



PATIENT

Sammie Traylor

PRESENTING CLINICAL SIGNS

History: Chief Concern / Provisional Diagnosis: ~mammary tumor w/ concern for spread to local LN. ~ Relevant Medical History and Physical Exam findings: ~mammary mass present for appx 3mo duration. chest rads unremarkable. CKD - stable. pet is acting well w/ frequent grooming of abd/mass~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~BUN elevation (57), SDMA elevation. no other significant abnormalities~ Current medications (include full name, dosage and frequency): ~k/d diet, kan rehmannia eight (herbal kidney support) ~ Relevant Radiograph Findings (email radiographs if available): ~thoracic/abd rads 1. Age-related pulmonary changes. DDx: mild allergic bronchitis. No evidence of radiographically visible pulmonary nodules or masses. 2. Sternal reactive or neoplastic lymphadenopathy. DDx: summation of mediastinal fat stores. 3. Mammary neoplasia (such as adenocarcinoma, soft tissue sarcoma) consistent with reported history. 4. Inguinal lymphadenopathy, likely metastatic 5. Chronic renal disease such as pyelonephritis. 6. Mild gastric distention, likely secondary to aerophagia. DDx: gastroenteritis (e.g., inflammatory bowel disease) ~

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

16 Years 7 Months

Abnormal PE/Chem/CBC/UA Results: sedated w/ alfaxalone- RADS attached as requested by DVM for use as supplement to ultrasound image

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

5 Pounds

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (2.68 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right kidney has a normal shape and size (2.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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.

REFERRING VET

Dr. Hill

The right adrenal gland is normal in size measuring 0.33 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.

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Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears

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Sammie Traylor normal. No focal parenchymal abnormalities are visualized. The spleen measures at 0.99 cm at the level of the hilus.

SPECIES *Liver*

Feline 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. There is a small hypoechoic nodule, measuring 0.67 cm in diameter, visualized within the parenchyma.

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Domestic Shorthair The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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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.

WEIGHT

5 Pounds

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. The jejunum measured 0.25 mm in diameter. 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 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.

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Free Abdomen

There is no free fluid present. There are occasional prominent lymph nodes visualized. A mesenteric lymph node is visualized measuring 0.43 cm. Additionally, in the caudal abdomen, the sublumbar lymph nodes measure at 0.28 cm in diameter.

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Other

A subcutaneous hypoechoic mammary lesion is visualized, measuring 1.14 cm x 2.11 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Mildly heterogeneous liver with hypoechoic nodule visualized. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative



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neoplasia, lipidosis or other hepatopathy. The hypoechoic lesion could represent a benign or neoplastic process. If liver enzymes are normal, the heterogeneous change could be incidental.

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- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. This can be a normal finding in some older cats.

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- Prominent lymph nodes in the caudal abdomen. These lymph nodes could represent inflammatory change or metastasis.

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- Mammary tumor visualized

Secondary Findings

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- 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

WEIGHT

5 Pounds

Many of the lesions described on today's scan can be seen in some normal older cats, correlate with clinical signs, etc. There is a caudal abdominal lymphadenopathy, these lymph nodes are prominent, but not irregular and huge, so reactive versus metastatic lesion is possible. There is an inguinal lymph node, which you may be able to palpate externally, which could be aspirated if a metastasis check is desired.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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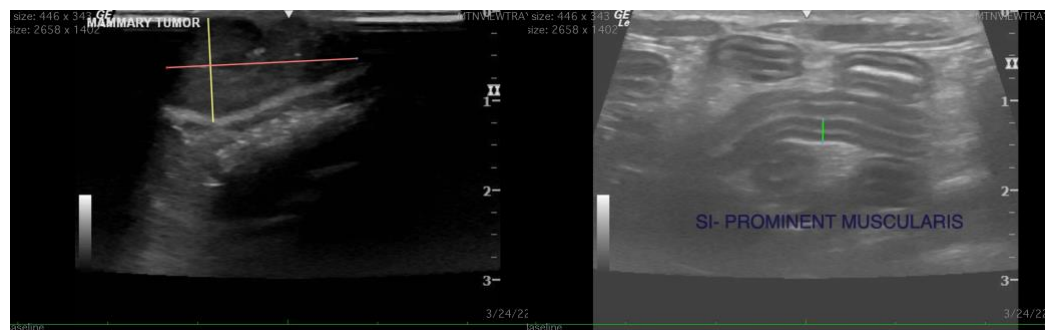
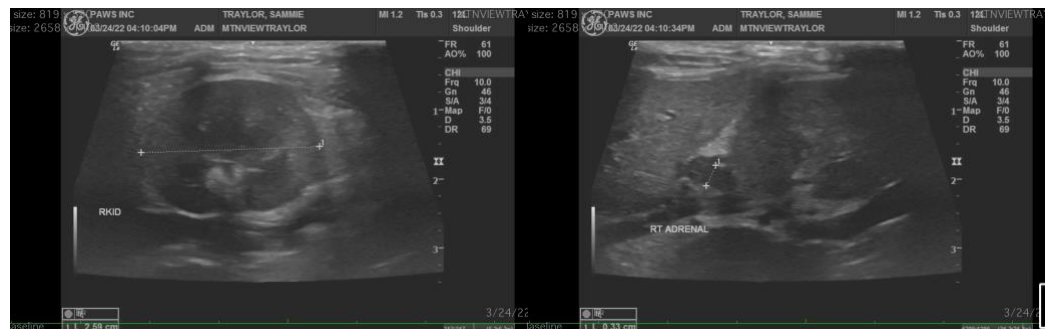
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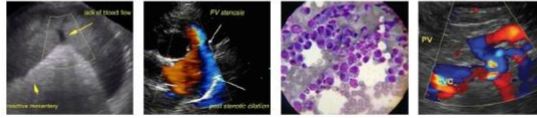
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

Feline kathleen.sennello@sonopath.com

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