



## PATIENT

Penny Taylor

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

13 Years 3 Months

## WEIGHT

9.6 Pounds

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

MountRose AH

## REFERRING VET

Dr. Lopez

## INVOICE

37483

## DATE

5/5/22

P had a high grade malignant melanoma removed from the bridge of her nose on 3/28/22  
PHYSICAL EXAM: 5/5/22 Weight: 9.61# T- 101.2F P- 140 R- 40 Hydration: well hydrated CRT:  
<2s MM: pink, moist BCS: 5/9 EENT: WNL O/4 dental disease (dental done 3/28/22) CV/Resp:  
No murmurs or arrhythmias noted, no crackles noted, no increased respiratory effort. GI: WNL  
Mus: No joint abnormalities. Muscles are symmetrical. Integ: WNL masses removed on  
3/28/22 LN: Palpate WNL Neuro: WNL Urogen: WNL, no obvious visible or palpable  
abnormalities LABORATORY FINDINGS: Senior screen on 3/10/22- NSF BLOOD PRESSURE:  
not done RADIOGRAPHIC FINDINGS (email radiographs if available): Thoracic rads performed  
today. Results pending. REASON FOR ULTRASOUND: Looking for metastatic disease- high  
grade malignant melanoma removed at time of dental off the bridge of the nose.

## 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 (3.47 cm). Overall echogenicity is normal with  
adequate 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 normal with  
adequate 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 left adrenal gland is normal in size measuring 0.34 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 0.45 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 (1.03 cm at the level of the hilus, normal is <1.0),  
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 small 0.35 cm  
hyperechoic lesion visualized in the parenchyma.

### 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. No focal nodules or cystic lesions are observed.



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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.

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### **Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

## BREED

DLH

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 measured 0.26 cm. 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.

## WEIGHT

9.6 Pounds

### **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.

## INTERPRETED BY

Kathleen Sennello DVM,  
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Medicine)

### **Free Abdomen**

There is a scant triangle of free abdominal fluid visualized. There is one prominent lymph node visualized measuring 0.65 cm in width. This lymph node has a 0.41 cm anechoic cyst within it. The mesentery appears diffusely hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### IMAGING BY

Loetitia Saint-Jacques,  
LVT

- Small, hyperechoic nodule in the spleen – This has the appearance of most likely a benign lesion, but a neoplastic process cannot 100% be ruled out. A fine needle aspirate could be considered, or this lesion could be monitored with ultrasound.

### HOSPITAL NAME

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- Scant triangle of free abdominal fluid – The source for this is unclear. If this patient was recently on IV fluids, this could be a possible cause.

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Dr. Lopez

- Prominent cystic lymph node visualized – It is not uncommon for cats to have cystic lymph nodes, so the significance of the enlargement is unclear. You could consider a fine needle aspirate of this lymph node or continued monitoring. No other significantly enlarged lymph nodes were visualized.

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Portable Animal Veterinary Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## SPECIES

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## BREED

No obvious metastatic lesions are visualized. There is a small hyperechoic focus in the spleen, which appears relatively benign (but you cannot confirm that with ultrasound alone), and there are no obvious lesions visualized in the liver.

## DLH

There is a prominent cystic lymph node, which can be a normal finding in some older cats. This lymph node should be monitored, but the other lymph nodes appear normal. I would recommend surveillance of the submandibular lymph nodes in this circumstance as the most logical location for early metastasis.

## SEX

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There is a very small triangle of free abdominal fluid visualized and the mesentery appears slightly hyperechoic. The significance of this is unclear.

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The pancreas is visible, but does not appear overtly inflamed. Correlate with clinical findings and consider continued monitoring.

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## REFERRING VET

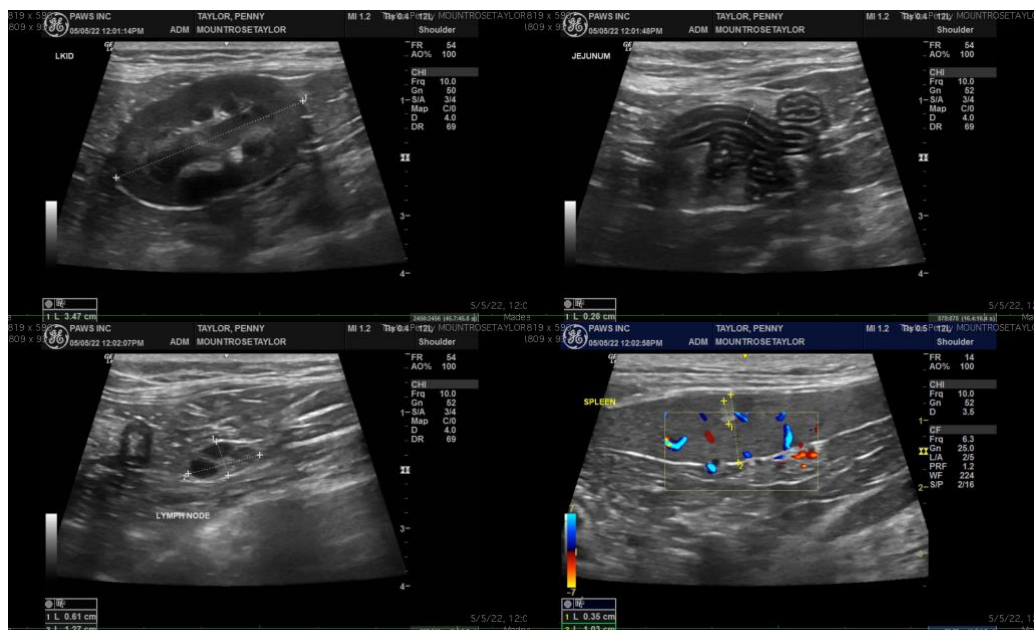
Dr. Lopez

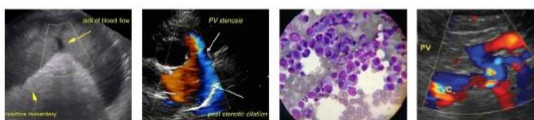
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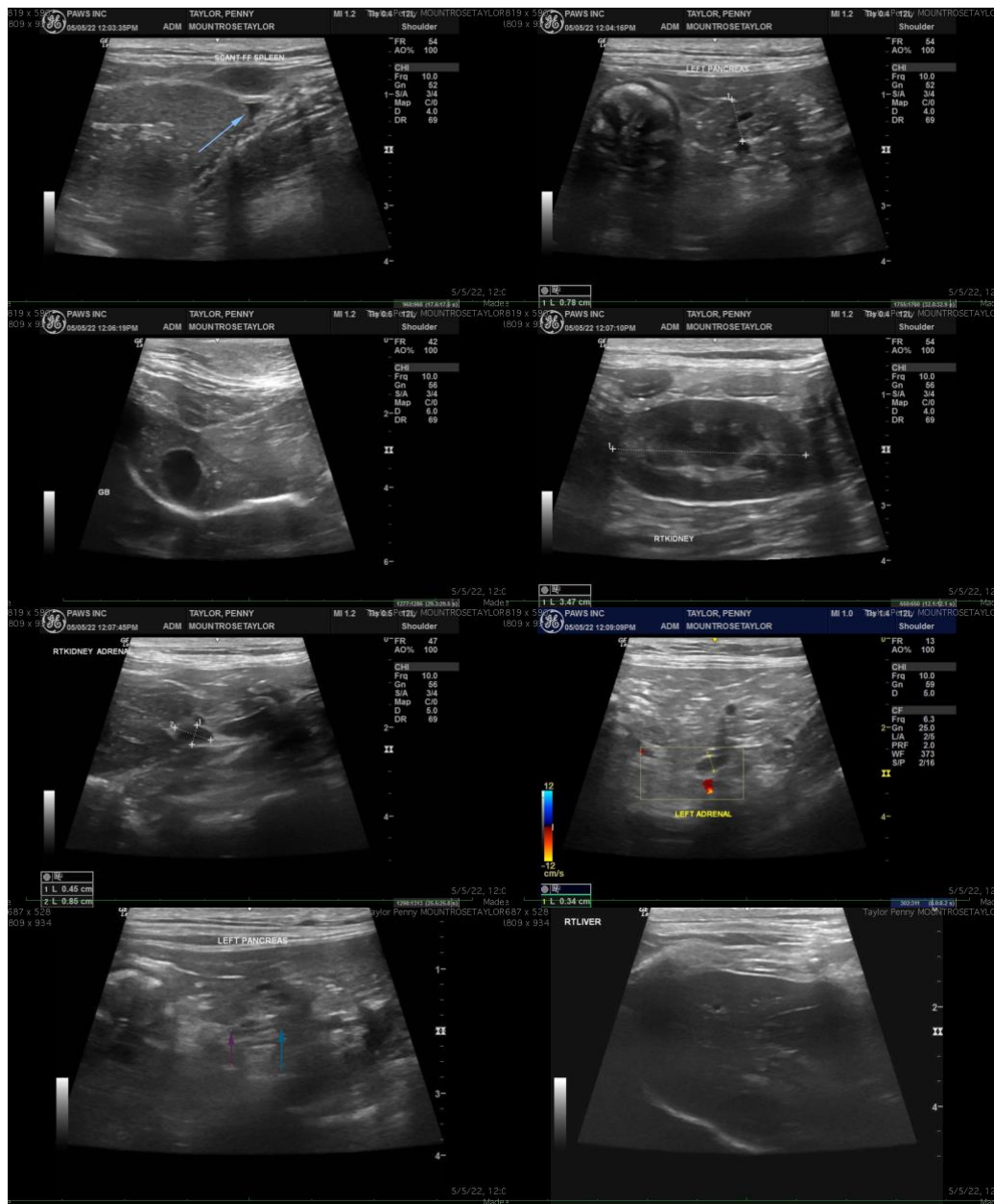
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

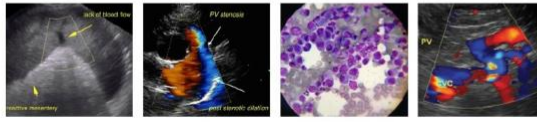
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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