

PATIENT PRESENTING CLINICAL SIGNS

Miracle Staudinger

March 23/22- lethargic and steadily losing weight not acting the same not the same interest in same things not acting the same last 3 weeks last week more noticeable - not eating solids. will take liquids (juice etc) drinking and peeing normal BAR HR 220+ RR 40+ temp 102.6F MM pink CRT <2sec upper left carniasial red gingivitis lymph normal nothing flet abdomen BG = 7.1 Home with clavaseptin 62.5mgx10 days. Home with Gabapentin 50mg 1/2 tablet once daily (5 tablets) March 25/22- Minor anemia, non regenerative with increased WBC's indicative of inflammation process. SDMA elevated. ALP elevated. CA decreased. Kidney disease. Bad teeth. Suggest UA and Culture AND BP March 29/22- Going downhill. Not eating well or drinking since last seen , lethargic. once of the cats been vomiting - likely her. quite responsive HR 200 RR 32 temp 101.2F Mmpink tacky obvious skin tent CRT Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork and radiographs.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

13.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. Stevenson

INVOICE

36560

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3/30/22

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 is borderline large (4.72 cm) with normal shape. Overall echogenicity is slightly hyperechoic with poor 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 hydronephrosis. Renal vasculature is normal.

The right kidney is borderline large (4.34 cm) with normal shape. Overall echogenicity is slightly hyperechoic with poor 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 0.55 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.

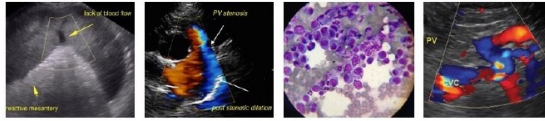
Spleen

The spleen is subjectively normal in size, 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Gastrointestinal

Miracle Staudinger

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 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. Visualized peristalsis appears appropriate. There are several focal areas where the bowel wall is thickened. There is most notably an area of bowel with complete loss of layering and bowel wall thickening at 0.54 cm. Additionally, there is a focal bowel mass measuring approximately 2.8 cm x 3.8 cm.

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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.

WEIGHT

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Free Abdomen

There is scan free fluid visualized between liver lobes. There is a significant mesenteric lymphadenopathy noted with large, round, hypoechoic lymph nodes measuring 1.8 cm and 0.98 cm in diameter. The omentum is generally of increased echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Area of bowel with complete loss of layering and a severely thickened wall as well as a focal bowel mass – Findings are concerning for underlying round cell neoplasia.
- Moderate lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Findings are concerning for possible round cell neoplasia or lipidosis. Recommend a fine needle aspirate.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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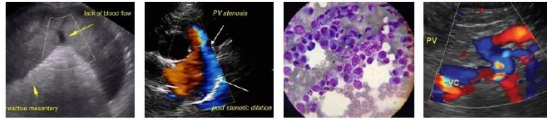
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the abnormal bowel/bowel mass effect and large hypoechoic mesenteric lymph nodes are very concerning for the possibility of underlying round cell neoplasia. That combined with the suspected leukemia on the pathologist review further increases the suspicion for metastatic round cell neoplasia. Recommend a fine needle aspirate of a mesenteric lymph node +/- bowel mass +/- liver, and consultation with a veterinary oncologist regarding prognosis and treatment options.



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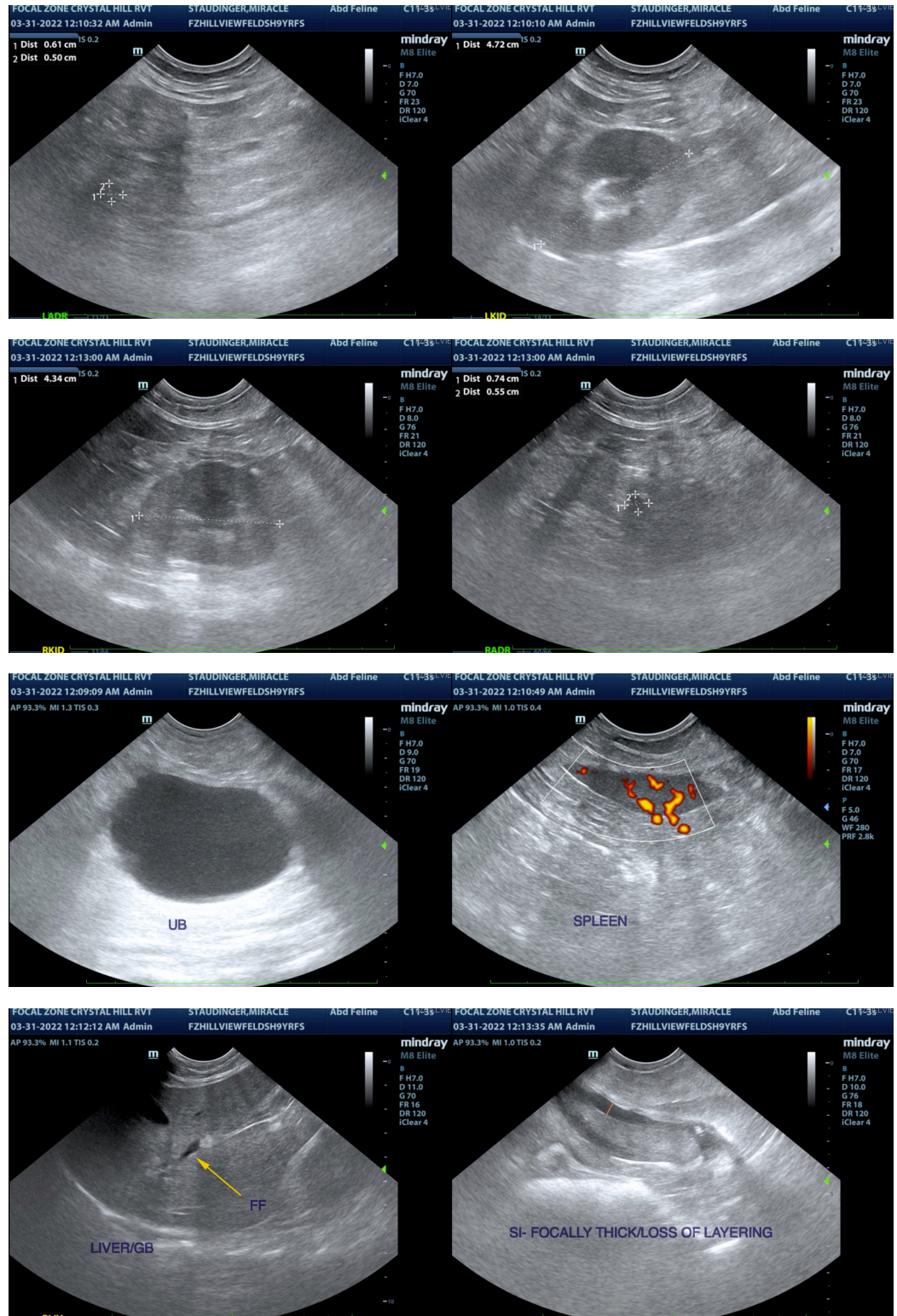
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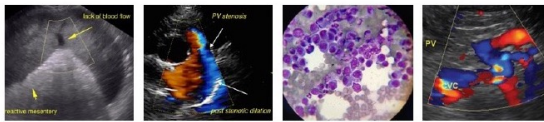
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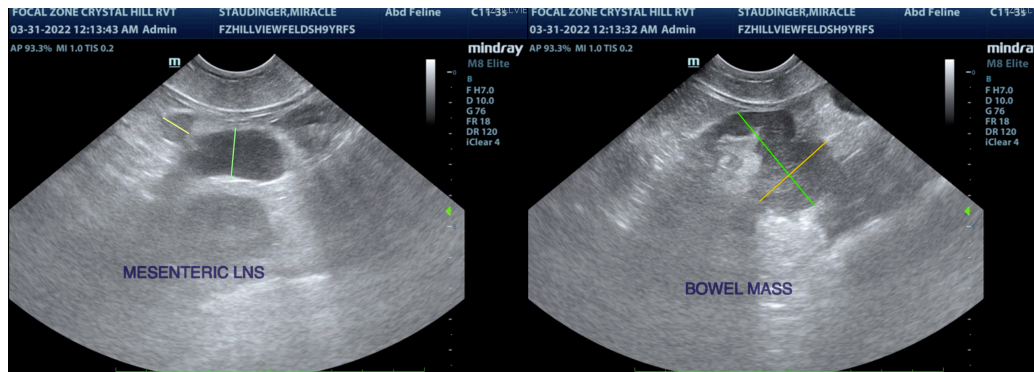
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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