



PATIENT

Cocopuff Browning

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Gender(altered?) FS Age: 11yrs Weight in #: 8.4 lbs Temp: 103.8 Breed: DLH Pt growling and not moving since yesterday. Dermatitis left side of mouth. Febrile. BCS 6/9- Weight loss 0.5lbs in the past year. Progressive weight loss 9.4lbs 2020. Pt resents abdominal palpation Blood panel sent to the lab, I should have preliminary results this afternoon. Admin convenia, cerenia, SC LRS 200ml O declines radiographs today

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

11 Years

The left kidney has a normal shape and size (3.72 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

8.4 Pounds

The right kidney has a normal shape and size (4.01 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right adrenal gland is normal in size measuring 0.36 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 BY

Loetitia Saint-Jacques,
LVT

Spleen

The spleen is normal/borderline large 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.

HOSPITAL NAME

Brighton Greens VH

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.

REFERRING VET

Dr. Robin Janeway

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.

INVOICE

36039

DATE

3/9/22



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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Feline

BREED

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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 measured 0.17 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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.

AGE

11 Years

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.

WEIGHT

8.4 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent/visible mesenteric lymph nodes measuring 0.5 cm, 0.25 cm, 0.21 cm. The omentum is of normal echogenicity.

Other

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

A brief view of the heart was submitted. No significant pericardial effusion was seen.

IMAGING BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Borderline large spleen – The spleen appears normal, so this is likely an incidental finding.
- Visible/prominent mesenteric lymph nodes – Likely within normal limits or reactive lymph nodes.

HOSPITAL NAME

Brighton Greens VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Robin Janeway

An obvious cause for the fever reported is not visualized. The pancreas is somewhat prominent. Severe pancreatitis can cause a fever, so this is possible, but the degree of inflammation surrounding the pancreas is relatively mild. You could consider a GI panel to Texas A&M for a qualitative fPLI to further evaluate the pancreas and to obtain more information regarding the small intestine.

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These are general initial recommendations for a fever evaluation:

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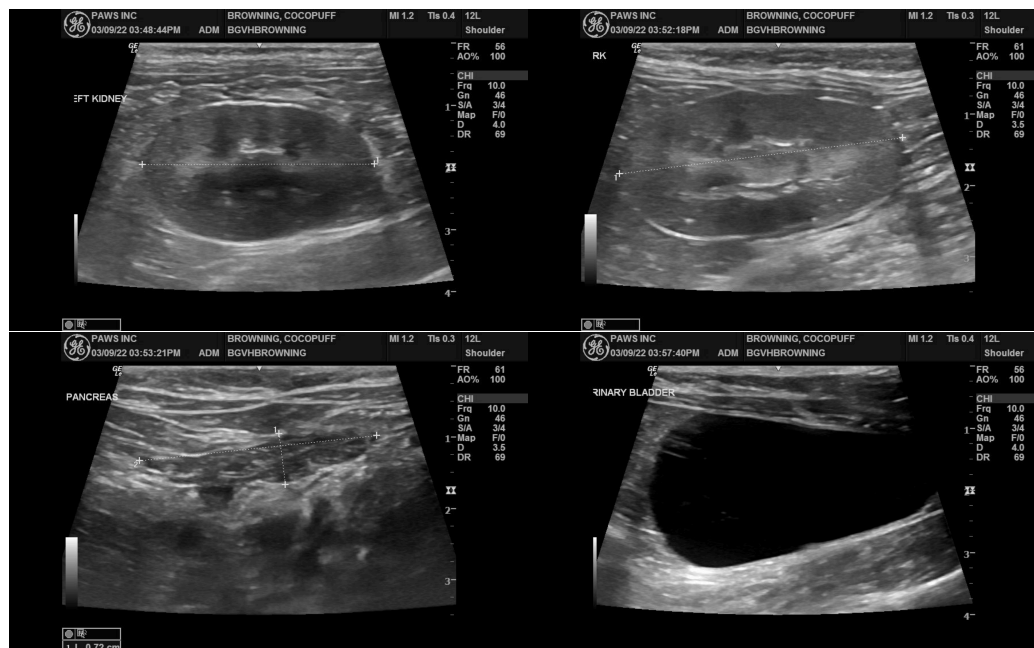
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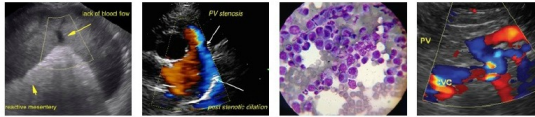
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1. Recommend full CBC w/differential, chemistry panel, and thyroid evaluation. If not up to date on feline leukemia and FIV testing, this should be performed.
2. Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
3. Recommend urinalysis and culture.
4. Recommend vector borne disease testing. I like NC State's vector borne disease lab with a comprehensive feline panel.
5. Recommend abdominal imaging (already done).
6. Recommend retinal exam, looking for uveitis.
7. Palpate lymph nodes, joints, etc. looking for a focus of pain, swelling, etc.

If no focus for the fever is identified after the above recommendations, I would consider empirical treatment with Doxycycline and close monitoring.





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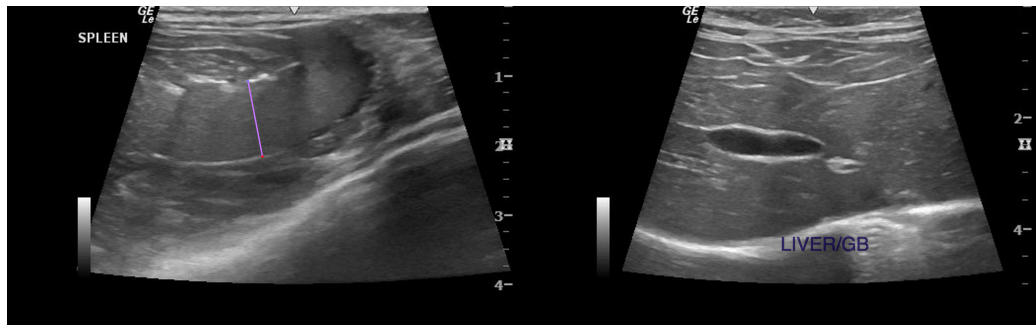
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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