



PATIENT PRESENTING CLINICAL SIGNS

Kuma Varano

PE - BAR, patient has been losing weight and suffers from ongoing intermittent vomiting. Does better on wet food. Was vomiting up the dry food in whole pieces. No meds.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: U/A - collection from table top - pale yellow, cloudy, sp.grav-1.044 pH 6.5 Protein 500mg/dl, Ketones 15mg/dl, UBG 1mg/dl, Bil negative, blood 250ery/ul. No xrays.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is empty with no significant urine visualized within the lumen. There is a 0.66 cm hyperechoic shadowing structure most consistent with a small stone visualized. The remaining bladder wall, urethra, etc. are difficult to assess due to lack of urine distention, but no significant abnormalities are visualized.

AGE

14 Years

The left kidney has a normal shape and size (3.17 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

2.9 kg

The right kidney has a normal shape and size (3.28 cm). Overall echogenicity is slightly hyperechoic with poor 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size measuring 0.24 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.

HOSPITAL NAME

BPH Ancaster

The right adrenal gland is normal in size measuring 0.42 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

REFERRING VET

Dr. Davis

The spleen is subjectively normal in size (0.70 cm), 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.

INVOICE

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Liver

DATE

6/14/23

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.

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.



PATIENT *Gastrointestinal*

Kuma Varano
SPECIES 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.

Feline
BREED 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 0.20 cm.

DSH
SEX Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Spayed Female
AGE 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.

14 Years *Pancreas*

WEIGHT The pancreas is prominent and mottled 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 0.23 cm.

2.9 kg *Free Abdomen*

INTERPRETED BY 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.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Empty urinary bladder with small stone – Recommend urinalysis and culture. Confirm the size and presence of the stone with radiographs. Consider reevaluation of the urinary bladder with urine distention.
- Mildly prominent, mottled left limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Ancaster

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Davis

The changes observed on today's scan are relatively mild. No focal lesions were visualized associated with the gastrointestinal tract to explain the chronic vomiting and weight loss reported. Unfortunately, there are many causes for chronic vomiting that cannot be definitively diagnosed by ultrasound alone.

INVOICE

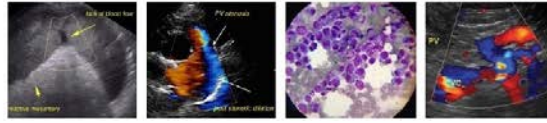
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Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc..

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If metabolic disease is thought unlikely based on current bloodwork (including thyroid evaluation) and symptoms are persistent, consider obtaining GI biopsies.



PATIENT

Kuma Varano

The pancreas is slightly prominent, most consistent with previous episodes of pancreatitis, although mild active inflammation is possible. Correlate these findings with qualitative fPLI level (on the GI panel recommended above).

SPECIES

Feline

There appears to be a stone in the urinary bladder, but the urinary bladder is empty. Recommend radiographs to confirm the presence of the stone, and a urinalysis and culture. Options for therapy would include cystotomy or continued monitoring unless an infection is present and dissolution could be possible.

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

2.9 kg

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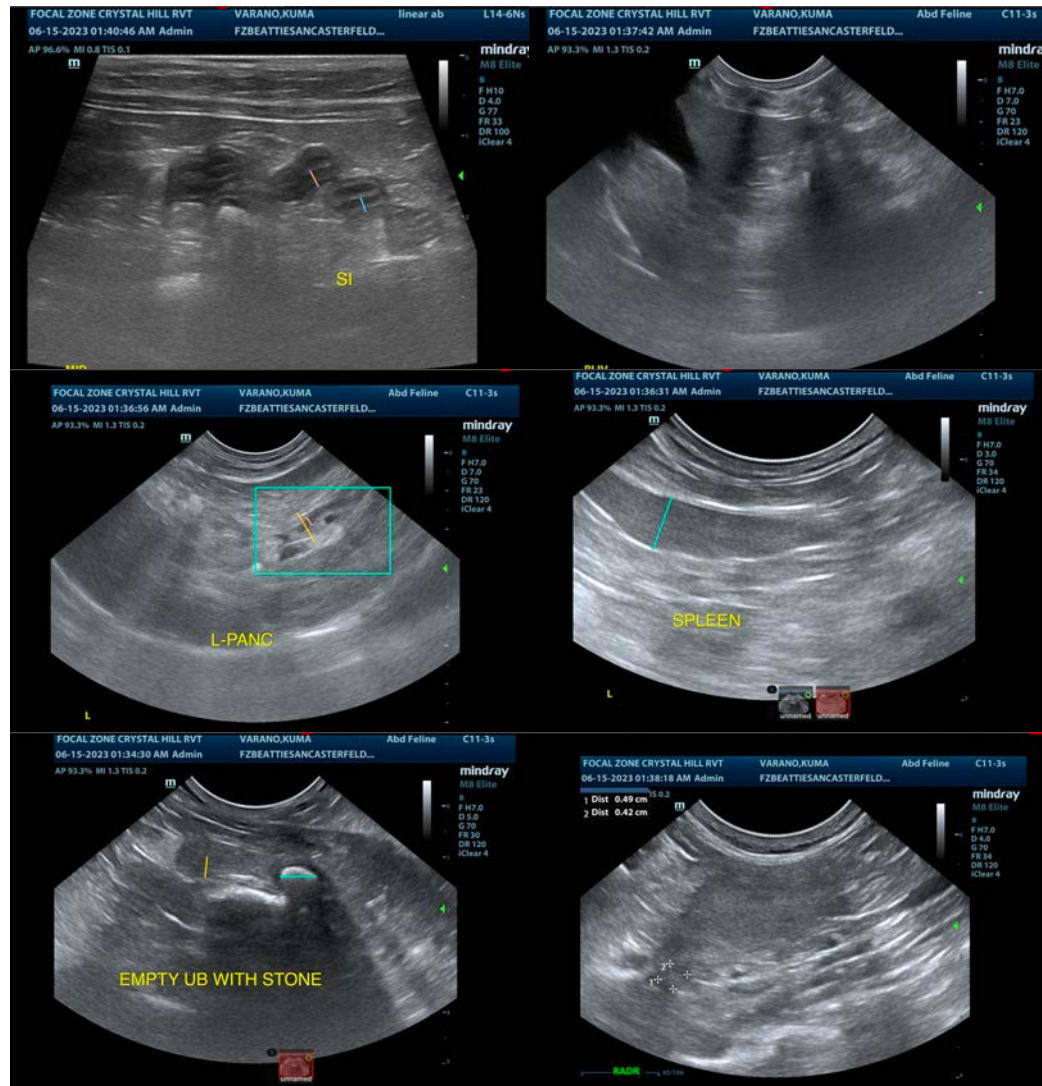
Dr. Davis

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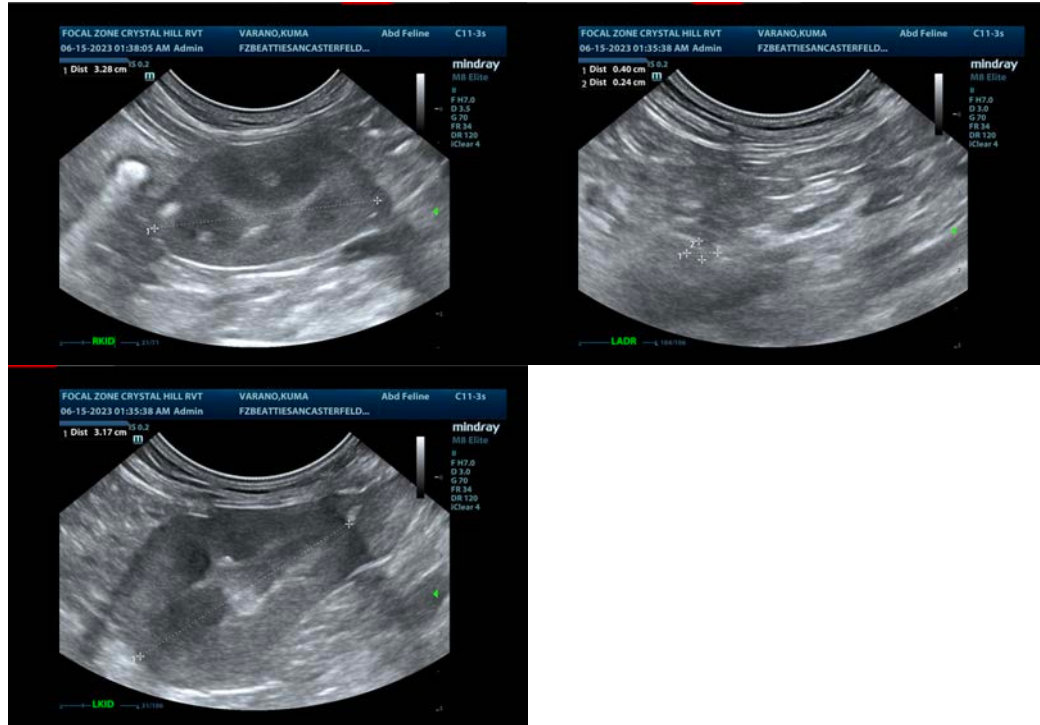
Dr. Davis

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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.

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