



PATIENT PRESENTING CLINICAL SIGNS

Eleanor Mann New to clinic. Owner requested going straight to ultrasound. Multi pet household. Not eating well for 2 weeks, weight loss and nauseous. Only meds Revolution and Milbemax at kitten visit. Not really grooming herself.

SPECIES Abnormal PE/Chem/CBC/UA Results: N/A

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.37 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.

AGE

14 Months

The right kidney has a normal shape and size (3.64 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.

WEIGHT

4.19 kg

Adrenal Glands

The left adrenal gland is normal in size measuring 0.25 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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.31 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.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen is subjectively normal in size, 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.

HOSPITAL NAME

Centerville AH

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.

REFERRING VET

Dr. Sandhu

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.

INVOICE

38173

Gastrointestinal

DATE

6/1/22



PATIENT

Eleanor Mann

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.

SPECIES

Feline

The majority of the small intestine appears relatively normal with a uniform diameter and minimal fluid distention. The wall appears subjectively normal, maintaining the typical 1:3 muscularis to mucosa ratio. The duodenum wall measures as normal between 0.13-0.38 cm in wall thickness. The jejunum wall measures as normal between 0.15-0.36 cm in wall thickness. There is a focal section of small intestine that appears mildly fluid dilated and has some shadowing material and some hyperechoic mesentery surrounding. Findings are concerning for a focal foreign material and a possible partial obstruction.

BREED

DSH

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness and somewhat dilated. There is a section of colon alongside the right kidney that appears dilated with some fluid stasis. Additionally, at the level of the urinary bladder, there appears to be non-formed fecal material within the distal colon. Findings could be consistent with impending diarrhea/colitis.

SEX

Spayed Female

Pancreas

AGE

14 Months

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.

WEIGHT

4.19 kg

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 increased echogenicity around the bowel loop with the shadowing material.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Shadowing material visualized within the small bowel with associated inflammation – findings are concerning for possible ingested foreign material.
- Fluid dilation of the colon – findings are concerning for stasis and possible impending diarrhea/colitis.

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Centerville AH

The colon appears somewhat fluid dilated with decreased motility, as you might see with colitis/enteritis, but there is a section of what appears to be small bowel with shadowing material and fluid. This area is surrounded by severely hyperechoic mesentery, so there is concern for omental inflammation and concern for an irritating foreign object. Based on these images, I would be concerned about the need for exploratory surgery, but this decision should be based on bloodwork and associated radiographic findings, as many types of foreign material are not readily visualized on ultrasound. If a foreign object is not identified at the time of surgery, recommend obtaining GI biopsies.

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BREED

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REFERRING VET

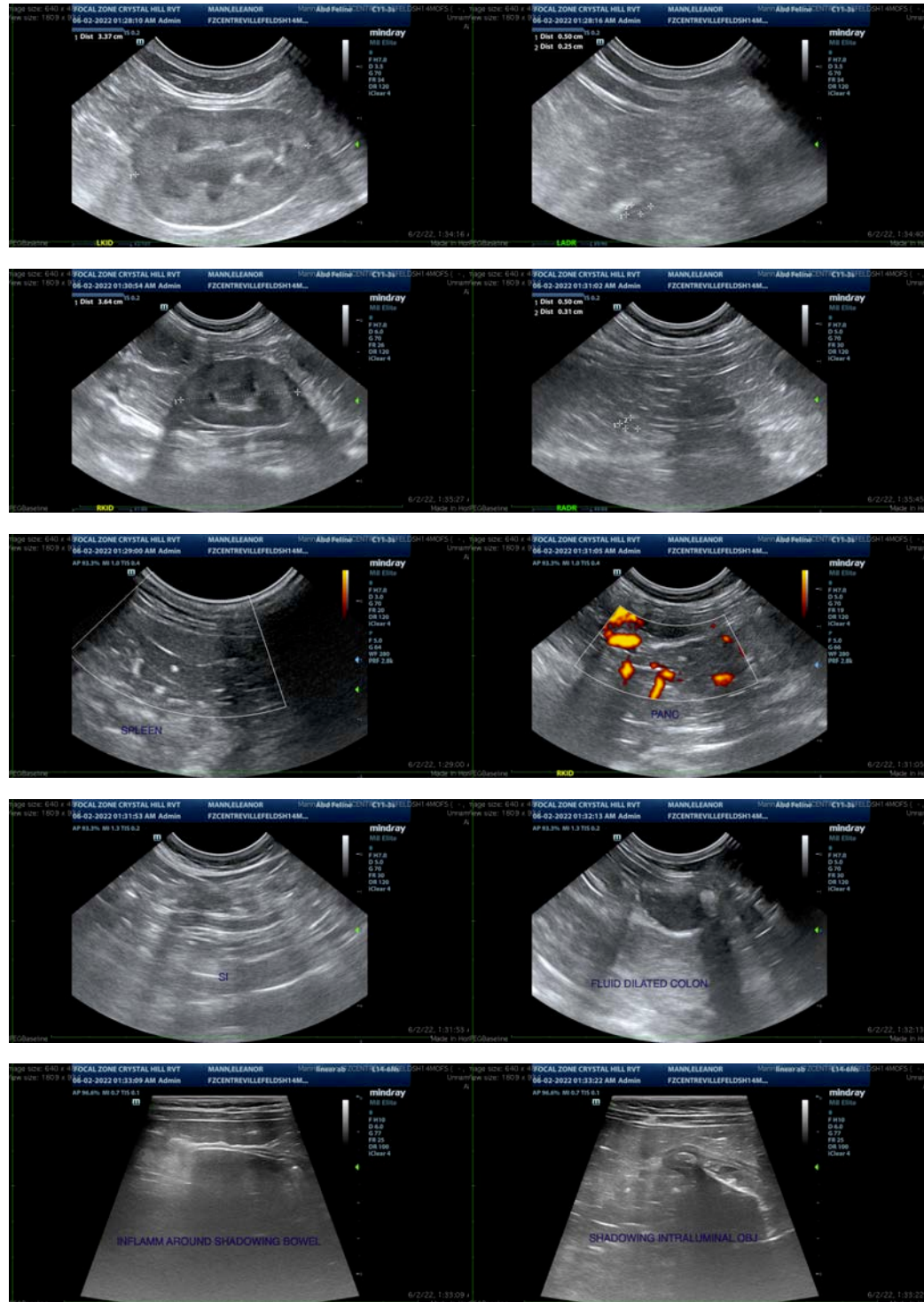
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Eleanor Mann

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)

SPECIES

Feline

kathleen.sennello@sonopath.com

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DSH

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