

PATIENT PRESENTING CLINICAL SIGNS

Tazy Graving

However, O reported approx. 2 weeks ago that P's appetite has increased noticeably, but still no PU/PD. History of chest/abdominal x-rays NSF at the time. Working diagnosis Open - r/o possible development of hyperT4 compared to last fall's LABs vs. possible underlying neoplasia vs. other.

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9/20/2009

WEIGHT

11.25lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills Animal
Hospital

REFERRING VET

Dr. Jen Vittori

INVOICE

10103

DATE

3/9/2023

Abnormal PE/Chem/CBC/UA Results: 9/2022: Senior panel results: Chem panel: Cholesterol mildly elevated at 230 (75-220), triglycerides mildly elevated at 176 (25-160). Rest WNL. CBC: HCT mildly elevated at 49% (29-48), likely due to living at high altitude. Very mild neutropenia noted at 2496 (2500-8500), and lymphopenia at 1092 (1200-8000). Rest WNL. T4 WNL at 2.9, UA: USG adequately concentrated at 1.059. 2+ protein, however UPC ratio WNL at 0.3 (< 0.5 WNL). All else WNL/NSF.

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 (2.87 cm). Overall echogenicity is slightly hyperechoic with mildly poor corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.25 cm). Overall echogenicity is slightly hyperechoic with mildly poor corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal 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 0.30 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.

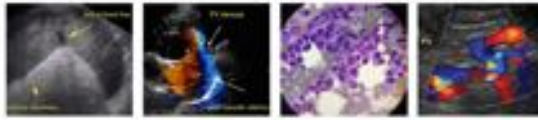
The right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

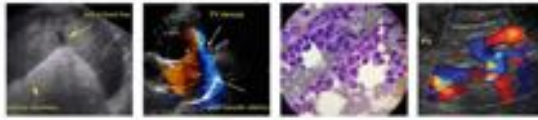
The spleen is subjectively normal in size (0.70 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.



PATIENT	The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.
Tazy Graving	
SPECIES	<i>Gastrointestinal</i>
Feline	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.
BREED	
DLH	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 0.29 cm in diameter. Visualized peristalsis appears appropriate. There's a diffusely prominent muscularis layer and bowel wall thickening, some areas of small bowel appear more focally thickened with less distinct wall layering.
SEX	
Spayed Female	
AGE	
9/20/2009	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.
WEIGHT	
11.25lbs	
INTERPRETED BY	<i>Pancreas</i>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Loetitia Saint-Jacques, LVT	Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant mesenteric lymphadenopathy with clusters of mesenteric lymph nodes surrounded by hyperechoic mesentery, examples of which measure 0.81 cm, 0.63 cm, and 0.66 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Desert Hills Animal Hospital	<ul style="list-style-type: none"> Mildly reduced corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change. Diffusely prominent muscularis layer of the small intestine with some focal areas which appear to have mildly reduced distinction wall layering. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a possibility of emerging lymphoma. Moderate mesenteric lymphadenopathy. The moderate mesenteric lymphadenopathy could be 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.
REFERRING VET	
Dr. Jen Vittori	
INVOICE	
10103	
DATE	
3/9/2023	



PATIENT

Tazy Graving

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9/20/2009

WEIGHT

11.25lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills Animal
Hospital

REFERRING VET

Dr. Jen Vittori

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with a very prominent muscularis layer. Some focal loops of bowel appear to have less distinction of wall layering and are more thickened. Findings are concerning for either severe inflammatory or possibly even early infiltrative disease. Additionally, there are prominent hypoechoic irregular mesenteric lymph nodes surrounded by hyperechoic mesentery. These could be severely reactive lymph nodes or represent a neoplastic process.

- Recommend a fine needle aspirate of mesenteric lymph node.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.
- If a cytologic diagnosis cannot be obtained, biopsies of the GI tract and lymph nodes may be necessary.



INVOICE

10103

DATE

3/9/2023



PATIENT

Tazzy Graving

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9/20/2009

WEIGHT

11.25lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills Animal
Hospital

REFERRING VET

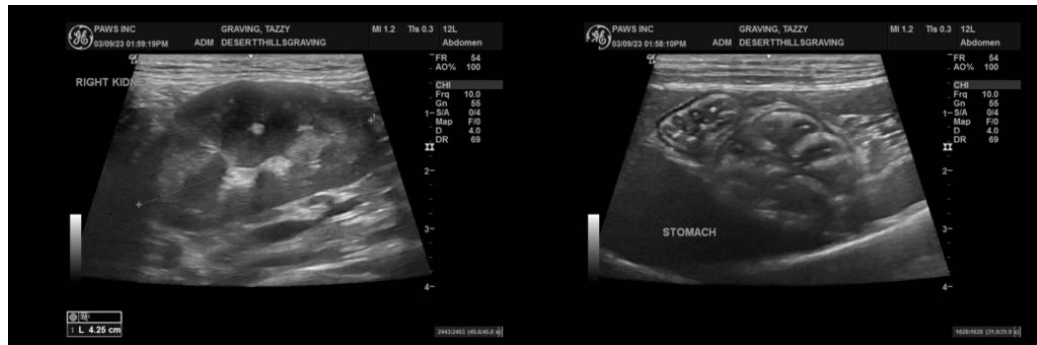
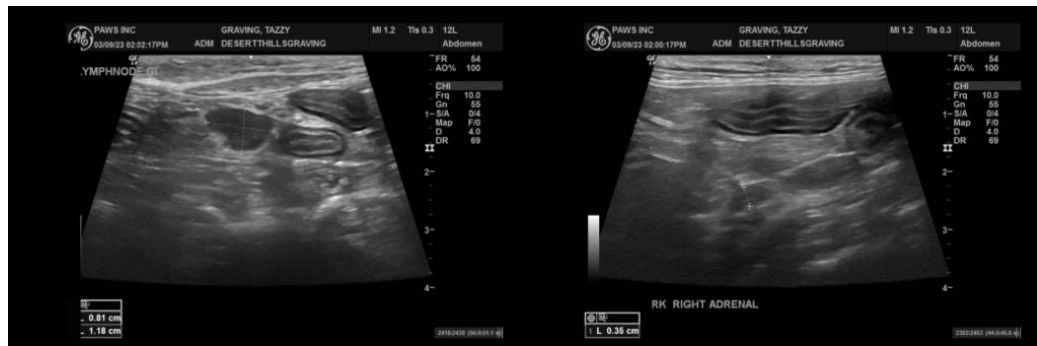
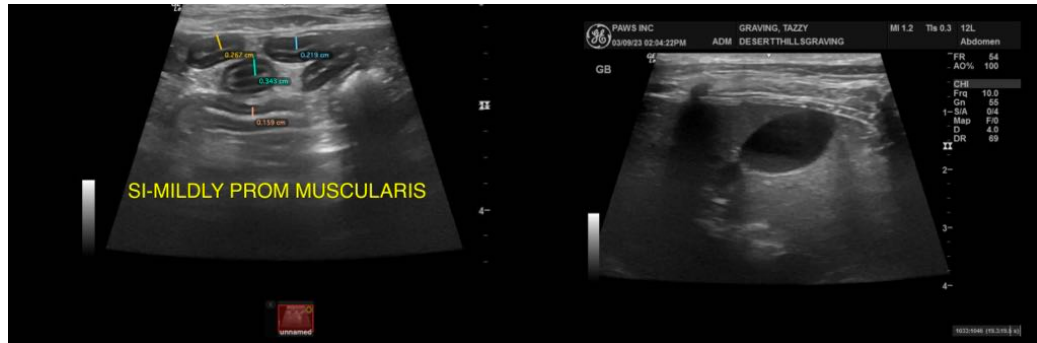
Dr. Jen Vittori

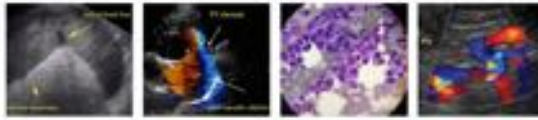
INVOICE

10103

DATE

3/9/2023





PATIENT

Tazzy Graving

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9/20/2009

WEIGHT

11.25lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills Animal
Hospital

REFERRING VET

Dr. Jen Vittori

INVOICE

10103

DATE

3/9/2023



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