



PATIENT

Cyprus Hobbs

PRESENTING CLINICAL SIGNS

Cyprus is a 15-year-old spayed Russian Blue mix cat presented who has a history of weight loss. The bloodwork was unremarkable.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Russian Blue X

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.46 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.

AGE

15 Years

The right kidney has a normal shape and size (3.68 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.

WEIGHT

6.2 Pounds

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.

INTERPRETED BY

Kathleen Sennello DVM,
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The right adrenal gland is normal in size measuring 0.32 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.

IMAGING PERFORMED BY

Dr. Haghighat

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly 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.

HOSPITAL NAME

Beaches-Fallingbrook
Vet Clinic

Liver

The liver is subjectively normal in size and slightly irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined lesions visualized within the hepatic parenchyma. There is an ill-defined hyperechoic nodule measuring 1.15 cm x 0.65 cm. A hypoechoic lesion on the right side of the liver measures 0.6 cm x 0.31 cm in addition to ill-defined, hypoechoic areas measuring 1.22 cm and 0.45 cm. A prominent small hypoechoic nodule is visualized measuring 0.42 cm x 0.23 cm.

REFERRING VET

Dr. Haghighat

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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 0.31 cm 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 measured 0.42 cm. Jejunum wall measured 0.25 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 non-solid 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. There are numerous small prominent mesenteric lymph node visualized, measuring 0.3, 0.25, 0.2 cm. These are predominantly in the area of the ileocecal junction, and the mesentery is prominent in the area around these lymph nodes.

PRIMARY FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Irregular heterogeneous liver with hyper- and hypoechoic irregular nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. Many of these nodules are not distinct, but focal areas/lesions of abnormal echogenicity.
- 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.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.



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- Non-formed fecal material visualized within the colon – This would be suggestive of possible diarrhea in this patient.

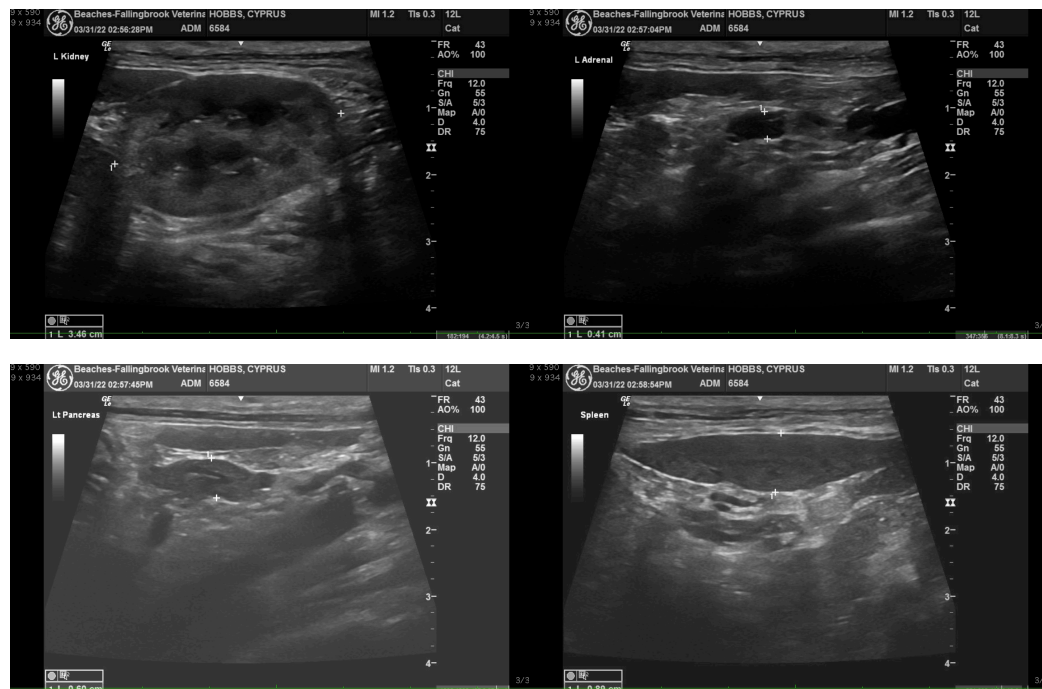
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no large focal mass effects visualized on today’s scan. The liver is heterogeneous with numerous ill-defined nodules/areas of mottling, which do not necessarily have the typical appearance of a neoplastic process, but unfortunately this cannot be ruled out. In the absence of liver enzyme elevations, this of questionable significance. Consider a fine needle aspirate of the liver.

Similarly, the spleen appears mildly mottled, and the pancreas is prominent. These could be age related changes, or consistent with infiltrative disease, inflammation, etc. Consider a fine needle aspirate of the spleen and a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestinal changes observed.

Based on the non-formed fecal material in the colon, I suspect this patient might have diarrhea or soft stool. If this is the case, primary GI disease could be a source of weight loss. The aforementioned GI panel may be helpful in determining this. In addition, you could consider a novel protein/hydrolyzed protein prescription diet, chronic probiotic therapy, screening for hyperthyroidism, etc. If weight loss persists, consider obtaining GI biopsies.

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





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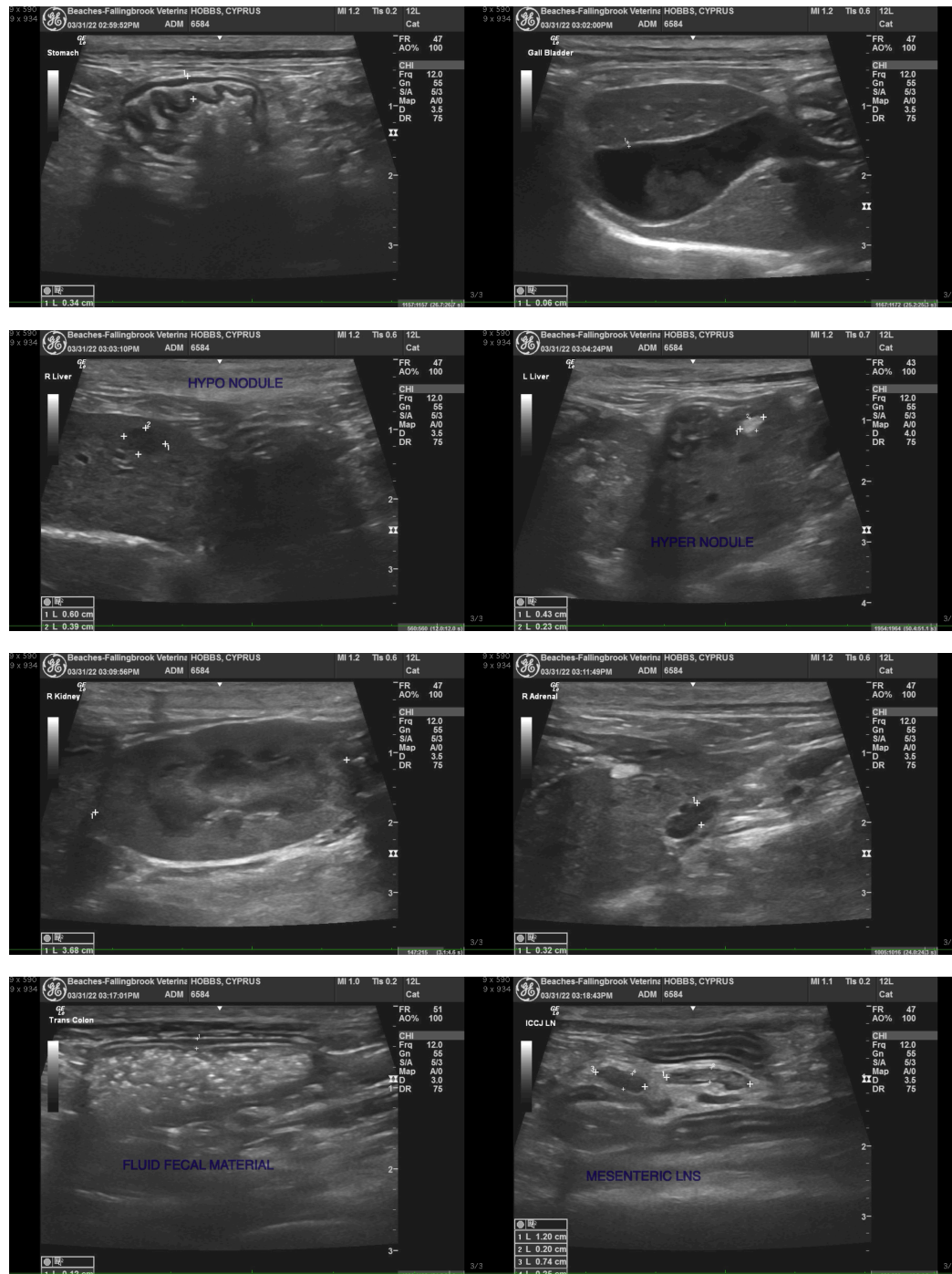
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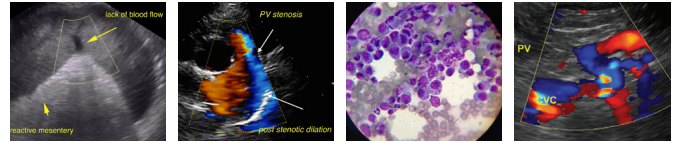
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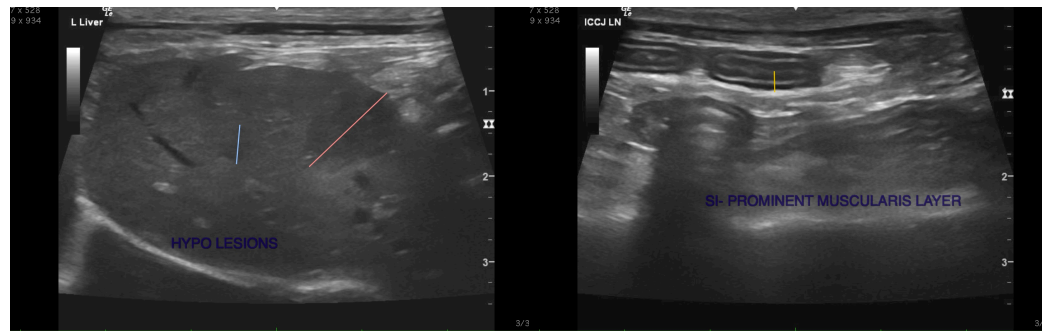
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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