

PATIENT PRESENTING CLINICAL SIGNS

Marbles Draker Weight loss, increased hunger (not hyperthyroid) barbers fur no PU/PD.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Ca 3 - High - Hypercalcemia of concern, repeated on second sample a month later CI L 113 rest WNL T4 32.5 - normal - twice fPLI high normal 3.2.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

9yr

The left kidney has a normal shape and size (3.5 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.

WEIGHT

5.06kg

The right 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.

INTERPRETED BY

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

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Jessica Morgan, RVT

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

HOSPITAL NAME

Oxford County
Veterinary Clinic

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. Shana Halfon

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. There is a hyperechoic cystic lesion visualized within the parenchyma measuring 1.32 cm x 1.77 cm and an additional cyst measuring 0.8 cm in diameter visualized.

INVOICE

10193

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.

DATE

4/24/2023

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



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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Feline

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. The jejunum measured as normal (0.22 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Domestic Shorthair

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.

SEX

Spayed Female

Pancreas

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.

AGE

9yr

Free Abdomen

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.

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Medicine)

PRIMARY FINDINGS

- Cystic lesions visualized within the hepatic parenchyma. The appearance of these lesions trends towards a benign process. The hyperechoic lesion should be monitored.

IMAGING PERFORMED BY

Jessica Morgan, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No focal lesions are visualized to explain the weight loss and hypercalcemia reported. There are two cystic lesions visualized within the liver the appearance of which trends toward a more benign etiology. The hyperechoic lesion has some solid tissue associated with it and should be continued to be monitored.

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To further evaluate the hypercalcemia, I would recommend a hypercalcemia of malignancy panel to Michigan State for a PTH, PTHrP, and ionized calcium. Additionally, three-view thoracic radiographs are warranted. Some of the weight loss could be due to hypercalcemia but that typically does reduce the appetite.

REFERRING VET

Dr. Shana Halfon

Additionally, there could be underlying gastrointestinal disease present without significant ultrasonographic lesions. You could consider a GI panel to Texas A&M for a qualitative fPLI/TLI/Cobalamin/Folate looking for evidence of underlying gastrointestinal disease, as well as exocrine pancreatic insufficiency. If symptoms are progressing and the likelihood of primary gastrointestinal disease is high, then you could consider obtaining GI biopsies.

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**IMAGING
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REFERRING VET

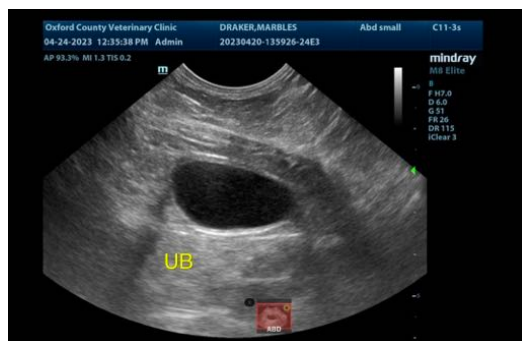
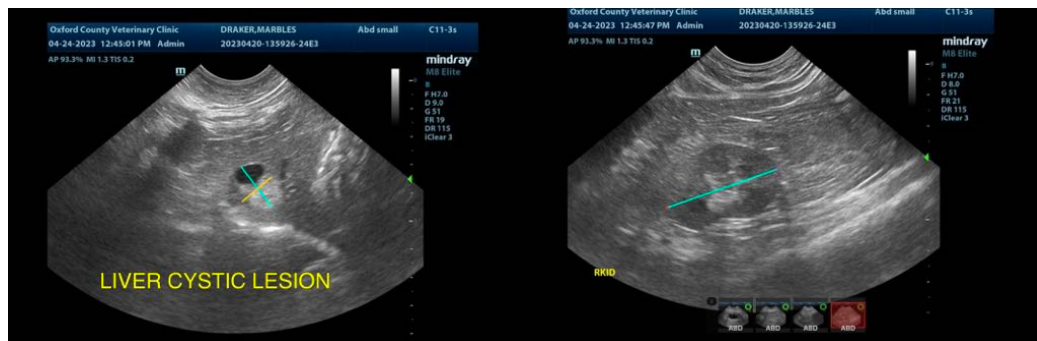
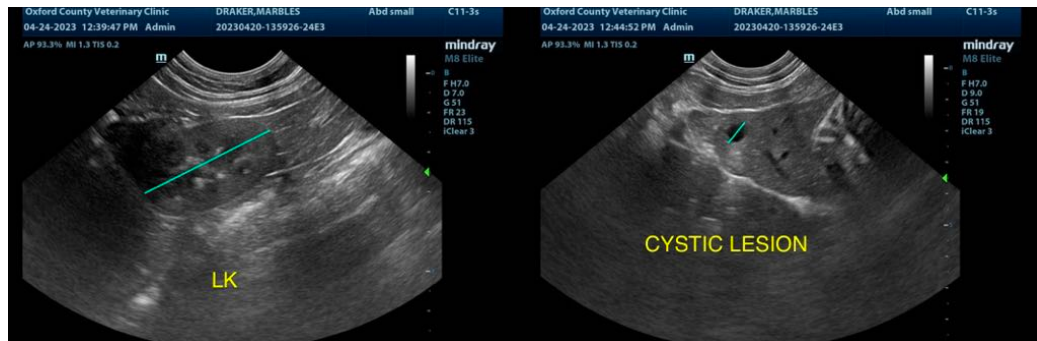
Dr. Shana Halfon

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DATE

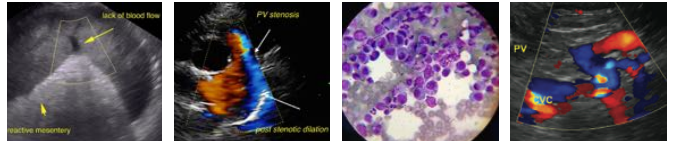
4/24/2023



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)



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