



PATIENT

Noah Quaresima

SPECIES

Feline

BREED

Abyssinian

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

6.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Talik

INVOICE

15128

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: High normal BP, projectile vomiting, weight loss, concern for intestinal issue. Current meds: Cerenia

Abnormal PE/Chem/CBC/UA Results: Bun 45, Chol 260, Amylase 1734, Abs. neuts 9760, U/A- USG 1.023, PH 8, Prot 3+, rbc 21-50, Microalbuminuria >30

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The urinary bladder appears mildly diffusely thickened at 0.36 cm, but some areas are focally thickened and irregular, measuring up to 0.6 cm in thickness and creating focal areas/mass effects. The area of the trigone, ureteral papilla and proximal urethra appear relatively normal. Findings are most consistent with either severe cystitis or possibly neoplastic change.

The left kidney has a normal shape and size (3.14 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.47 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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.

The right adrenal gland is normal in size measuring 0.41 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 borderline large in size with normal echogenicity. The shape is irregular in that the spleen is folded upon itself, making it somewhat difficult to evaluate.

Liver

The liver is subjectively large 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. There are numerous cysts visualized throughout the liver, most are in the range of 0.5 cm to 1.0 cm in size.

The gall bladder lumen is moderately distended. The wall of the gall bladder has occasional irregular polypoid projections and there is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



PATIENT

Noah Quaresima

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. The stomach is empty but there is a small amount of focal shadowing material within the gastric lumen, most consistent with a little bit of ingesta, hair, etc. No evidence of an obstruction is visualized.

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. The jejunum measured 0.29 mm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Abyssinian

SEX

Neutered Male

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.

AGE

12 Years 10 Months

Pancreas

The (pancreas/region 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.

WEIGHT

6.5 Pounds

Free Abdomen

There is a scant amount of free fluid near the cystourethral junction in the bladder.

INTERPRETED BY

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

Evaluation of the peritoneal cavity did not reveal any evidence of 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

Shari Reffi, CVT

Primary Findings

- Diffusely thickened urinary bladder wall with focal irregular areas. The findings are likely exaggerated by lack of urine distention, but focal irregularity could be consistent with severe cystitis or possibly a neoplastic process. I recommend a urinalysis and culture.

HOSPITAL NAME

Newton Vet

- Borderline large, folded spleen. The spleen is difficult to assess due to its position (folded upon itself). No overt pathology is visualized, but it does appear somewhat plump. A fine needle aspirate could be considered.

REFERRING VET

Dr. Talik

- Hyperechoic liver with small cystic structures. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The cystic structures likely represent benign lesions.

INVOICE

15128

- Prominent muscularis layer of the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

DATE

5/12/22

Secondary Findings



PATIENT

Noah Quaresima

- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

SPECIES

Feline

- Small shadowing area in the gastric lumen. This is most likely consistent with a small bit of ingesta or hair and is likely incidental.
- Rare gallbladder polyp. This can be associated with underlying inflammation or can be an incidental finding. Correlate with blood work, looking for liver enzyme elevations.

BREED

Abyssinian

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract largely appears normal. There is mild increase in the prominence of the muscularis layer of the small intestine. This can be a common finding in some normal older cats, so the significance of this is uncertain. Unfortunately, you can have significant GI signs despite a normal ultrasound. Correlate with abdominal radiographs and thoracic radiographs to evaluate the esophagus and thorax and consider a GI panel (to Texas A & M) for a qualitative FPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

SEX

Neutered Male

AGE

12 Years 10 Months

- Consider a novel protein/hydrolyzed protein prescription diet
- Consider the aforementioned GI panel

WEIGHT

6.5 Pounds

- If projectile vomiting is occurring, you could consider an abbreviated Barium swallow to confirm materials are leaving the stomach in a timely manner.
- If vomiting persists, consider GI endoscopy to further evaluate the stomach and to obtain GI biopsies.

INTERPRETED BY

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

There was a small amount of shadowing material within the gastric lumen, but there was no evidence of an obstruction or any significant pathology, but this area could be further evaluated if vomiting continues.

IMAGING PERFORMED BY

Shari Reffi, CVT

The appearance of the urinary bladder is concerning. It was not significantly distended, which exaggerates the appearance of many lesions, but the irregular mucosa and thickening could be consistent with a mass lesion. I recommend urinalysis and culture. If an infection is present, then I recommend rescanning towards the end of treatment to ensure that the bladder wall thickening has resolved. If there is no evidence of infection on culture, then consider a traumatic catheterization.

HOSPITAL NAME

Newton Vet

The spleen is folded upon itself and appears somewhat irregular. This could be purely positional, but a fine needle aspirate could be considered if round cell neoplasia is a primary concern.

REFERRING VET

Dr. Talik

The liver is hyperechoic, and the gallbladder has occasional polyps. Correlate this with blood work findings. If there are no liver enzyme elevations, I am less concerned. This could be early lipidotic change, early cholecystitis or an incidental finding.

INVOICE

15128

DATE

5/12/22



PATIENT

Noah Quaresima

SPECIES

Feline

BREED

Abyssinian

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

6.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

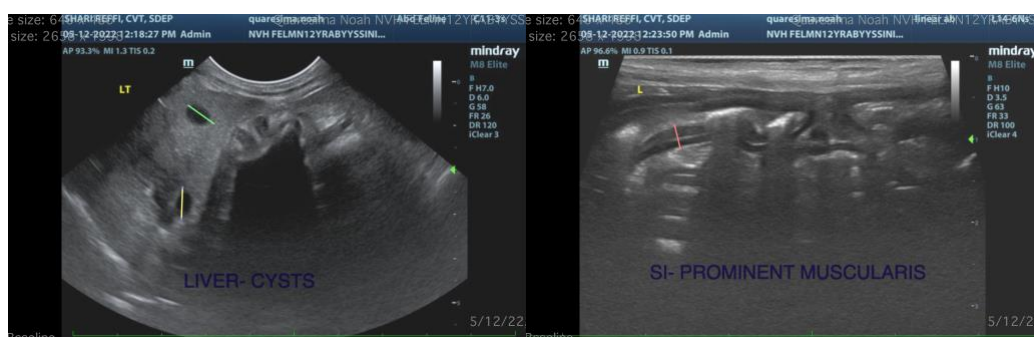
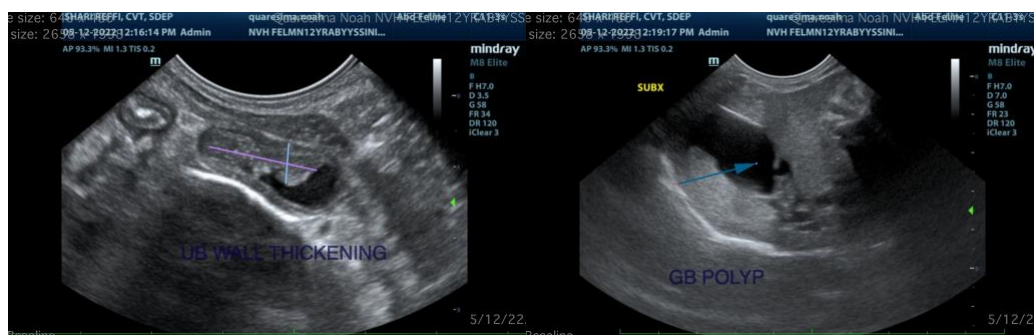
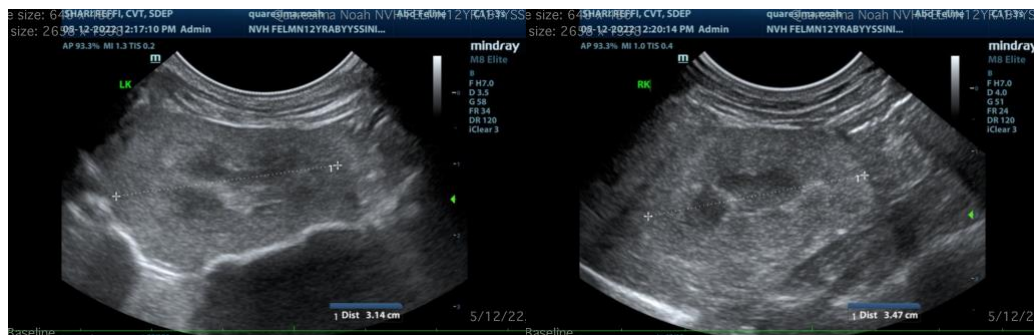
Dr. Talik

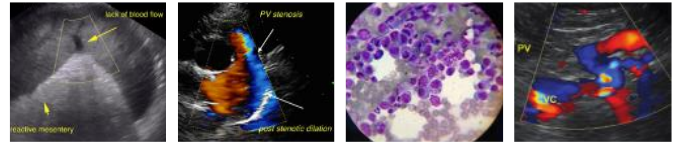
INVOICE

15128

DATE

5/12/22





PATIENT

Noah Quaresima

SPECIES

Feline

BREED

Abyssinian

SEX

Neutered Male

AGE

12 Years 10 Months

WEIGHT

6.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

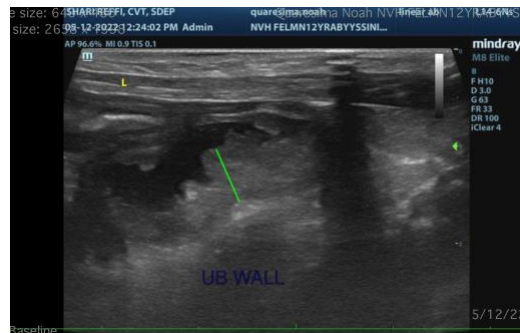
Dr. Talik

INVOICE

15128

DATE

5/12/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
kathleen.sennello@sonopath.com