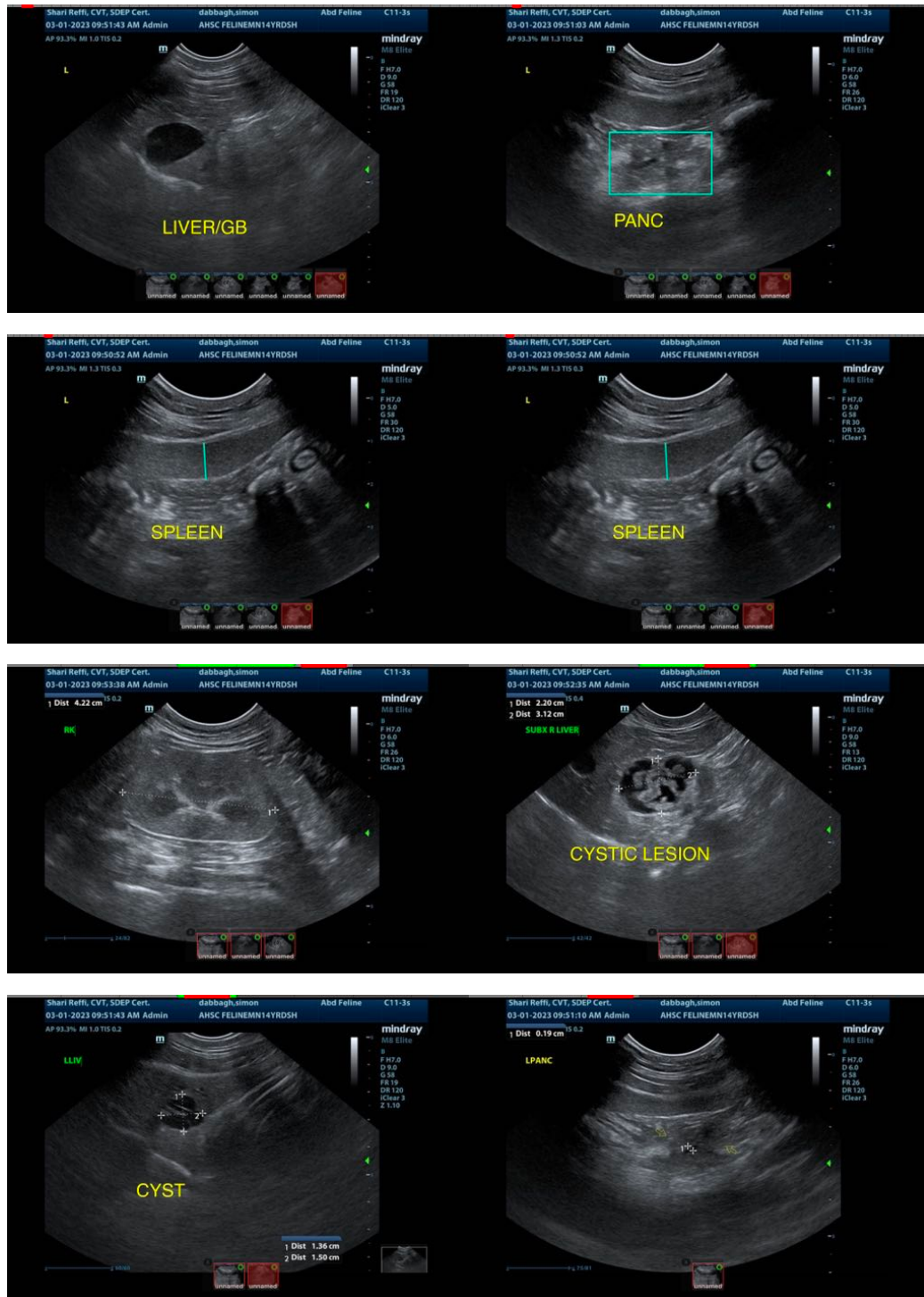
Dr. Jaffe

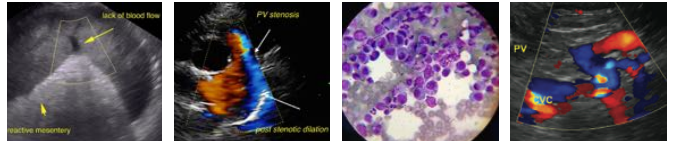
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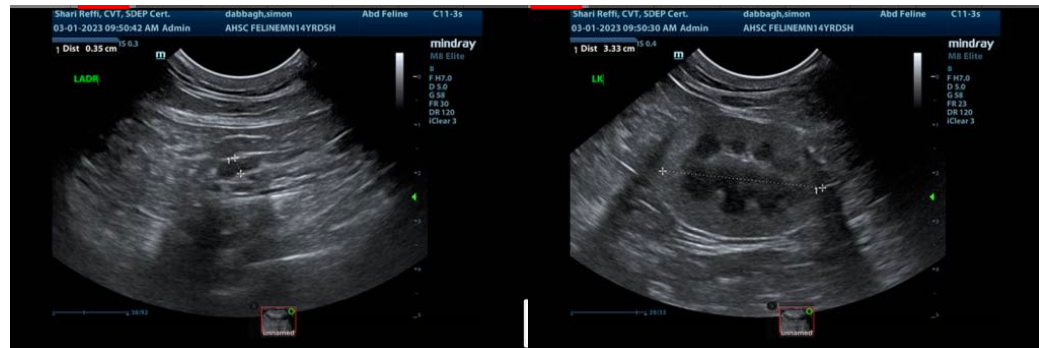
Neutered Male

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WEIGHT

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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.

IMAGING PERFORMED BY

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