



PATIENT PRESENTING CLINICAL SIGNS

Dita Harrison
Ocular melanoma, mild anemia of chronic disease.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
Urinary System

BREED 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.
DSH

SEX The left kidney is normal in size but irregular in shape (likely due to previous infarct), measuring 3.15 cm with mild pyelectasia at 0.35 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 nephroliths or hydroureter. Renal vasculature is normal.
Spayed Female

AGE The right kidney has a normal shape and size (2.93 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.
8/1/06

WEIGHT Renal vasculature is normal.
3.26 kg
Adrenal Glands

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

The right adrenal gland is normal in size measuring 0.42 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
Spleen

Loetitia Saint-Jacques,
LVT
The spleen is subjectively normal in size (0.52 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.

HOSPITAL NAME
Liver

MountRose AH
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

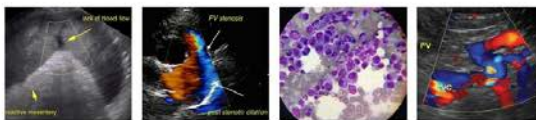
REFERRING VET

Dr. Carroll

INVOICE 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 moderate amount of non-organized echogenic debris. Additionally, there are numerous hyperechoic shadowing structures visualized within the gallbladder and the bile duct measuring between 0.30-0.50 cm with moderate bile duct distention. Findings are most consistent with cholelithiasis.
46664

DATE

4/13/23


PATIENT *Gastrointestinal*

Dita Harrison 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

Feline 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 measures 0.24 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DSH

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. The wall measures as slightly thickened at 0.25 cm with intact wall layering.

AGE

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There are too numerous to count, somewhat ill-defined hypoechoic nodules throughout the parenchyma varying in size from 0.50-0.25 cm. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant diffuse mesenteric lymphadenopathy with mesenteric lymph nodes measuring 1.0, 1.0, 0.89 cm, and 1.56 cm x 1.47 cm. There is a cluster of hypoechoic lymph nodes near the ileocecal junction measuring 0.38 cm and 0.36 cm. The omentum is diffusely hyperechoic.

INTERPRETED BY

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

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INVOICE

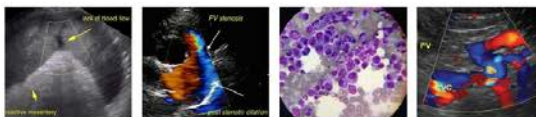
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ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic nodular pancreas with mild surrounding inflammation – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving. The hypoechoic nodules are likely most consistent with nodular hyperplasia, but an underlying neoplastic process cannot be ruled out.
- 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.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Numerous choleliths visualized in the gallbladder and bile duct – No overt obstruction is observed at this time, but concurrent cholecystitis is possible.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be



PATIENT seen in normal older cats. Correlate with clinical signs.

Dita Harrison

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

There is a significant diffuse mesenteric lymphadenopathy present with some very large, irregular mesenteric lymph nodes, concerning for a possible underlying neoplastic process. Additionally, there are the more typical clusters of prominent mesenteric lymph nodes around the ileocecal junction, etc. Recommend a fine needle aspirate of a large mid abdominal irregular mesenteric lymph node (one approximately 1.0-1.5 cm in size). Additionally, you could consider a fine needle aspirate of the pancreas.

BREED

DSH

The small bowel is diffusely mildly thickened with a prominent muscularis layer, concerning for a primary enteropathy.

SEX

Spayed Female

There are numerous choleliths visualized within the gallbladder and bile duct with some bile duct dilation. Correlate these findings with bloodwork. Consider starting Ursodiol and recommend continued monitoring for possible progression of this lesion or obstruction of the bile duct, causing clinical symptoms. If the patient has abdominal pain at this time, this could be secondary to the pancreatic and the biliary changes. There could be early triaditis/cholecystitis present.

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Although the enlarged mesenteric lymph nodes are concerning for possible neoplasia, this does not have to necessarily be associated with metastatic melanoma (although this is possible) I'm concerned that this could represent a different neoplastic process or could be inflammatory in nature. Sampling will be necessary to have a better idea of what is going on.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

It is somewhat surprising that no clinical signs are described, as I would suspect you would be seeing weight loss, GI signs, or evidence of abdominal pain. If a cytologic diagnosis cannot be obtained based on sampling of a mesenteric lymph nodes, the pancreas, +/- the liver, then surgical biopsies could be considered.

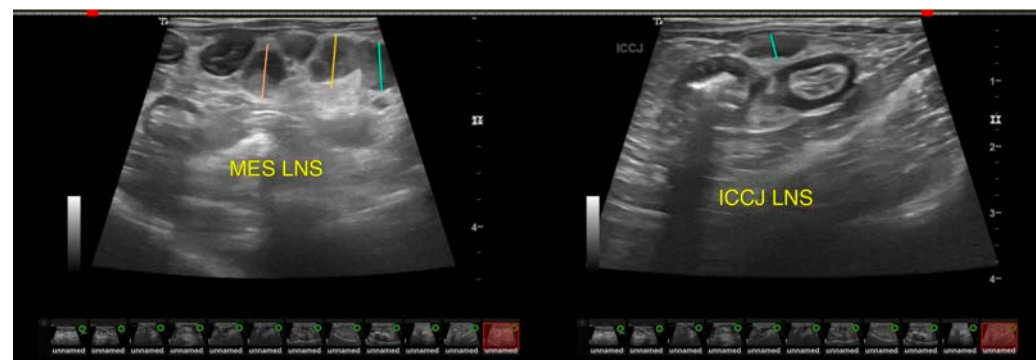
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

HOSPITAL NAME

MountRose AH



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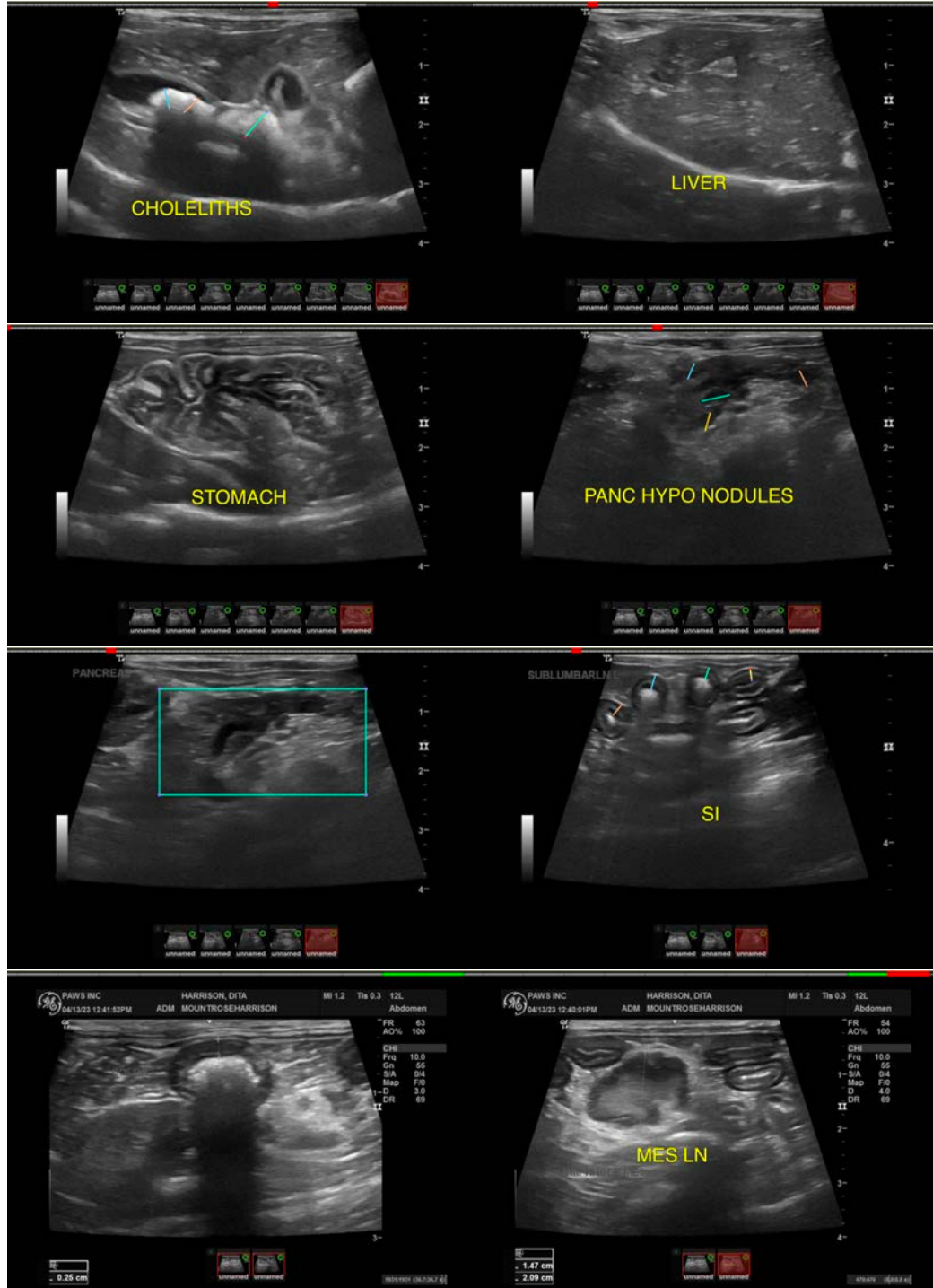
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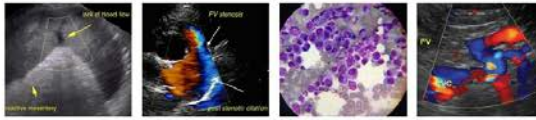
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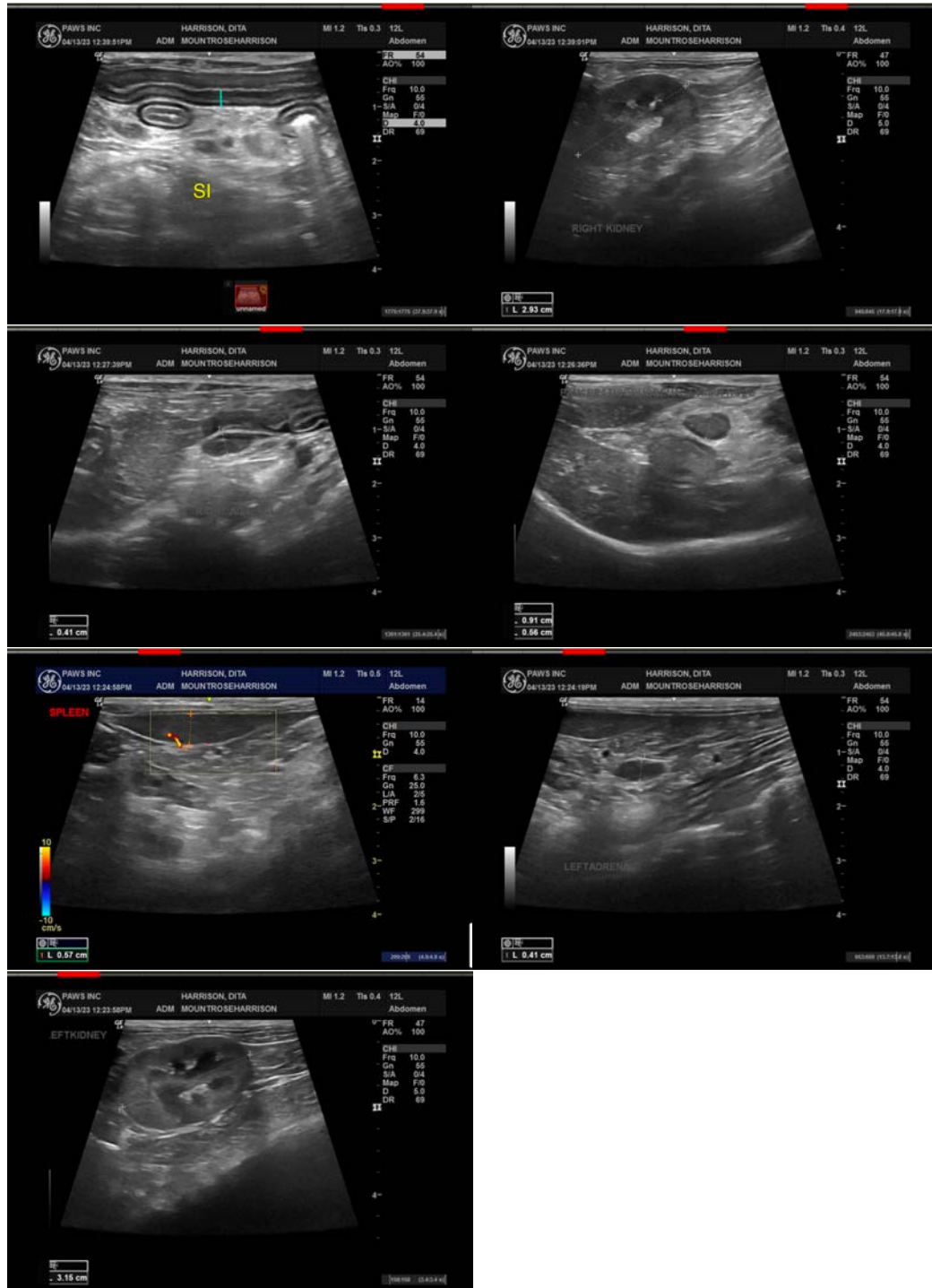
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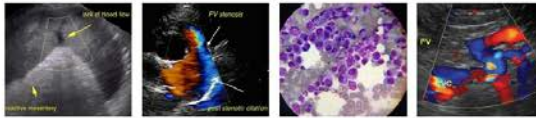
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Dita Harrison

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

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