



PATIENT

Gracie Bauschelt

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

45896

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Shy cat, but suspected gradual onset of inappetence and lethargy. Icteric and lethargic upon exam.

Abnormal PE/Chem/CBC/UA Results: 3/14/23: ALT = 789; ALP = 311; TBIL = 10.8; GLU = 152. Mild leukocytosis. U/S guided liver aspirates taken - results pending.

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 (2.73 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (3.38 cm). Overall echogenicity is normal with mildly reduced 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.

Adrenal Glands

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 is visualized.

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 is visualized.

Spleen

The spleen is borderline large (1.1 cm in width at the level of the hilus), 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.

Liver

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules visualized within the parenchyma. One such nodule measures 0.81 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder appears hyperechoic, somewhat irregular, and significantly thickened (0.35 cm). There is a mild amount of non-organized echogenic debris. The proximal cystic duct appears dilated with a somewhat thickened wall. The bile duct can be traced distally and appears to taper as it approaches the duodenal papillae.

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

Gracie Bauschelt

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

45896

DATE

3/14/23

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 measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is prominent and mottled 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.

Free Abdomen

There is a scant amount of free abdominal fluid around the gallbladder. No significant lymphadenopathy is noted. The mesentery appears diffusely hyperechoic.

PRIMARY FINDINGS

- Borderline large spleen – Findings could be consistent with normal anatomic variation (large cat), congestion, infiltration, etc. Consider a fine needle aspirate.
- Large, irregular, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosi or other hepatopathy.
- Significantly thickened, hyperechoic gallbladder wall with surrounding scant fluid – Findings are concerning for cholecystitis, although neoplastic infiltration is also a possibility.

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is enlarged and significantly heterogeneous with round irregular margins. These are non-specific changes but are consistent with a hepatopathy. A fine needle aspirate would be recommended (provided coagulation parameters are normal). I suspect this was performed at the time of the procedure.

Additionally, the gallbladder wall is thickened and hyperechoic with some surrounding inflammation. These changes could be consistent with cholecystitis and inflammation/infection of the gallbladder, but they also could be consistent with infiltrative disease. As recommended above, consider a fine needle aspirate of the liver and possibly the spleen, looking for underlying round cell neoplasia. If this is not diagnosed, then consider treatment for cholecystitis (antibiotics, Ursodiol +/- 1-2 doses of an anti-inflammatory steroid at 0.5 mg/kg per day Prednisolone equivalent). If there is no response to this therapy in conjunction with supportive therapy, then surgical evaluation may need to be considered.



PATIENT

Gracie Bauschelt

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

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

45896

DATE

3/14/23





PATIENT

Gracie Bauschelt

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Eric Howlett

INVOICE

45896

DATE

3/14/23



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)

kathleen.sennello@sonopath.com