



PATIENT

Oskar Trimble

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Oskar is a young cat, otherwise healthy, but since January 2022 has discomfort on defecating so much so that he growls and howls when he defecates, even though the stools are normally formed, not overly soft or hard. Sedated RE last week---unremarkable, able to fit index finger. Stools are a bit long/thin. Concern for partial obstruction or diverticulum higher up in colon? Behavioral? Weird presentation of IBD? O reports he seems to be a normal cat in every other way

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

Young

The left kidney has a normal shape and size (3.5 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

9 Pounds

The right kidney has a normal shape and size (4.27 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 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 0.43 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 BY

Loetitia Saint-Jacques,
LVT

Spleen

The spleen is subjectively normal in size (0.9 cm in height at the level of the hilus), 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

Grass Valley VH

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. Kristi Cortright

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 <0.36cm 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

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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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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 are occasional obliqued views of colon, which could represent mild thickening of the wall, but no repeatable definitive lesions are observed. A possible area of thickening is visualized at approximately 0.35 cm.

AGE

Young

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.

WEIGHT

9 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a caudal abdominal lymphadenopathy visualized with sublumbar lymph nodes measuring at 0.30 cm. There is a caudal abdominal lymph node measuring at 0.68 cm, and a small cluster of lymph nodes measuring 0.66 cm. The omentum is generally of normal echogenicity.

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PRIMARY FINDINGS

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Caudal abdominal lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

IMAGING BY

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SECONDARY FINDINGS

- Questionable focal bowel thickening in the caudal abdomen – This is very subjective and may be consistent with an obliqued view. In one area, a section of bowel is visualized measuring 0.35 cm.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No definitive lesions are visualized associated with the distal/descending colon. There does appear to be some prominent lymph nodes in the lesion, but this can be seen in some younger animals, so the significance is unclear. A fine needle aspirate could be considered of one of these caudal abdominal lymph nodes. Otherwise, I feel that a colonoscopy is probably your best bet for further evaluation. In some views, there were glimpses of possible colon wall thickening, but these were not repeatable, nor visible in multiple views, so I suspect they could represent artifact, obliqued angles, etc.

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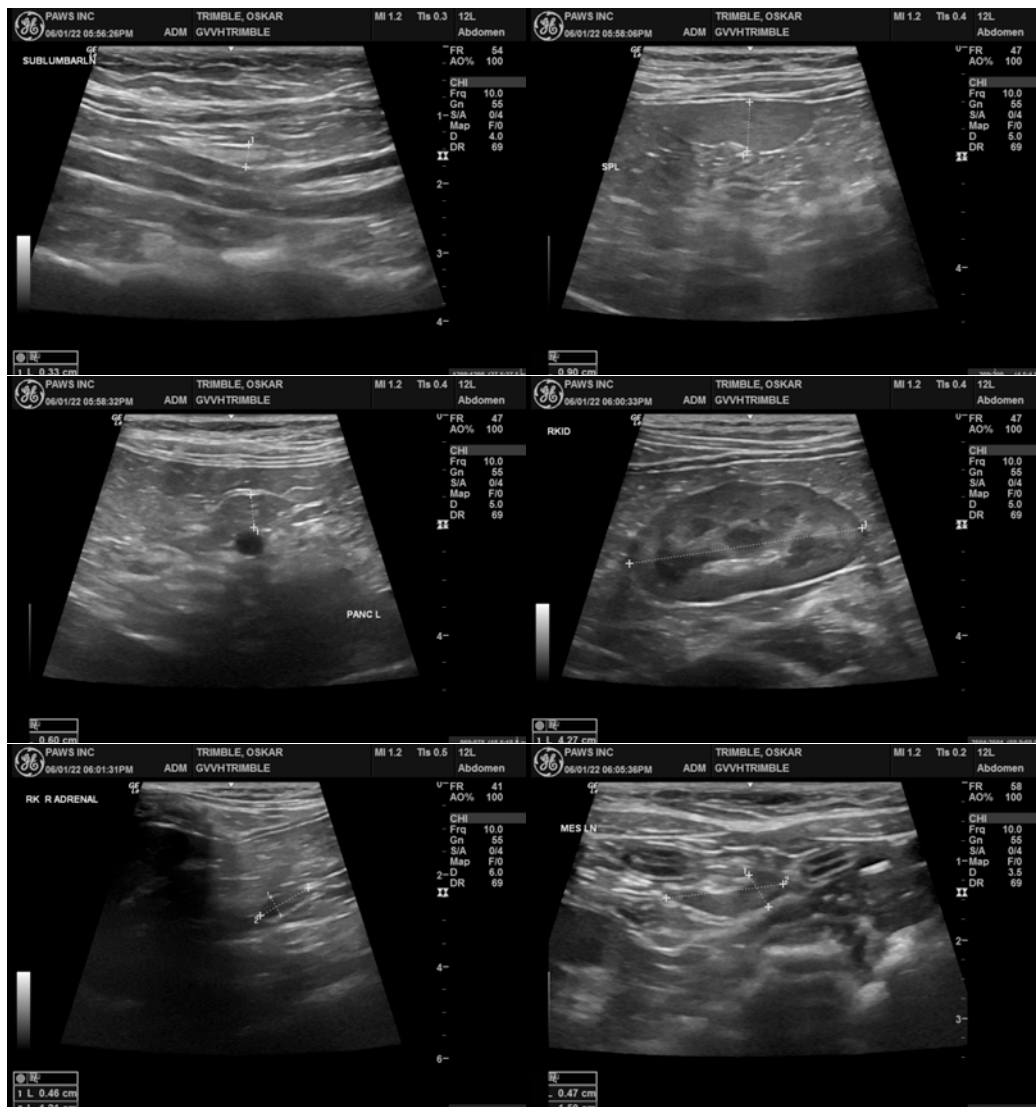
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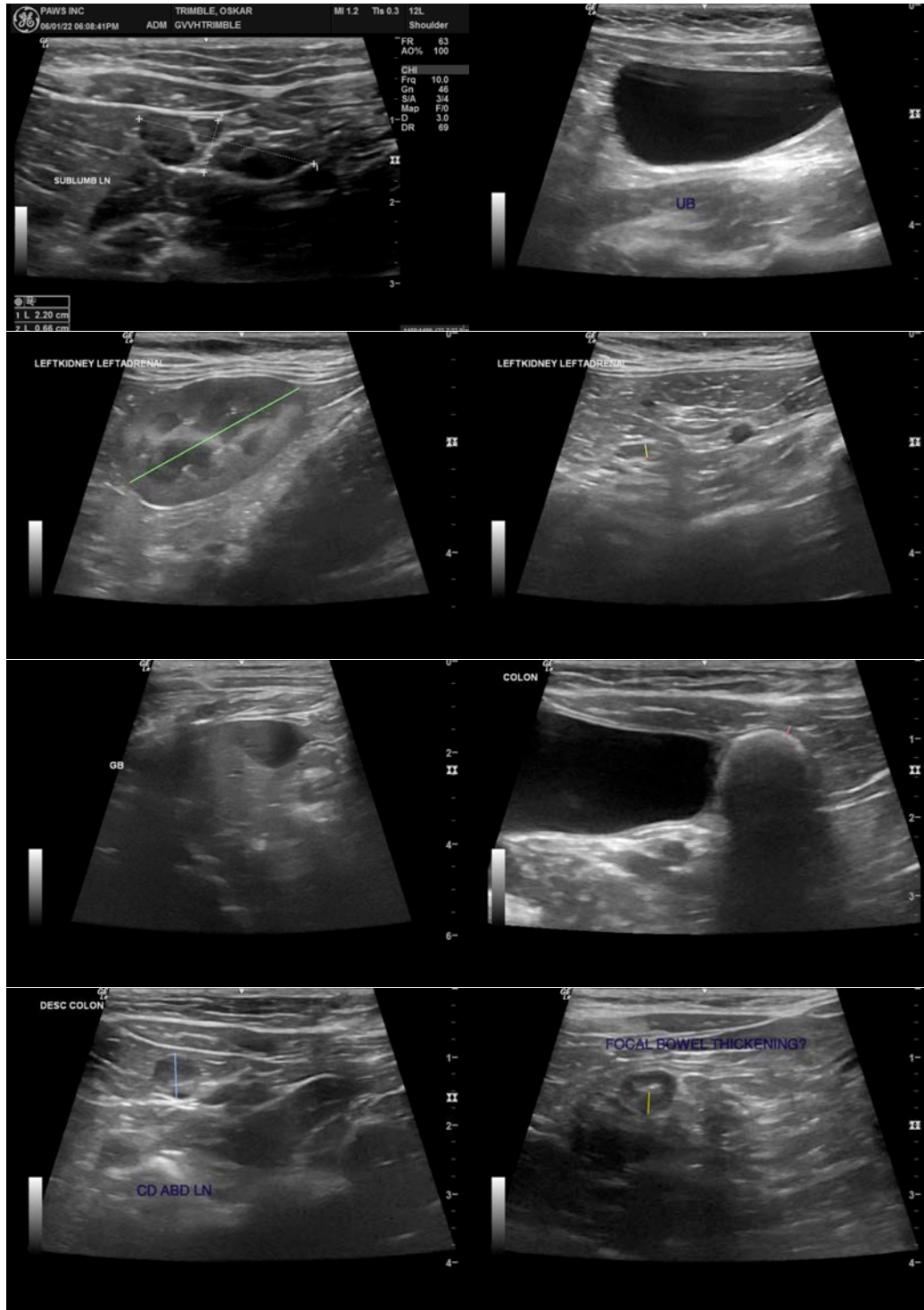
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Portable Animal Wireless Sonography, Inc.

IMAGING PERFORMED BY

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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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