



PATIENT

Sheba Cleave

SPECIES

Feline

BREED

Savannah

SEX

Spayed Female

AGE

14 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility Vet Center

REFERRING VET

Dr. Blackman

INVOICE

38106

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Elevated ALT, pre-general anesthesia AUS to make sure liver is okay. No current meds.
Abnormal PE/Chem/CBC/UA Results: Alt 247 (100 H); Amyl 1279 (1200 H); Ca 10.9 (10.8 H); Chol 231 (220 H);

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 is normal/borderline small in size (3.09 cm) with irregular shape. 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal/borderline small in size (3.44 cm) with irregular shape. 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.28 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 normal/borderline large in size (1.1 cm in height 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. No focal parenchymal abnormalities are visualized.

Liver

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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 nonformed 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 pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted at 0.25 cm.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an occasional cluster of prominent mesenteric lymph nodes measuring 0.40, 0.37, 0.39 cm. The omentum is hyperechoic around this cluster of lymph nodes.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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ULTRASONOGRAPHIC FINDINGS

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- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Borderline large spleen – The spleen appears relatively normal, but measures as large in size. this could be within normal limits for this individual, or could be consistent with congestion or infiltration. If there is concern for underlying round cell neoplasia, recommend a fine needle aspirate.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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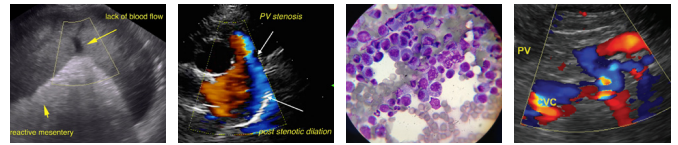
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver, but it is slightly prominent and heterogeneous. 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)

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- If not already done consider pre and post prandial bile acids to evaluate liver function
- Consider fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)

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- If cytology is not helpful and there is no response to therapy, and liver function is abnormal, consider liver biopsy with samples obtained for histopathology and culture.

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- If triaditis is suspected consider therapy for cholangiohepatitis (fluids, antibiotics, +/- ursodiol, +/- steroids), testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)

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The pancreas is slightly prominent, and there are some prominent mesenteric lymph nodes. These changes are mild, but could be an indicator of GI inflammation, etc. You could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

WEIGHT

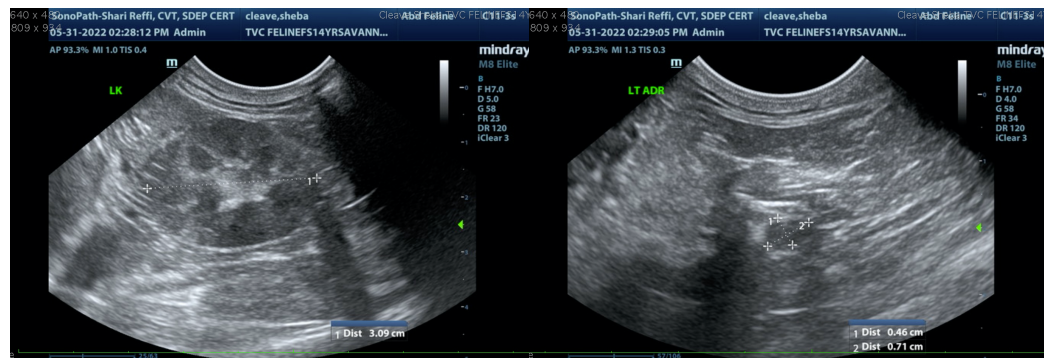
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The scan was performed to try and determine if there are any concerns regarding anesthesia. If liver function is normal, then no contraindication to anesthesia is noted, but additional evaluation for this issue may be considered.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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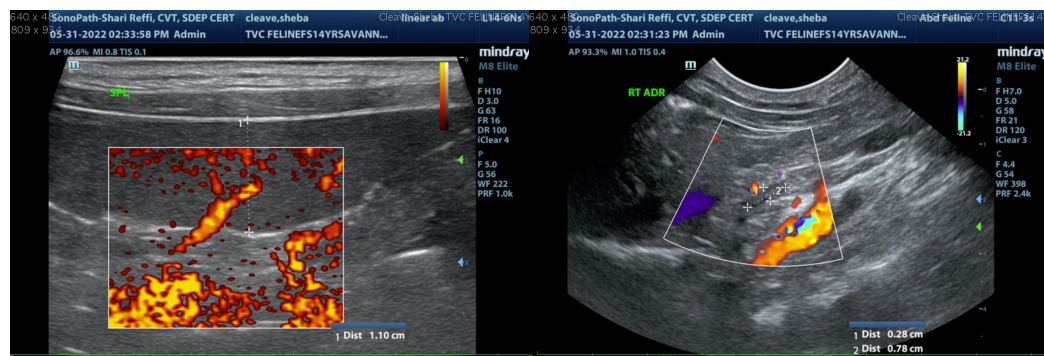


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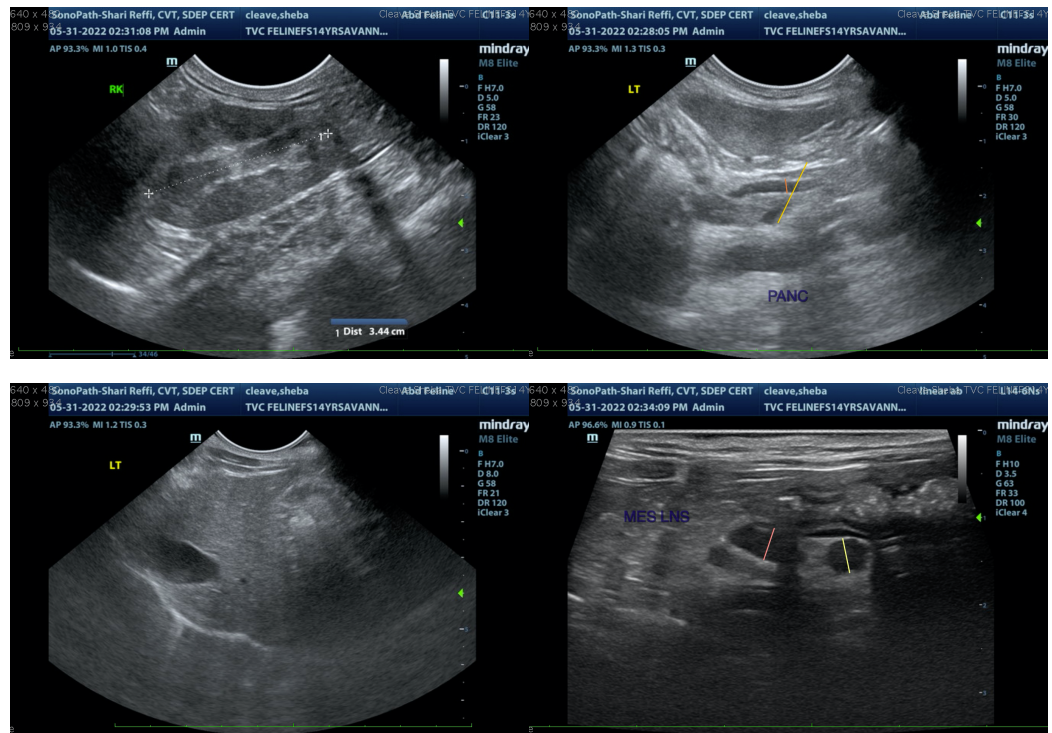
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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