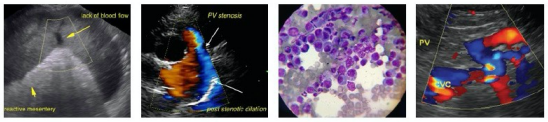
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Thor Seuss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

38725

DATE

6/15/22

PRESENTING CLINICAL SIGNS

History: Seen on 6/10/22 for vomiting grass, low appetite and lethargic. Suspected mass on in house U/S and rads taken that day. Suspect lymphadenopathy from in house U/S. In house BW : mild increase in amylase. No urine or full blood panel completed that day Rads: Images of the thorax and abdomen. Cardiovascular structures are normal. Pulmonary infiltrates are not present. There is gas within the stomach. A majority of the small intestine is gas and fluid-filled without evidence of dilation there is a poorly defined abdominal mass lesion identified cranial to the urinary bladder only noted well on the lateral view however likely within the caudal abdomen on the ventral dorsal view Conclusion Ascites is not present however there is a concern for a caudal abdominal mass and abdominal ultrasound is indicated. Gastrointestinal dilation is not appreciated at this time. The thorax is normal Reason for Ultrasound: Abdominal mass?

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. There is a small irregularity in the ventral aspect of the urinary bladder, which could be consistent with a urachal remnant.

The left kidney has a normal shape and size (4.34 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 (4.62 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 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

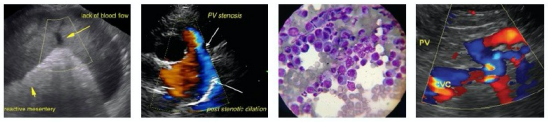
Spleen

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.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Thor Seuss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

38725

DATE

6/15/22

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 bile duct is visualized and appears somewhat tortuous and dilated, measuring 0.39 cm.

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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Bowels loops generally appear moderately to severely thickened with fuzzy wall layering. The “normal” appearing duodenum is visualized measuring 0.36 cm. The “normal” (but very abnormal appearing) jejunum is visualized at 0.38 cm. There are numerous sections of small bowel that have a complete loss of layering, and thickening, most consistent with bowel mass. One such area of jejunum measures 2.14 cm in diameter and wall thickness is at 0.90 cm. This abnormal area of jejunum extends for over 6.0 cm of bowel. There are similar lesions visualized in what appears to be the duodenum.

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.

Pancreas

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.

Free Abdomen

There is a scant amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy present with large, round, hypoechoic lymph nodes creating mass effects throughout the abdomen. Two such lymph nodes are visualized measuring 1.2 cm and 1.5 cm in cross section. The omentum is generally of increased echogenicity around the abnormal bowel and the enlarged lymph nodes.

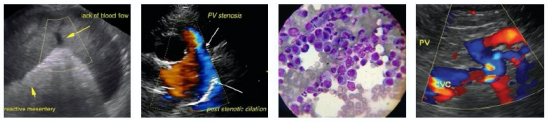
PRIMARY FINDINGS

- Diffuse, severe small intestinal thickening with focal areas with complete loss of layering, creating a mass effect – These findings are concerning for underlying round cell neoplasia, although other differentials exist.

- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

- Prominent, tortuous common bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Thor Seuss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

38725

DATE

6/15/22

disease, other).

SECONDARY FINDINGS

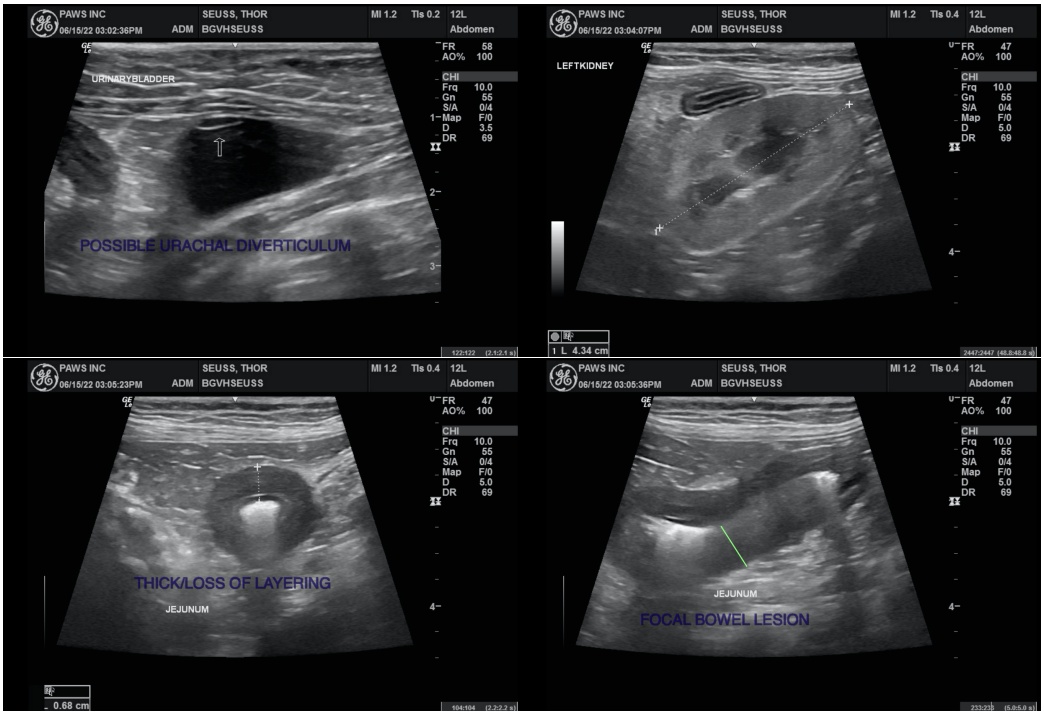
- Irregularity on the ventral portion of the urinary bladder wall, which could be consistent with a urachal diverticulum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

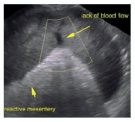
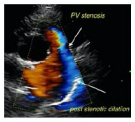
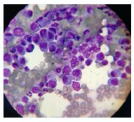
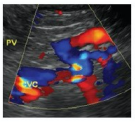
The small bowel is generally severely thickened with reduction in detail of layering. Additionally, there are focal mass effects where the bowel is severely thickened and there is a complete loss of layering. These lesions are severe and extensive. Recommend a fine needle aspirate of the wall of the bowel mass. Additionally, recommend a fine needle aspirate of a severely enlarged mesenteric lymph node. If a cytologic diagnosis cannot be obtained based on a fine needle aspirate of bowel and lymph node, consider surgical biopsies.

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

There is a very minor irregularity on the ventral urinary bladder wall. This could be consistent with a urachal diverticulum. Recommend continued monitoring.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Thor Seuss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

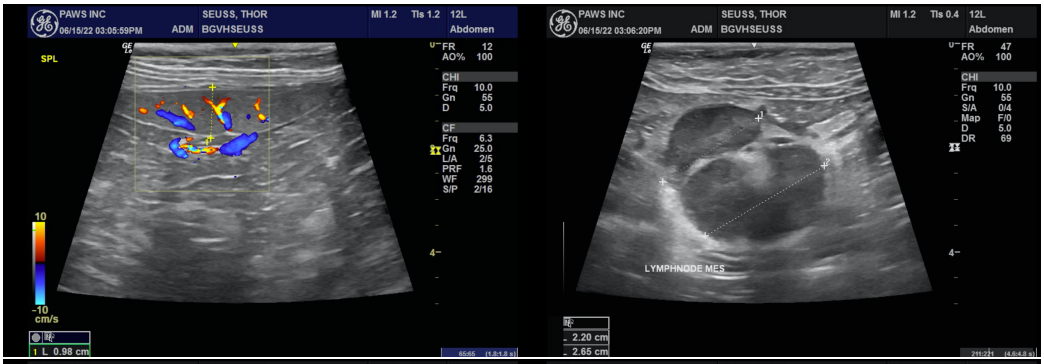
Dr. Robin Janeway

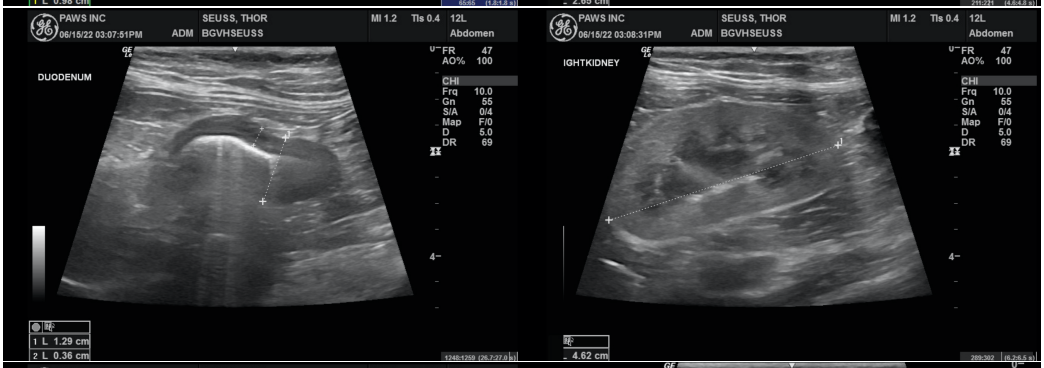
INVOICE

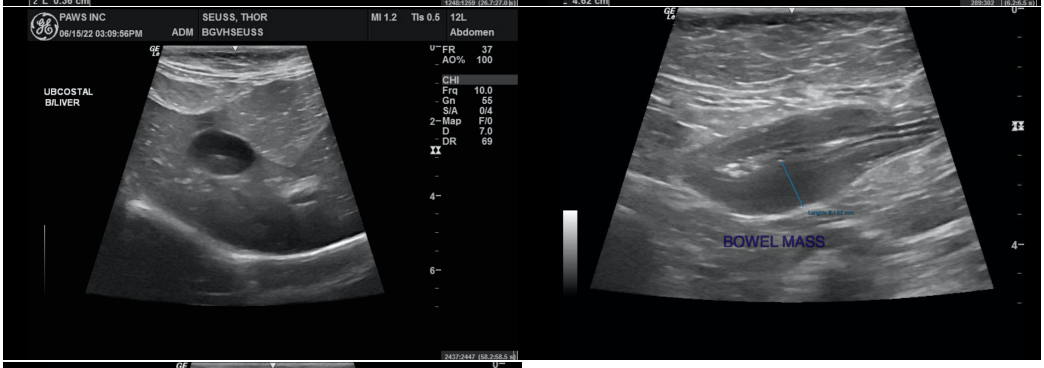
38725

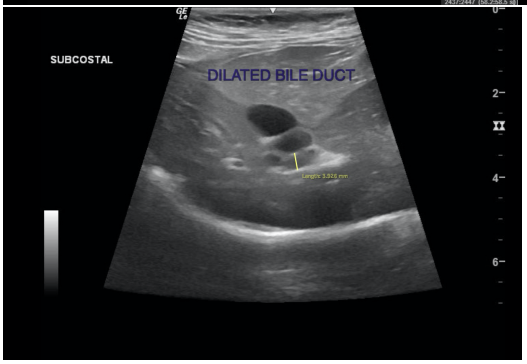
DATE

6/15/22

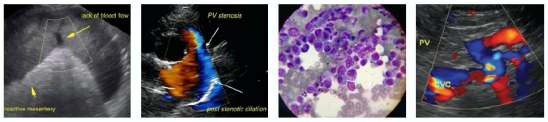








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Thor Seuss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

38725

DATE

6/15/22

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)
kathleen.sennello@sonopath.com