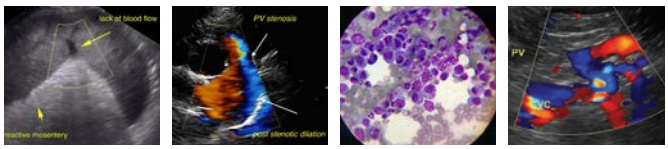
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

RB Watson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marti Williams

HOSPITAL NAME

Limestone Vet Hospital

REFERRING VET

Dr. Marti Williams

INVOICE

45994

DATE

3/16/23

PRESENTING CLINICAL SIGNS

Weight loss x months or more, raspy voice x 2 months, nighttime vocalization. History of chronic vomiting but no diarrhea. Labwork pending. Left subchondral hyperechoic, homogenous mass was aspirated and submitted. Note: O reports cat has rear leg ataxia and paresis following procedure and arriving home. Cat was reimaged with ultrasound to assess for post-aspirate bleeding prior to going home and no fluid was noted.

Abnormal PE/Chem/CBC/UA 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 (3.55 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.

The right kidney has a normal shape and size (3.73 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 0.48 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

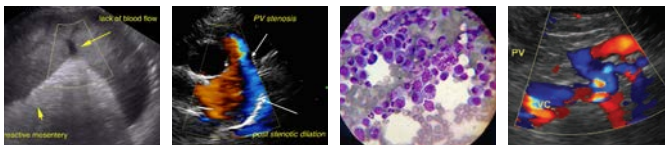
The spleen is subjectively normal in size (0.92 cm in width at the level of the hilus) but irregular in shape, echotexture is homogenous. The blood flow through the hilus and splenic parenchyma appears normal. There are multiple variably sized prominent hyperechoic nodules throughout the parenchyma, examples of which measure 0.81 cm, 0.72 cm, and 2.6 cm.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
RB Watson

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
16 Years

WEIGHT
7.6 Pounds

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

IMAGING PERFORMED BY
Dr. Marti Williams

HOSPITAL NAME
Limestone Vet Hospital

REFERRING VET
Dr. Marti Williams

INVOICE
45994

DATE
3/16/23

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 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. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.22 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 hypoechoic as 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

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 hyperechoic homogeneous mass effect visualized labeled “left subchondral” measuring 2.89 cm x 1.9 cm.

ULTRASONOGRAPHIC FINDINGS

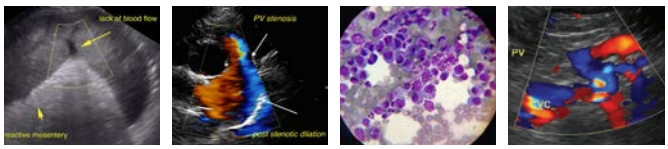
- Hyperechoic splenic nodules – The appearance of these nodules trends towards a benign etiology but underlying neoplastic change cannot be ruled out.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Hyperechoic mass effect labeled “left subchondral” – Exact location of this lesion is unclear. Fine needle aspirate performed prior to the exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal gastrointestinal lesions were observed on today’s exam. There were numerous hyperechoic nodules visualized in the spleen. The appearance of these trends towards a more benign etiology, but they are prominent, and underlying neoplastic process cannot be definitively ruled out. Consider a fine needle aspirate.

Additionally, the pancreas appears somewhat prominent and hypoechoic. This change could be consistent with mild current inflammation or previous episodes of inflammation. Correlate with a quantitative fPLI level.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

RB Watson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marti Williams

HOSPITAL NAME

Limestone Vet Hospital

REFERRING VET

Dr. Marti Williams

INVOICE

45994

DATE

3/16/23

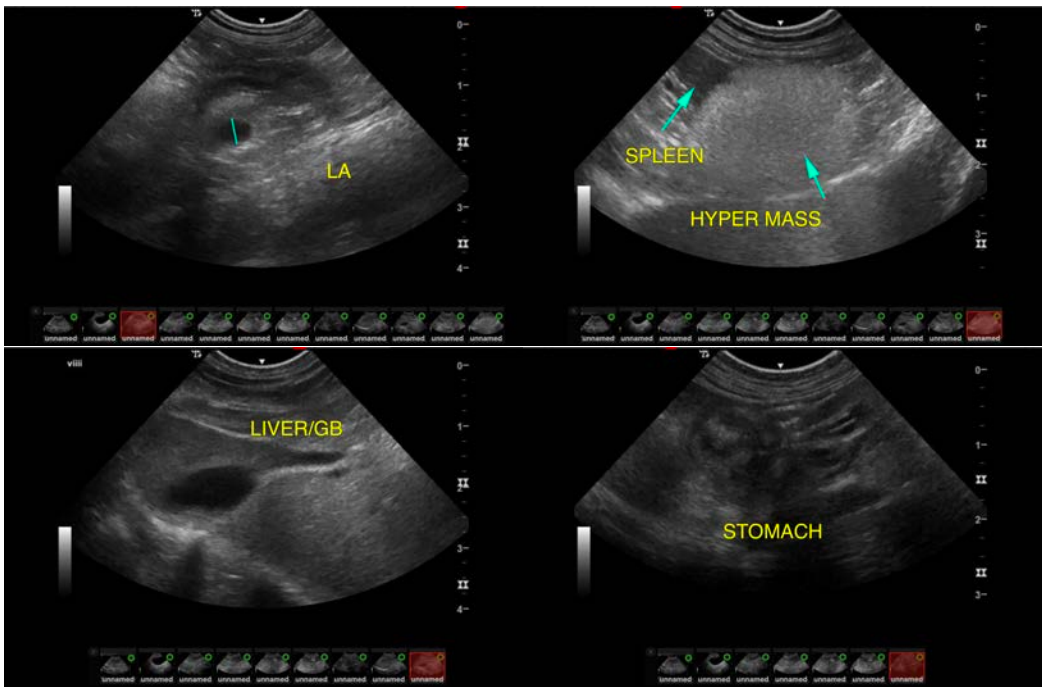
Unfortunately, there are many causes for weight loss and chronic vomiting that cannot always be diagnosed by ultrasound alone.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc.. .

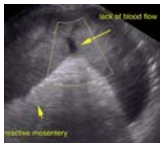
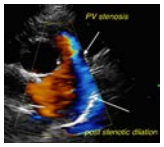
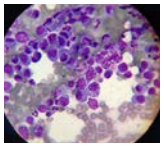
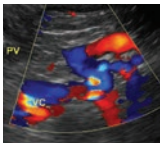
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If gastrointestinal disease is thought likely and symptoms persist, consider obtaining GI biopsies provided current lab work is not supportive of systemic disease.

The nature of the hyperechoic mass effect visualized is uncertain. It is labeled as subchondral, so I suspect it is either under the ribcage or in the caudodorsal abdomen. If a cytologic evaluation is not diagnostic, you could consider a contrast CT scan to better evaluate this region.

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



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

RB Watson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marti Williams

HOSPITAL NAME

Limestone Vet Hospital

REFERRING VET

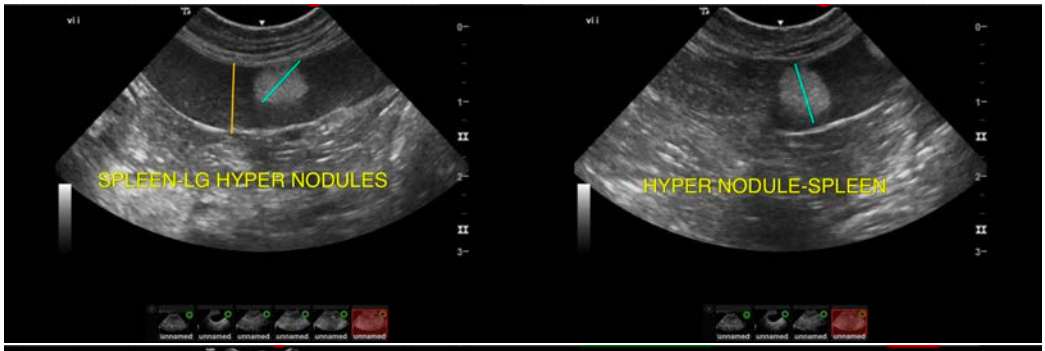
Dr. Marti Williams

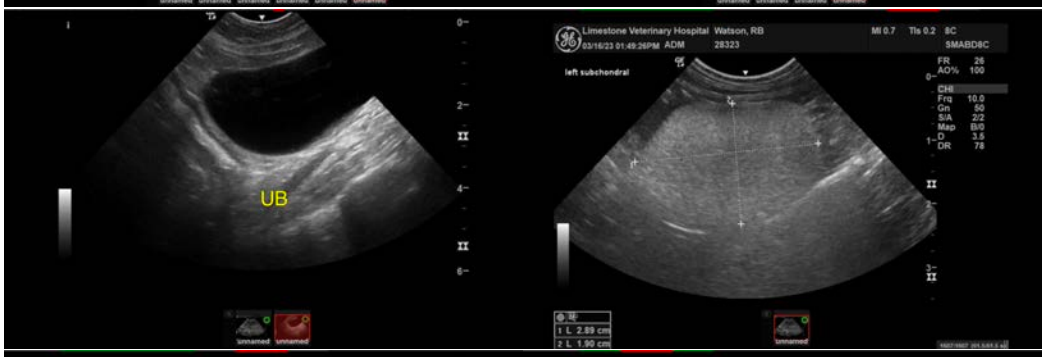
INVOICE

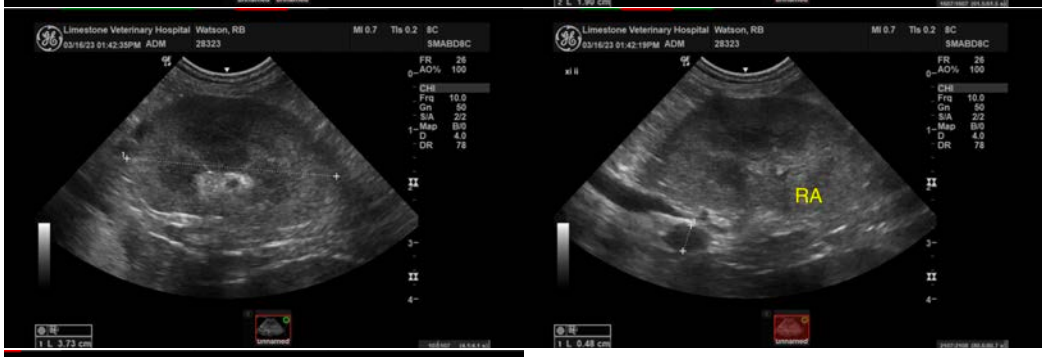
45994

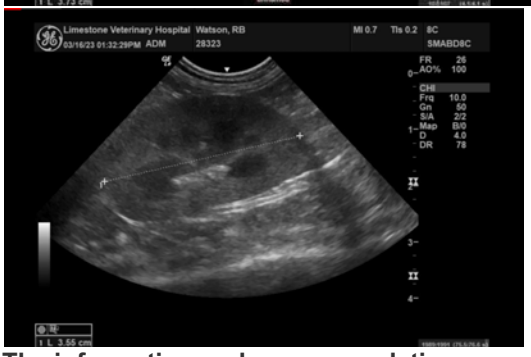
DATE

3/16/23









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