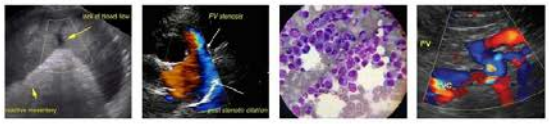
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chazy Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/23/12

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Chazy Smith

REFERRING VET

Dr. Kristi Cortright

INVOICE

45956

DATE

3/15/23

PRESENTING CLINICAL SIGNS

* Recently adopted. Found to have mammary mass. Radiographs reveal renal calculi and ureteral calculi Working diagnosis mammary mass (benign vs malignant), renoliths or ureteroliths. Considering mastectomy and dental, eval for metastasis.

Abnormal PE/Chem/CBC/UA Results: TG 305, chem/cbc/T4 WNL, UA 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, or masses. In the very distal aspect of the visualized urethra, there is hyperechoic shadowing material, possibly consistent with sandy debris/small stones in the urethra. This area measures approximately 0.15 cm x 0.36 cm.

The left kidney has a normal shape and size (3.57 cm) with pinpoint non-obstructive nephroliths and mild pyelectasia at 0.20 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 infarcts. The proximal ureter is visible but not overtly dilated. Distally in the abdomen, there are small hyperechoic shadowing structures, most consistent with ureteral stones/sandy debris. Examples measure 0.18 cm x 0.16 cm and 0.14 cm x 0.2 cm. Minimal ureteral dilation or inflammation was associated with these mineralizations. Additionally, there are two mineralizations visualized that almost appear adjacent to the body wall, measuring 0.60 cm x 0.44 cm. These could be non-associated mineralizations or possibly additional ureteral stones. Renal vasculature is normal.

The right kidney has a normal shape and size (3.58 cm) with pinpoint non-obstructive nephroliths and mild pyelectasia at 0.30 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

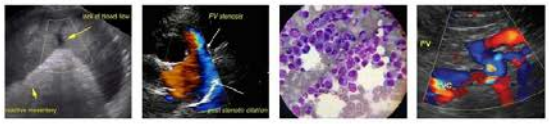
The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect. A pinpoint mineralization is visualized within the parenchyma.

The right adrenal gland is normal in size measuring 0.30 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.

Spleen

The spleen is subjectively normal in size (1.0 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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chazy Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/23/12

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Chazy Smith

REFERRING VET

Dr. Kristi Cortright

INVOICE

45956

DATE

3/15/23

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. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.22 cm. Jejunum wall measures 0.23 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 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.

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.

Other

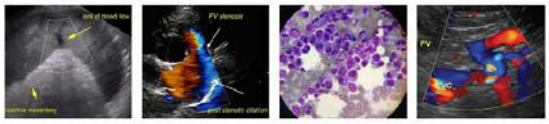
There is a small shadowing focus visualized medial to the spleen measuring 0.42 cm. This doesn't appear associated with any other structures. Consider a possible focal mineralization/bates body.

Some of the mammary lesions are visualized. There is a hypoechoic irregular subcutaneous mass effect measuring 0.95 cm x 2.51 cm in the right mammary chain.

ULTRASONOGRAPHIC FINDINGS

- Questionable small stones in the left ureter and distal urethra – Correlate with urinalysis, culture, and abdominal radiographs. No evidence of an obstructive process is present.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chazy Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/23/12

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Chazy Smith

REFERRING VET

Dr. Kristi Cortright

INVOICE

45956

DATE

3/15/23

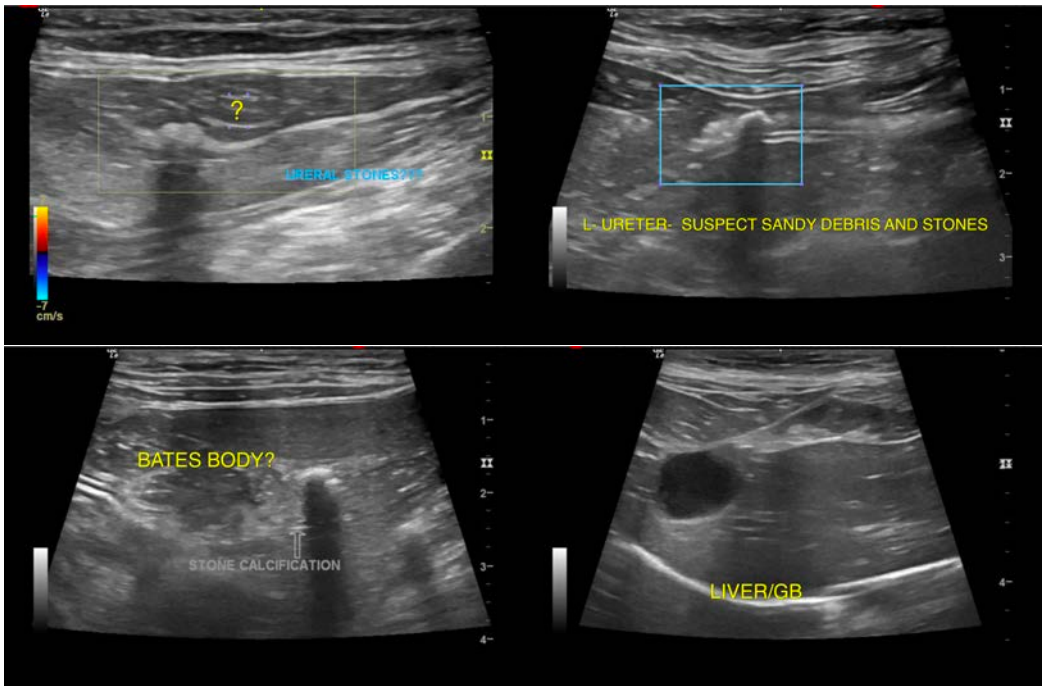
- Isolated mineralization visualized in the abdomen – Findings are consistent with a benign mineralization such as a bates body.
- Hypoechoic mammary masses
- Pinpoint mineralization in the left adrenal gland – This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

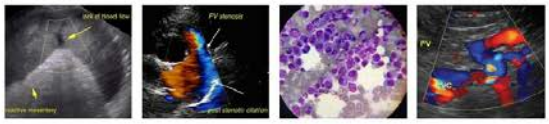
There are small mineralizations visualized associated with the region of the left ureter and possibly the urethra. There is no evidence of an obstructive process, inflammation, etc., and no significant pelvic dilation of the kidneys. I suspect this cat is intermittently passing stones, and this should be monitored closely. At this time, there is minimal evidence of an obstruction, but close monitoring should be in place to look for signs of pain, dysuria, GI signs, etc., as this could represent additional stones or movement of the stones and may require medical therapy. Recommend abdominal radiographs to try and better locate the stones for monitoring purposes.

Additionally, the kidneys have decreased corticomedullary distinction, so blood pressure evaluation and possibly a renal or stone diet id warranted.

The muscularis layer of the small intestine appears prominent in this cat. This can be an incidental finding in some cats, but if there are underlying gastrointestinal signs, this could be a sign of underlying GI inflammation. There is no evidence of a likely metastatic lesion visualized. Recommend 3-view thoracic radiographs and surgery.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chazy Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/23/12

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Chazy Smith

REFERRING VET

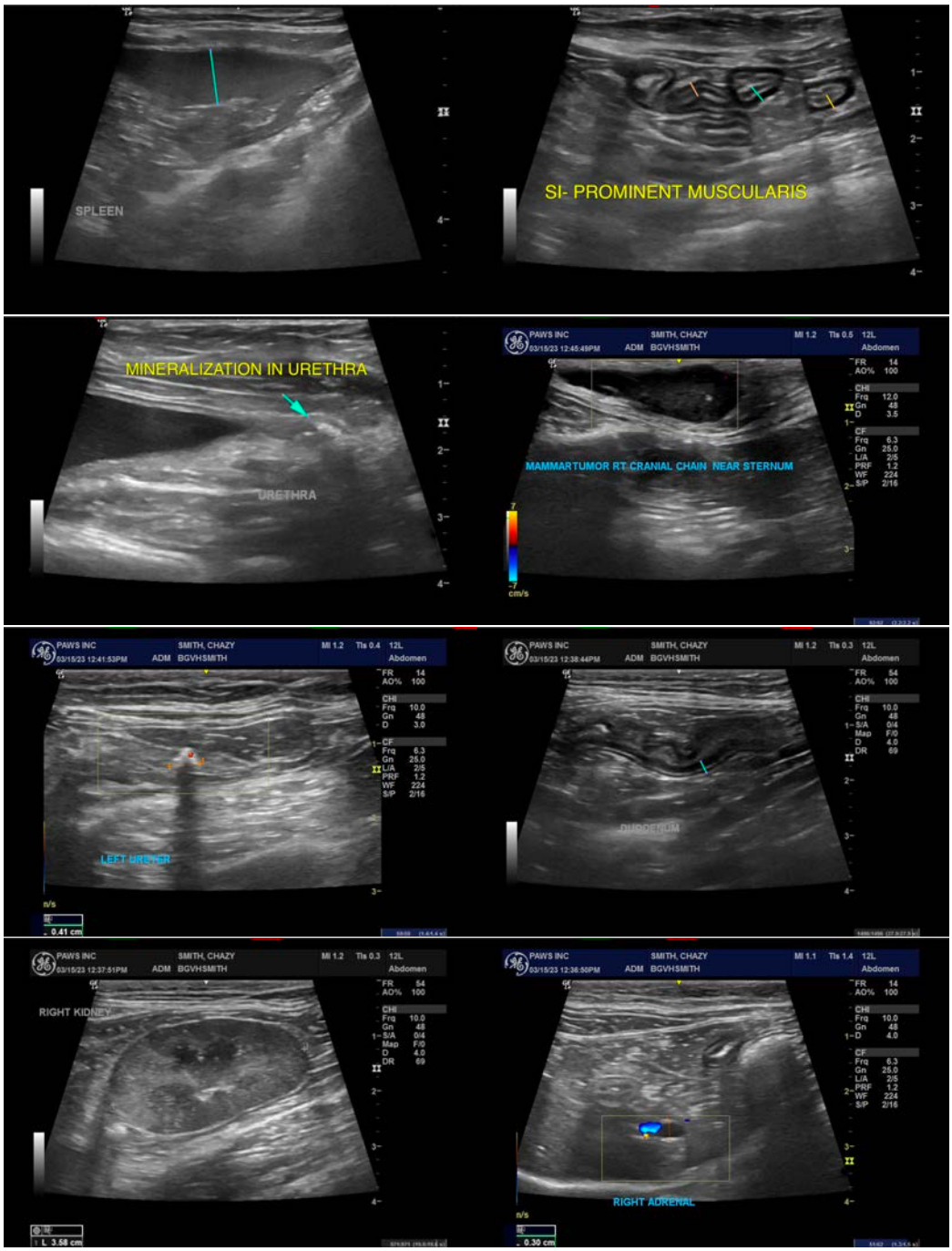
Dr. Kristi Cortright

INVOICE

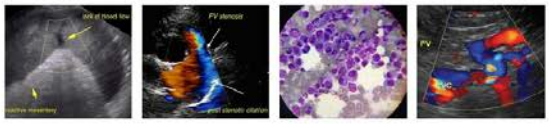
45956

DATE

3/15/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Chazy Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2/23/12

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Chazy Smith

REFERRING VET

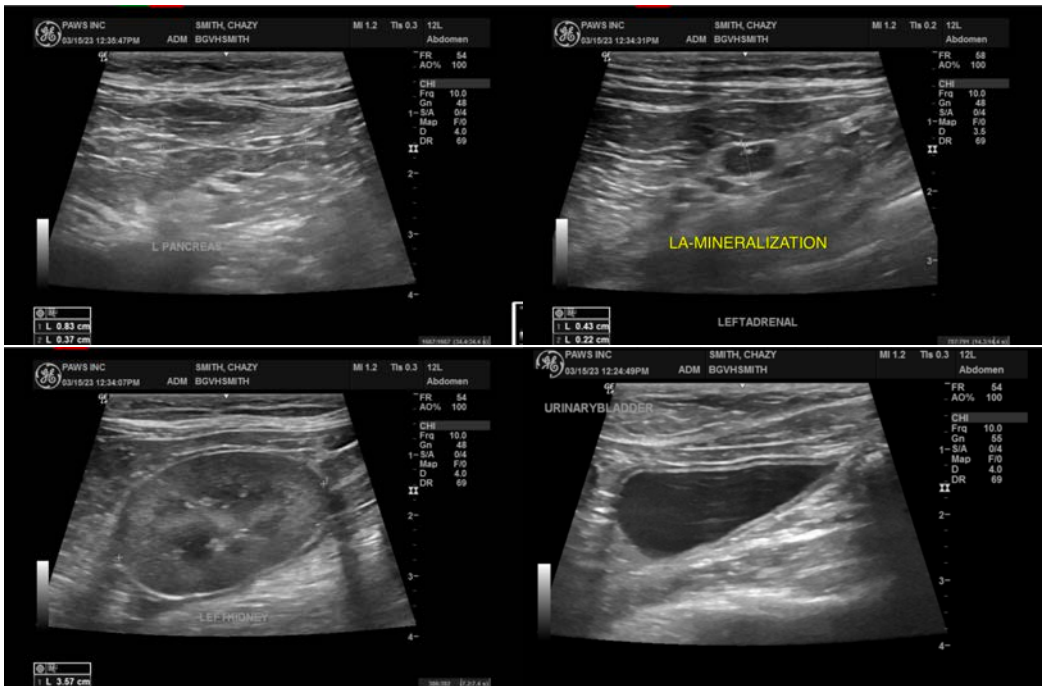
Dr. Kristi Cortright

INVOICE

45956

DATE

3/15/23



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