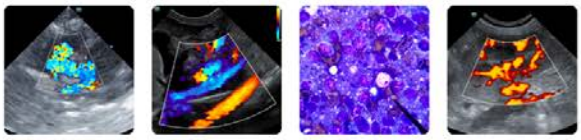


DATE

6/18/26

PATIENT

Nillie Vanilli Harmon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/21/19

WEIGHT

11.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Weeks

INVOICE

75965

PRESENTING CLINICAL SIGNS

Patient History: Hypersalivation, vomiting, not eating for at least 2 days. Dehydration, no abdominal pain, fecal NSF. No string under tongue or other oral lesions present

Current Medications: Ondansetron 0.2mg/kg SQ, Cerenia 1 mg/kg SQ, LRS 100 cc SQ
Labwork Results: Labwork attached, reported as: Dehydration, hyperglycemia. RAds - no obvious signs of an obstruction
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.96 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.

The right kidney has a normal shape and size (4.13 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.58 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 subjectively normal in size (0.89 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.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.29 cm 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. 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 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe diffuse lymphadenopathy present with enlarged lymph nodes visualized in the cranial abdomen. There are gastric and portal lymph nodes measuring 1.31 cm x 2.48 cm, a large cluster around the ileocecal junction with lymph nodes measuring 1.71 cm x 0.67 cm, 1.1 cm, and 1.2 cm in diameter, large lymph nodes at the mesenteric root, and caudal abdominal lymph nodes, example measuring 2.06 cm x 2.82 cm. The omentum is hyperechoic around the prominent lymph nodes.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is a cluster of enlarged hypoechoic lymph nodes in the mediastinum measuring 1.42, 1.04, and 1.16 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Diffuse abdominal and mediastinal lymphadenopathy with large clusters of hypoechoic lymph nodes – Primary differential would be round cell neoplasia, although severe inflammatory disease and/or other metastatic neoplasia could be considered.

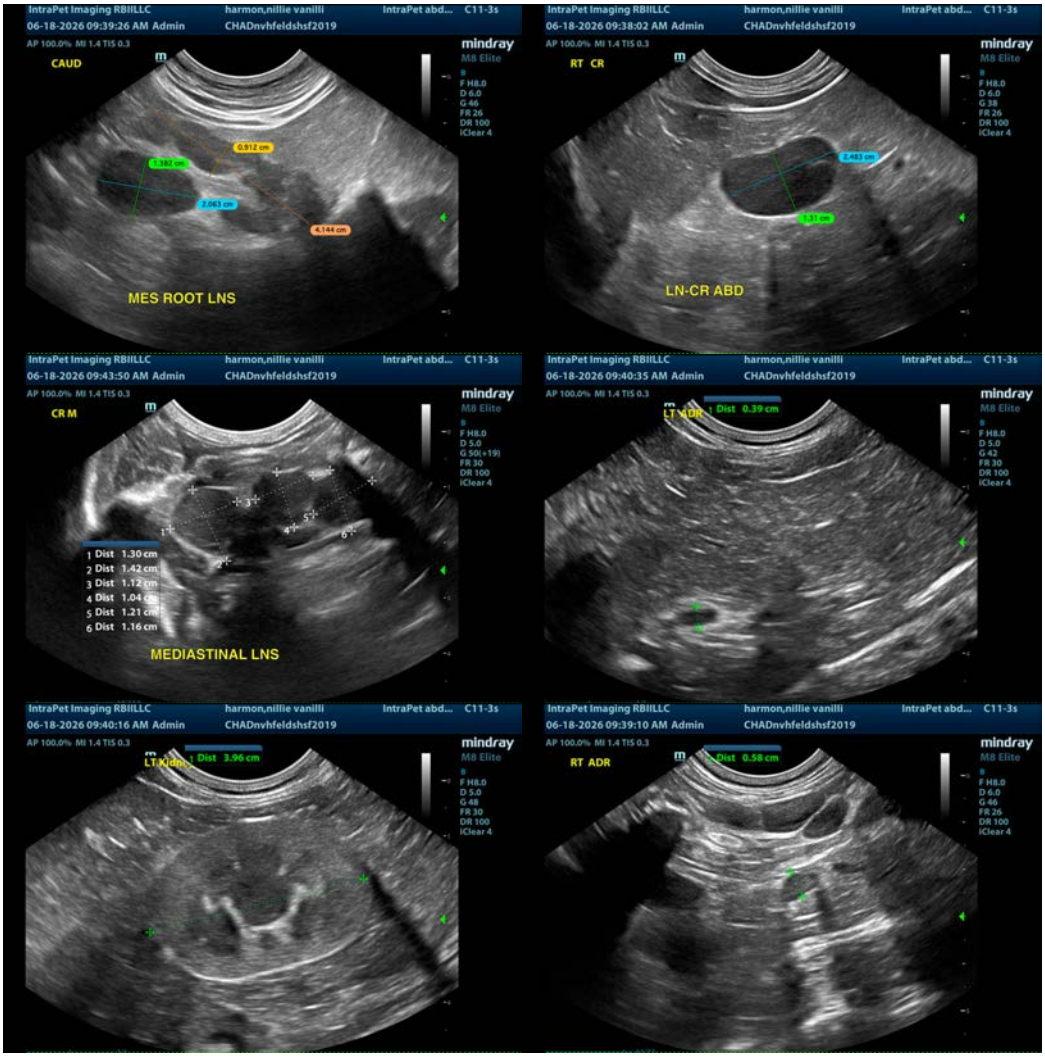
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

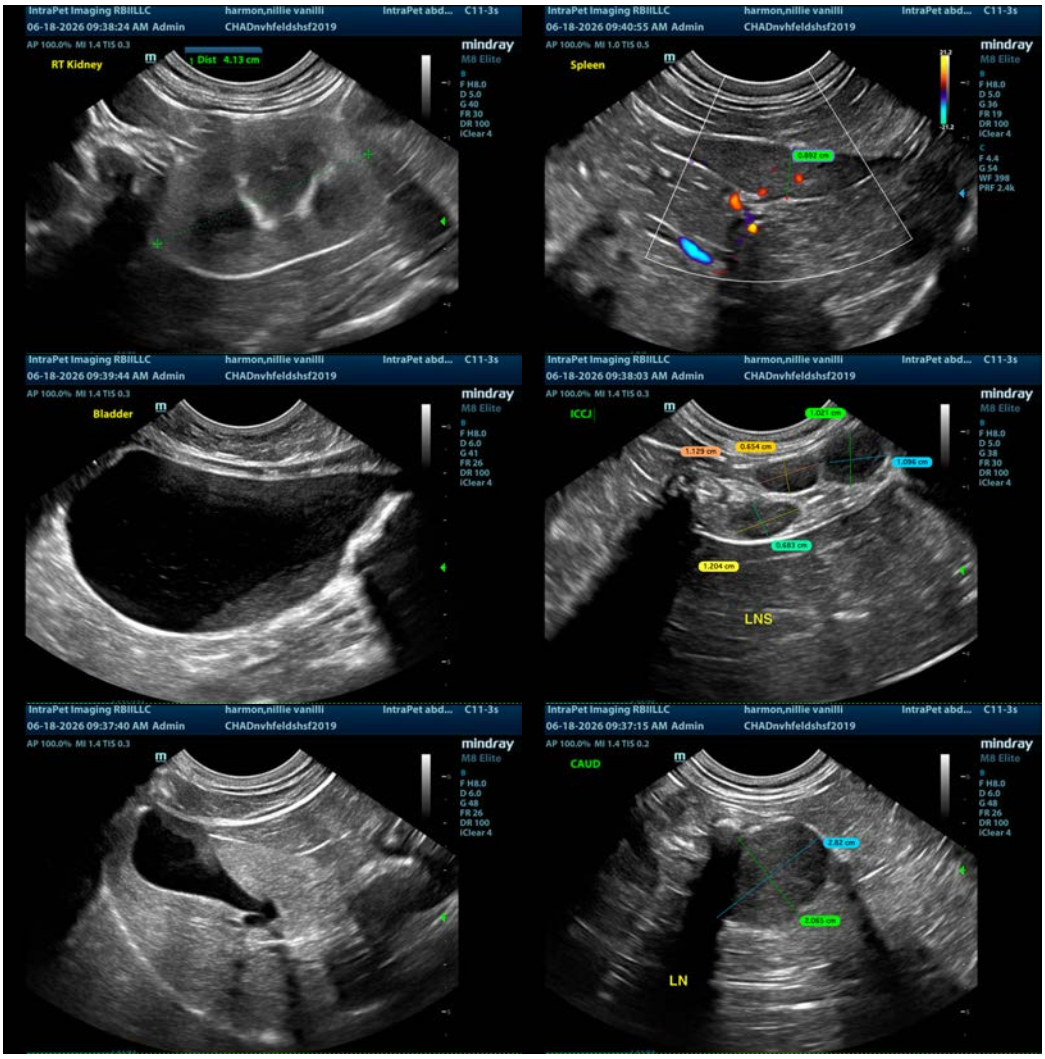
- Dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse moderate to severe lymphadenopathy present with large, rounded, hypoechoic lymph nodes throughout the abdomen and in the mediastinal area. Recommend a fine needle aspirate of a mesenteric lymph node for cytologic evaluation. If a neoplastic diagnosis can be obtained, recommend consultation with a veterinary oncologist. If these nodes are inflammatory or infectious, other diagnostic testing such as evaluation for bartonella, fungal, inflammatory or other infectious diseases could be considered.

No distinct mass lesions are observed. The liver is large and hyperechoic, potentially increasing concern for neoplastic infiltration. A fine needle aspirate of the liver could be considered.





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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