

PATIENT

Newton Fairgrieve

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

6.58 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Van Monjou

INVOICE

46987

DATE

4/27/23

PRESENTING CLINICAL SIGNS

MCT - was referred to our clinic for MCT removal. Known diabetic and suffers from Dermatitis. Work on weight control. Performed blood glucose curve. Caninsulin BID

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results/rads. Recent bloodwork CBC unremarkable. U/A yellow, Clear, Sp. grav 1.017, pH 7.0, Protein 1+, Glucose negative. Spec FPL high, Proteinuria on urine/protein creatinine ratio.

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 (4.68 cm) with pyelectasia at 0.50 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.57 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 0.51 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.

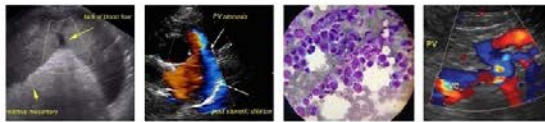
Spleen

The spleen is subjectively normal in size (0.87 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very subtle small hypoechoic lesion visualized towards the tail of the spleen measuring 0.34 cm.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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.



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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.

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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 0.22 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 left limb of the pancreas is prominent, large, nodular and hypoechoic as compared to the surrounding isoechoic mesentery. There are numerous variably sized intraparenchymal nodules/cysts, the largest of which is hypoechoic measuring 1.01 cm. Another measures 0.46 cm. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

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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.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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- Bilateral renal pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Small, hypoechoic foci/nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, hypoechoic nodular pancreas – These findings could be consistent with mild pancreatic inflammation/resolving pancreatic inflammation, and likely nodular hyperplasia. Underlying neoplasia cannot be ruled out.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. This is most consistent with a diabetic hepatopathy.

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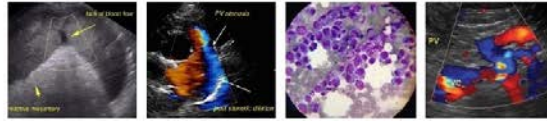
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is pyelectasia noted in both kidneys. Recommend urinalysis and culture to screen for possible pyelonephritis.

There is a very small hypoechoic nodule towards the tail of the spleen. At this time, this is likely an incidental finding, although given the history of mast cell disease, a fine needle aspirate could be considered.



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The left limb of the pancreas is prominent, hypoechoic, irregular, and somewhat nodular. These findings are likely consistent with nodular hyperplasia, but underlying neoplastic change cannot be ruled out. Ideally, a fine needle aspirate would be performed. Otherwise, consider continued monitoring.

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The liver is somewhat hyperechoic. This is common in diabetics. If this patient is ill or round cell neoplasia is strongly suspected, you could consider a fine needle aspirate of the liver (provided coagulation parameters are normal).

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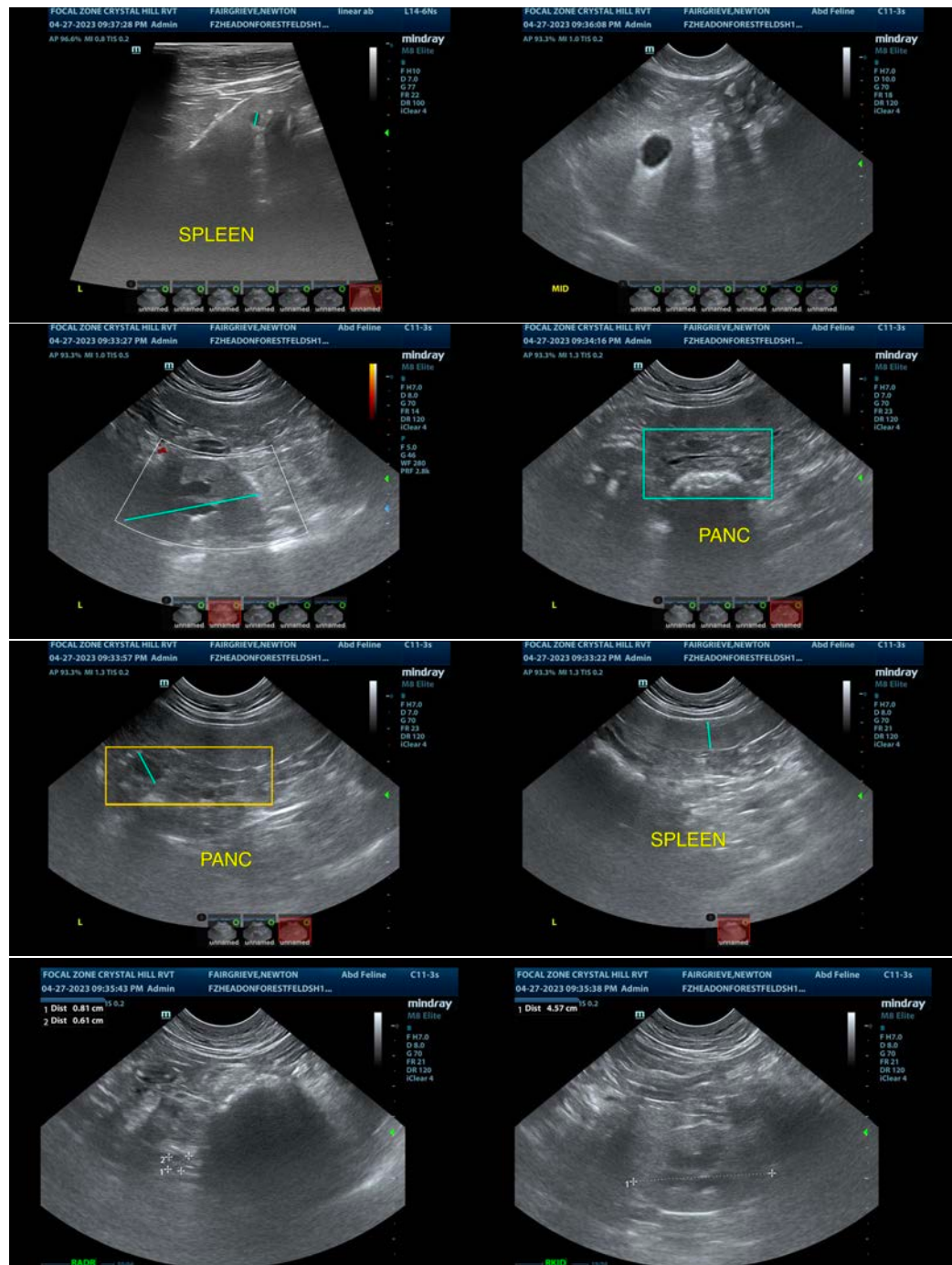
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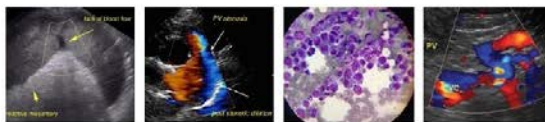
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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