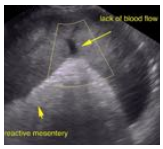
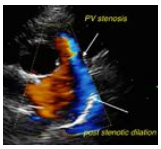
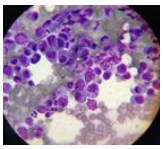
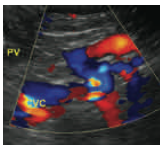
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Katic PAH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

Dr. Traci

INVOICE

96692

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History: Lethargic and intermittent inappetence. Current meds: mirtazapine (eats only when given meds)

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 has a normal shape and size (4.35 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. Pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.84 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 0.41 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.

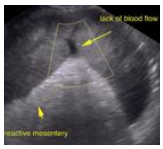
The right adrenal gland is normal/borderline large in size measuring 0.74 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

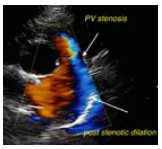
Spleen

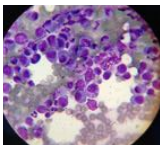
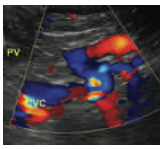
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is 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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic, but there is a focal, hyperechoic shadowing structure in the dependent portion of





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Katic PAH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

Dr. Traci

INVOICE

96692

DATE

3/9/22

the gallbladder. This is most consistent with a stone measuring 0.41 cm. The cystic and common bile ducts are normal/not visible.

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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. The duodenum measured 0.32 cm and the jejunum measured 0.3 cm and 0.37 cm. 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 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 formed 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.

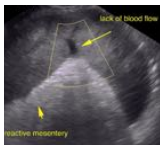
Free Abdomen

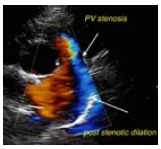
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is occasional prominent, mesenteric lymph node particularly one visualized medial to the spleen and measured 0.44 cm. The omentum is of normal uniform echogenicity.

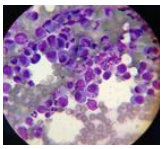
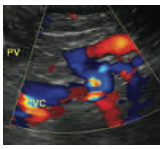
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Shadowing structure in the gallbladder lumen. The findings are most consistent with a gallbladder stone. There is no apparent inflammation or obstruction noted.
- Borderline enlarged right adrenal gland. Left/right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- 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.





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Katic PAH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

Dr. Traci

INVOICE

96692

DATE

3/9/22

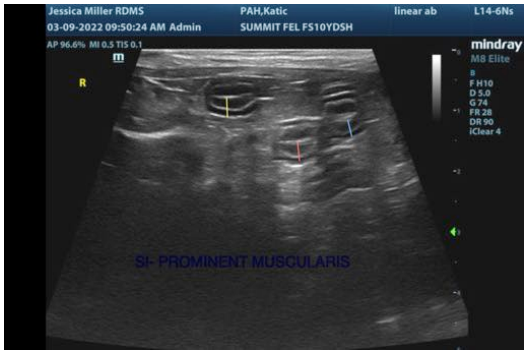
- Occasional prominent, mesenteric lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

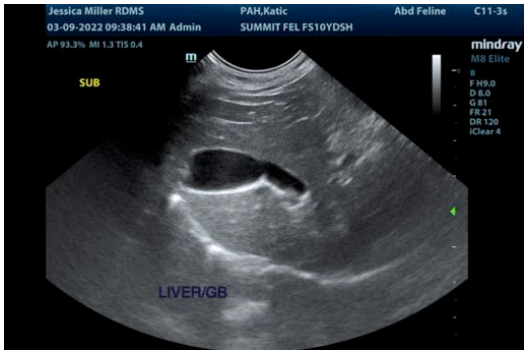
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

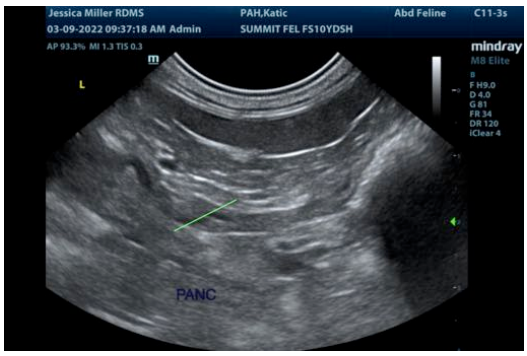
The changes observed on today's scan were relatively mild. No large, focal lesions were observed to explain the lethargy and inappetence noted. The pancreas is visible with a prominent pancreatic duct. This would be most consistent with either pancreatic remodeling or mild pancreatic inflammation. Additionally the muscularis layer of the small intestine is prominent in some areas, which can be a normal finding in some older cats, but can also be seen with intestinal inflammation. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. There is a small stone within the gallbladder. IF there is no evidence of liver enzyme elevations this is likely an incidental finding. I recommend continued monitoring with ultrasound and intermittent blood work.

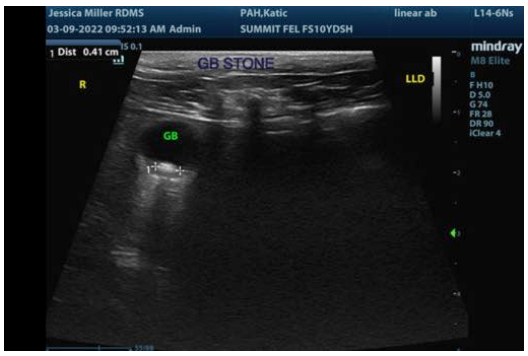
The right adrenal gland is somewhat enlarged. It appears relatively normal in shape with no obvious surrounding inflammation, etc. If signs of adrenal disease are present (i.e. electrolyte changes due to hyperaldosteronism, diabetes due to Cushing's, etc.) then consider adrenal function testing and I recommend blood pressure evaluation. I strongly recommend continued monitoring with ultrasound to ensure that this lesion is not rapidly changing.

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

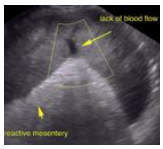
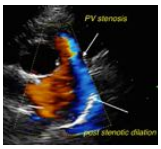
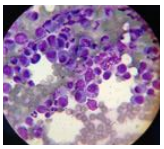
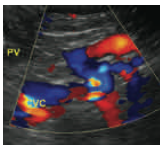








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Katic PAH

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Summit Dog and Cat Hospital

REFERRING VET

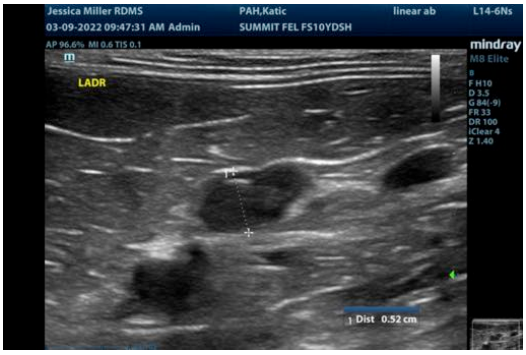
Dr. Traci

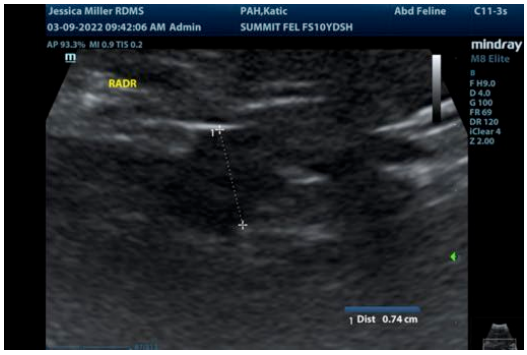
INVOICE

96692

DATE

3/9/22





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)

kathleen.sennello@sonopath.com