



PATIENT PRESENTING CLINICAL SIGNS

Tuxedo Mostacci

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Dogar

INVOICE

46079

DATE

3/22/23

Found a small piece of plastic in vomit, Vomiting after every meal QAR HR 120 RR 20 Normal heart and lungs. Moist pink mm. Normal oral exam others. No obvious strings or foreign objects in oral cavity Bilateral lens sclerosis. Normal abdominal palpation; spleen appears enlarged Temp 38.4 C Current Medications Sulcrate, Famotidine, gabapentin oil

Abnormal PE/Chem/CBC/UA Results: CBC: RBC = 5.73, hemoglobin 93, MCV 55.3, eosinophils 0.03 Chemistry: Sodium 168, Potassium 3.3 Radiographic Findings Radiographs: No obvious FB; small amount of gas in stomach and intestine; loss of detail on ventral abdomen; spleen enlarged and lateral deviation of organs.

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. There is a small amount of focal mineralized debris in the dependent portion of the urinary bladder, most consistent with a small stone. This measures approximately 0.29 cm. Recommend correlation with abdominal radiographs, urinalysis and culture.

The left kidney has a normal shape and size (4.01 cm) with a prominent medullary rim sign. 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 (4.14 cm) with a prominent medullary rim sign. 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 0.20 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.

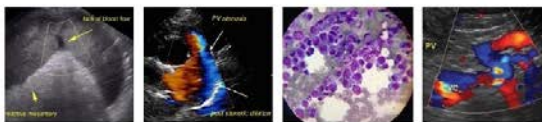
The right adrenal gland is normal in size measuring 0.25 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is extremely enlarged (2.5 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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 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.



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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.

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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.

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

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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.

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Pancreas

The area of 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

There is a large amount of free abdominal fluid. No lymphadenopathy noted. The omentum is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- Small focal mineralization in the dependent portion of the urinary bladder – Findings are most consistent with small bladder stone(s) or a pile of mineralized debris. Correlate with abdominal radiographs, a urinalysis and culture.
- Prominent medullary rim sign in both kidneys – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Extremely enlarged, mottled spleen – Primary differentials would include infiltrative disease or severe congestion. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large volume free abdominal fluid – Recommend fluid analysis and cytology.

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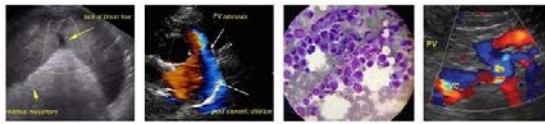
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of an obstructive pattern or shadowing foreign material visualized, making the likelihood of a GI obstruction less likely, but this cannot be definitively ruled out with ultrasound alone.

The spleen appears markedly enlarged, measuring over 2x the normal thickness of the spleen and extending beyond the urinary bladder. Recommend a fine needle aspirate of the spleen. Primary concern would be infiltrative disease (round cell neoplasia) but other differentials such as congestion are possible. Consider 3-view thoracic radiographs to evaluate the thoracic cavity and the cardiac silhouette, etc.



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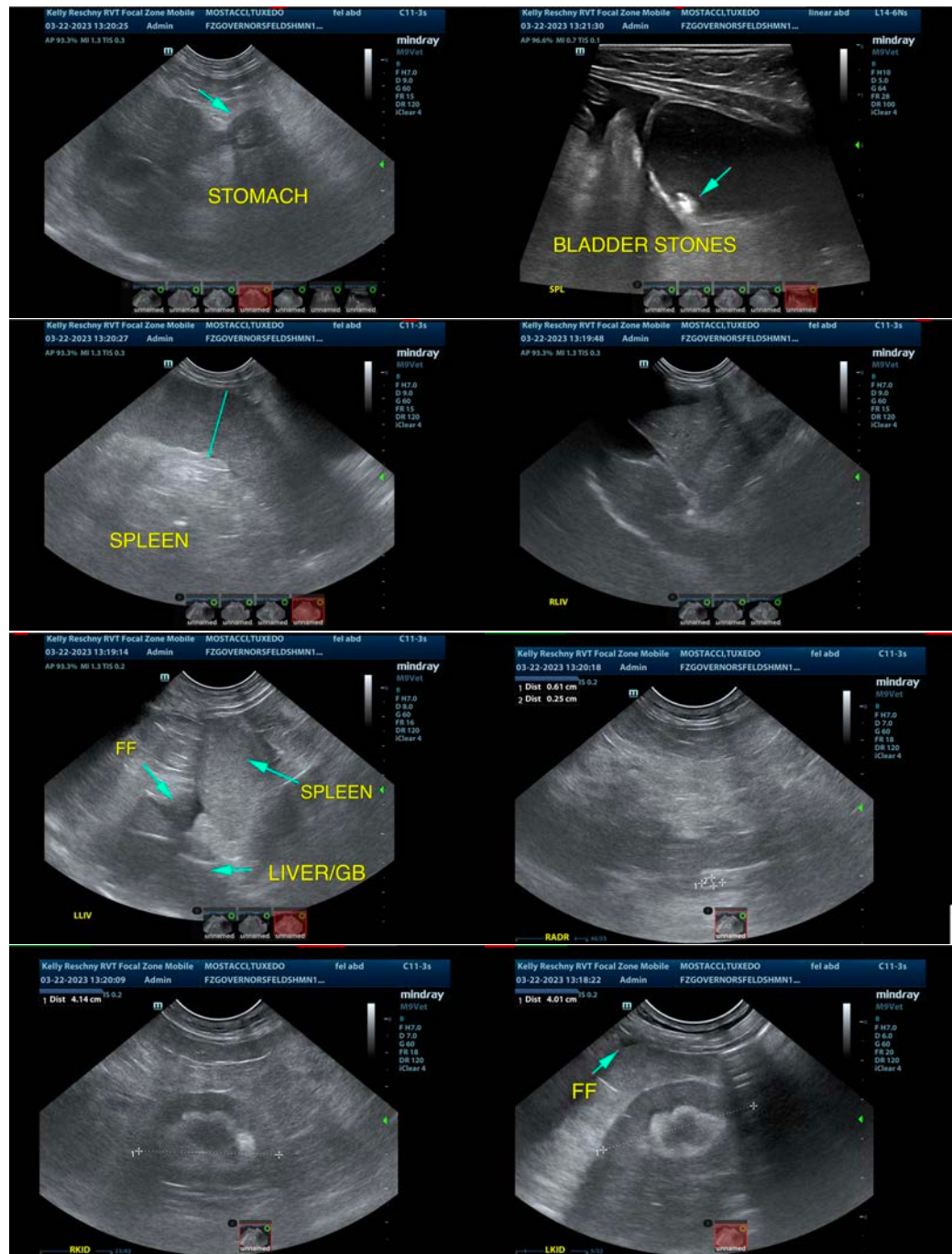
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Both kidneys have a very prominent corticomedullary rim sign. The significance of this is uncertain. Correlate with routine bloodwork, blood pressure evaluation, and the aforementioned urinalysis and culture.





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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.

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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.

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