



PATIENT PRESENTING CLINICAL SIGNS

Mickey Popescu Vomiting, diarrhea, acute hepatitis, r/o gall bladder issue vs triaditis vs cancer meds: cerenia, ampicillin, metronidazole, famotidine, mirtazapine

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder is significantly distended with highly echogenic urine. There is a large volume of dependent hyperechoic debris visualized as well as suspended debris. The bladder wall is thickened and irregular, measuring approximately 0.40 cm in thickness. Findings are most consistent with cystitis. Recommend urinalysis, culture and sensitivity.

SEX

Neutered Male

The left kidney has a normal shape and size (2.94 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

AGE

15 Years

WEIGHT

3.9 kg

The right kidney has a normal shape and size (4.8 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.

INTERPRETED BY

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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.

IMAGING PERFORMED BY

Kelly Reschny

The right adrenal gland is normal in size measuring 0.34 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.

HOSPITAL NAME

Sixteen Mile VC

Spleen

The spleen is subjectively normal in size (0.93 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.

REFERRING VET

Dr. Gibbs

Liver

The liver is large in size, and normal in 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.

INVOICE

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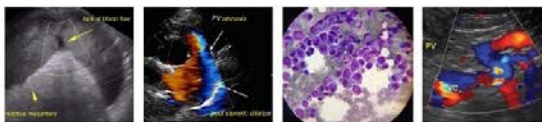
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4/13/23

The gallbladder lumen is mildly distended. The wall of the gall bladder is somewhat prominent and hyperechoic with a smooth mucosal surface. Luminal contents are mild and minimal, possibly with some debris adherence to the gallbladder wall. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of fluid. 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.



PATIENT

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon is significantly dilated with nonformed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

BREED

DSH

Pancreas

SEX

Neutered Male

The area of 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.

Free Abdomen

AGE

15 Years

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. 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.

WEIGHT

3.9 kg

ULTRASONOGRAPHIC FINDINGS

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Kathleen Sennello DVM,
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Medicine)

- Thickened, irregular urinary bladder wall with a large amount of dependent and suspended hyperechoic debris - Recommend urinalysis and culture. Findings are most consistent with cystitis.
- Large, heterogeneous liver - The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mild amount of hyperechoic debris adhered to the gallbladder wall. This is likely within normal limits.
- Large, fluid distended stomach - Correlate with feeding history. Differentials could include delayed gastric emptying or a partial outflow tract obstruction (none observed).
- Mild to moderate diffuse small intestinal fluid distention - Findings could be consistent with a nonfasted patient or diffuse ileus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No focal lesions are visualized associated with the liver, and the biliary tract appears relatively normal. The liver is large with heterogeneous parenchyma. This is a non-specific finding. Consider the following:

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.
- Recommend thyroid evaluation (if not already done)
- Recommend screening for toxoplasmosis.
- If not already done consider pre and post prandial bile acids to evaluate liver function



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- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- Consider liver biopsy with samples obtained for histopathology and culture

SPECIES

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The gallbladder wall appears slightly prominent, but the bile ducts are not visible and there is no significant distention. The pancreas was not visualized to be prominent, so Triaditis seems less likely, but inflammatory or neoplastic disease is a big concern.

BREED

DSH

There is a significant amount of suspended and dependent debris visualized in the urinary bladder with an irregular wall. Recommend urinalysis and culture and a recheck evaluation of the sediment to make sure it is improving, as there could be some risk for obstruction in a male cat.

SEX

Neutered Male

The stomach is severely distended with fluid and there is some fluid distention of the small bowel with no focal lesions observed. These findings could be consistent with diffuse ileus, an unseen outflow tract obstruction, etc. Additionally, the colon is significantly distended with nonformed fecal material.

AGE

15 Years

Initially, I would consider screening for toxoplasmosis and a fine needle aspirate of the liver (provided coagulation parameters are normal). Additionally, a urinalysis and culture to further evaluate the bladder changes is recommended. If a cytologic diagnosis cannot be obtained, then a surgical liver biopsy with GI biopsies may be warranted.

WEIGHT

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

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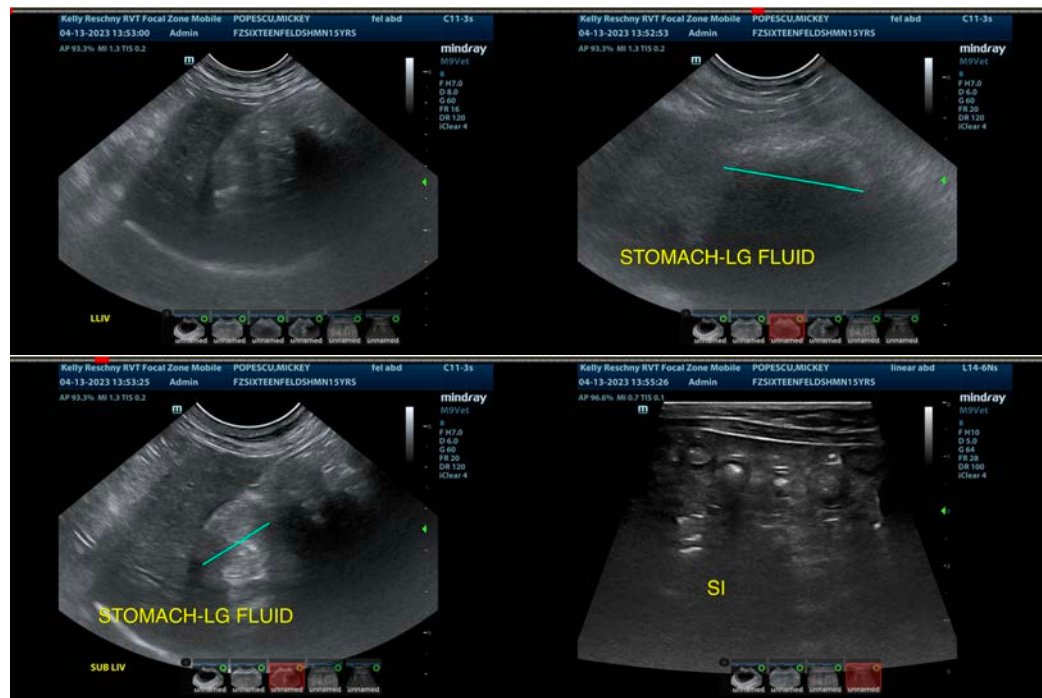
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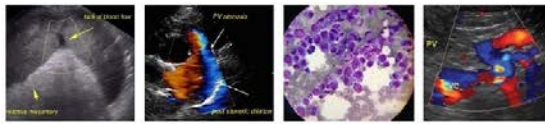
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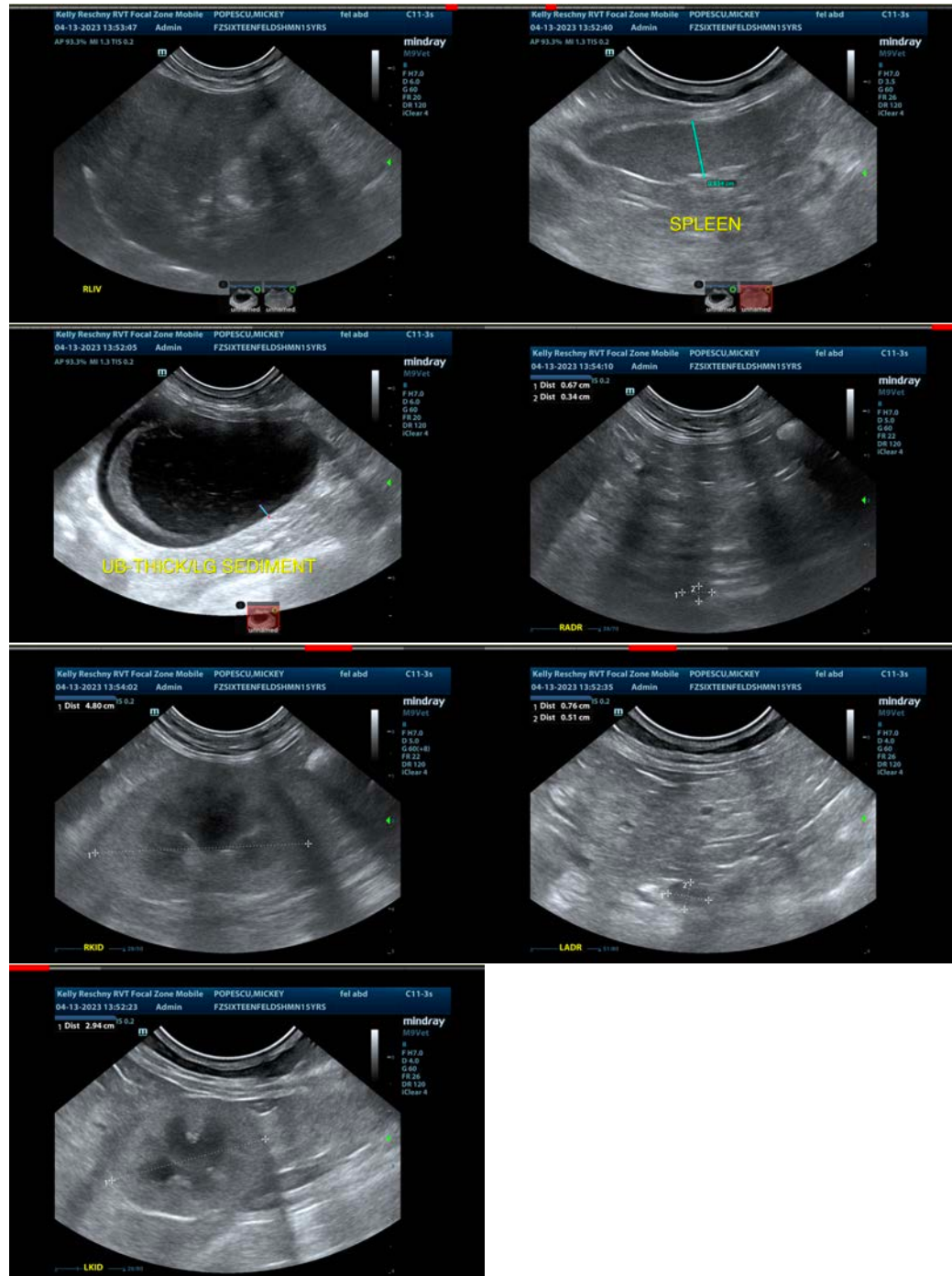
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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