



PATIENT PRESENTING CLINICAL SIGNS

Nacho Capobianco

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Van Monsjou

INVOICE

46590

DATE

4/12/23

Ongoing pancreatitis, stage 3 kidney disease, ongoing anemia Current Medications phos bind 3 scoops SID, restoralax 1/2 tsp bid, Forti flora SA SID, Prednisolone 0.2ml SID, Semintra 4.5ml SID, B12 monthly, Solensia monthly, Dextran 0.25ml monthly, Darbo biweekly or when needed
Abnormal PE/Chem/CBC/UA Results: Please see attached labs BP:done at home this weekend 137/96, 136/92, 137/88 no murmur heard RR 20, HR 200

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 (3.73 cm). Overall echogenicity is normal with adequate 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 (4.07 cm). Overall echogenicity is normal with adequate 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 0.23 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 0.24 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 (0.85 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.

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.



PATIENT

Gastrointestinal

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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.

SPECIES

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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 measures 0.24 cm.

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

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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 pancreas is prominent, irregular, and hypoechoic as compared to the surrounding isoechoic mesentery. The parenchyma is diffusely mottled and there are poorly defined nodules present. The pancreas is particularly prominent in the right limb. There is mild surrounding inflammation. Findings could be consistent with mild active inflammation and nodular remodeling. Underlying neoplasia is an alternate differential.

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Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an irregular hypoechoic structure visualized cranial to the left kidney and caudal to the stomach measuring 1.43 cm x 2.35 cm, which is slightly cystic. Findings could be consistent with an irregular lymph node or a pancreatic nodule.

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

Kelly Reschny

- Prominent, hypoechoic, irregular/nodular pancreas – Findings could be consistent with mild inflammation and chronic nodular remodeling. Neoplastic change is an alternate differential.
- Irregular, mildly cystic structure visualized caudal to the stomach – Findings are most consistent with an abnormal lymph node or pancreatic nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pancreas appears very irregular with ill-defined nodules and mottling. There is some surrounding inflammation, but the inflammation is not as severe as the appearance of the pancreas, making me concerned for possible underlying neoplastic change or significant remodeling. Additionally, there is abnormal tissue visualized caudal to the stomach, which could be a metastatic lymph node or a pancreatic nodule/abnormal area of pancreas. Recommend a fine needle aspirate of the pancreas and/or pancreatic nodule/lymph node.

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The changes to the kidneys appear relatively minor. The appearance of the kidneys with ultrasound does not always mirror the function. Consider blood pressure, urinalysis and culture as a baseline.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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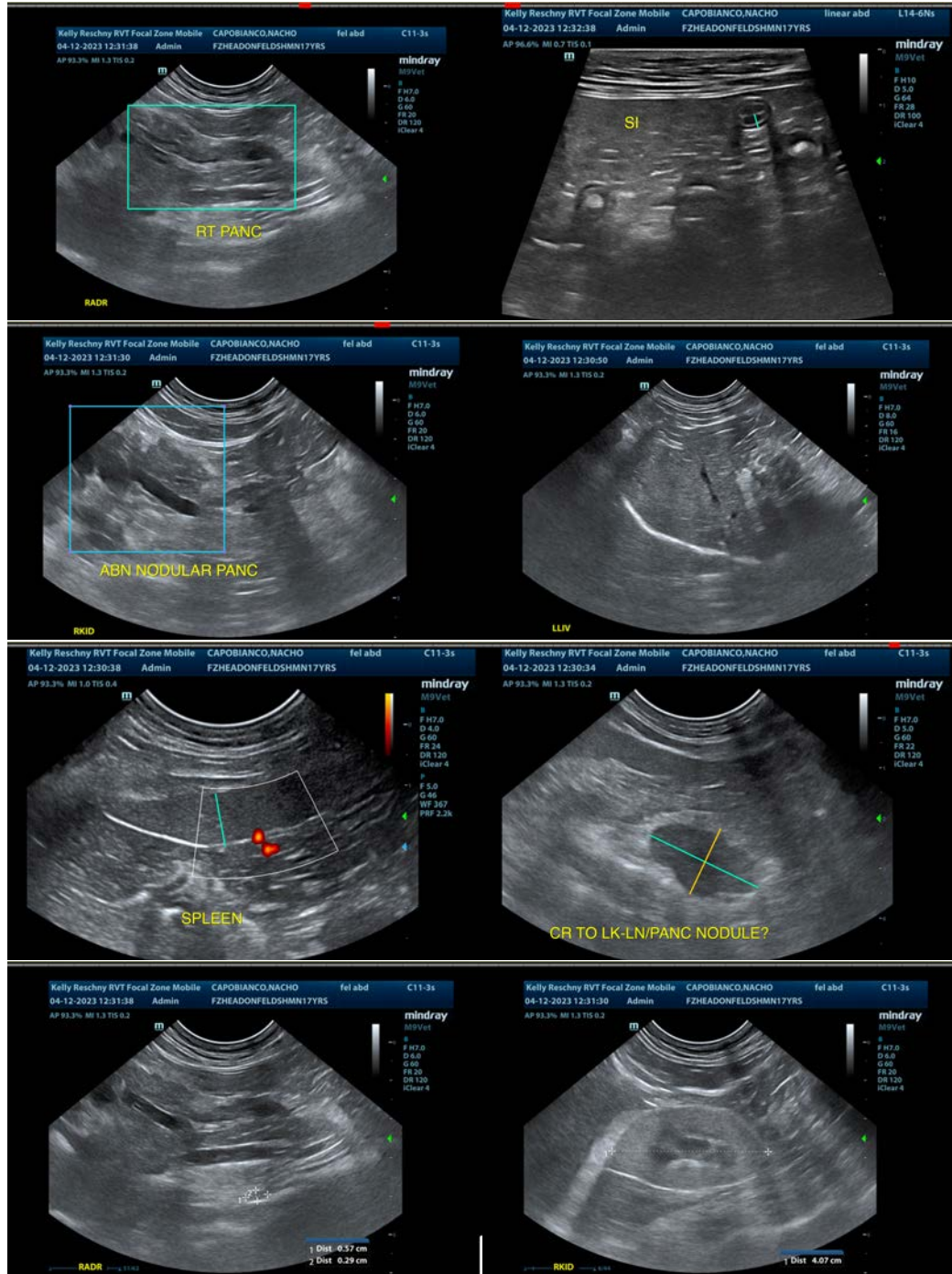
Dr. Van Monsjou

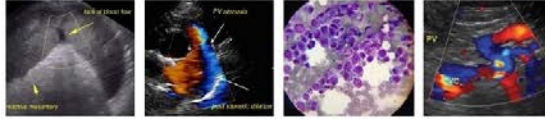
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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