



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Iris Moseby
SPECIES Feline
BREED DMH
SEX Spayed Female
AGE 8-13 Years
WEIGHT 8.5 Pounds

Adopted as adult stray 5 years prior. 2 month history of weight loss, decreased appetite and intermittent vomiting. Minimal improvement in weight loss with Cerenia and Mirtazapine. No history of diarrhea, no vomiting in recent weeks. Will act hungry then refuse food. Lost 1.4 Lbs between first and follow up exam 19 days later. No prior exams for weight comparison.

Abnormal PE/Chem/CBC/UA Results: PE- BCS 3/9. Noted Grade III/VI murmur on initial exam not noted on recheck 2.5 weeks later. Has been bradycardic at both exams with HR= 100-110, no other arrhythmia ausculted. CBC: HCT= 39.8 (28-53), all values WNL Chem: Creat= 0.8 (0.9-2.3), TP= 6.1 (6.3-8.8), Alb= 2.4 (2.6-3.9), ALP= 93 (12-59), all other values WNL. (tBili= 0.1, ALT= 44 (27-158)) 6/1/23 T4= 4.5 (0.8-4.7), 6/19/23- T4= 4.1 (0.8-4.7) U/A: U.S.G.= 1.043, Protein= trace, 3+ blood, otherwise inactive sediment. FeLV/FIV/HW negative fecal- no ova/parasites, negative hookworm, Roundworm and whipworm Ag Whole body radiographs- no obvious abnormalities. Not sent out for radiologist interpretation.

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.

The left kidney has a normal shape and size (3.65 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 (3.41 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

Spleen

The spleen is subjectively normal in size (0.68 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 large with rounded margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. While no focal discrete mass effect is visualized, the left side of the liver appears particularly rounded but is isoechoic to the remainder of the liver.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Humboldt Vet Medical
Group

REFERRING VET

Dr. Anne Rice

INVOICE

43357

DATE

6/21/23



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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.

SPECIES

Gastrointestinal

Feline

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.

BREED

DMH

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There are some sections of bowel in the region of the enlarged mesenteric lymph nodes that appear more thickened and have a very prominent muscularis layer. In this region, the bowel measures at 0.42 cm in thickness.

SEX

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AGE

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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.

WEIGHT

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Pancreas

The area of 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are some very prominent, severely enlarged clusters of hypoechoic mesenteric lymph nodes. Examples measure 0.75 and 0.92 cm. The lymph nodes are surrounded by hyperechoic mesentery.

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ULTRASONOGRAPHIC FINDINGS

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- Large, rounded liver with an enlarged rounded left lobe – The significance of this is unclear. Correlate with lab work. Possible differentials would include congestion, infiltrative disease, fatty liver, anatomic variation, etc.
- Prominent, large, hypoechoic mesenteric lymph nodes – The moderate mesenteric lymphadenopathy could be 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.
- Focal areas of small bowel that appear thickened and have a prominent muscularis layer – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large mass effects are visualized, but there are some significantly enlarged hypoechoic mesenteric lymph nodes that are surrounded by hyperechoic mesenteric tissue, and there is regional thickening of the small bowel in this area. Recommend a fine needle aspirate of a mesenteric lymph node +/- the liver (provided coagulation parameters are normal). If a cytologic diagnosis cannot be obtained, consider empirical therapy for gastroenteritis/pancreatitis, and consider a liver function test and a urine protein



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to creatinine ratio to look for potential causes of low albumin levels. If these values are normal, then a primary enteropathy is suspected and surgical biopsies of the small bowel and mesenteric lymph nodes should be considered.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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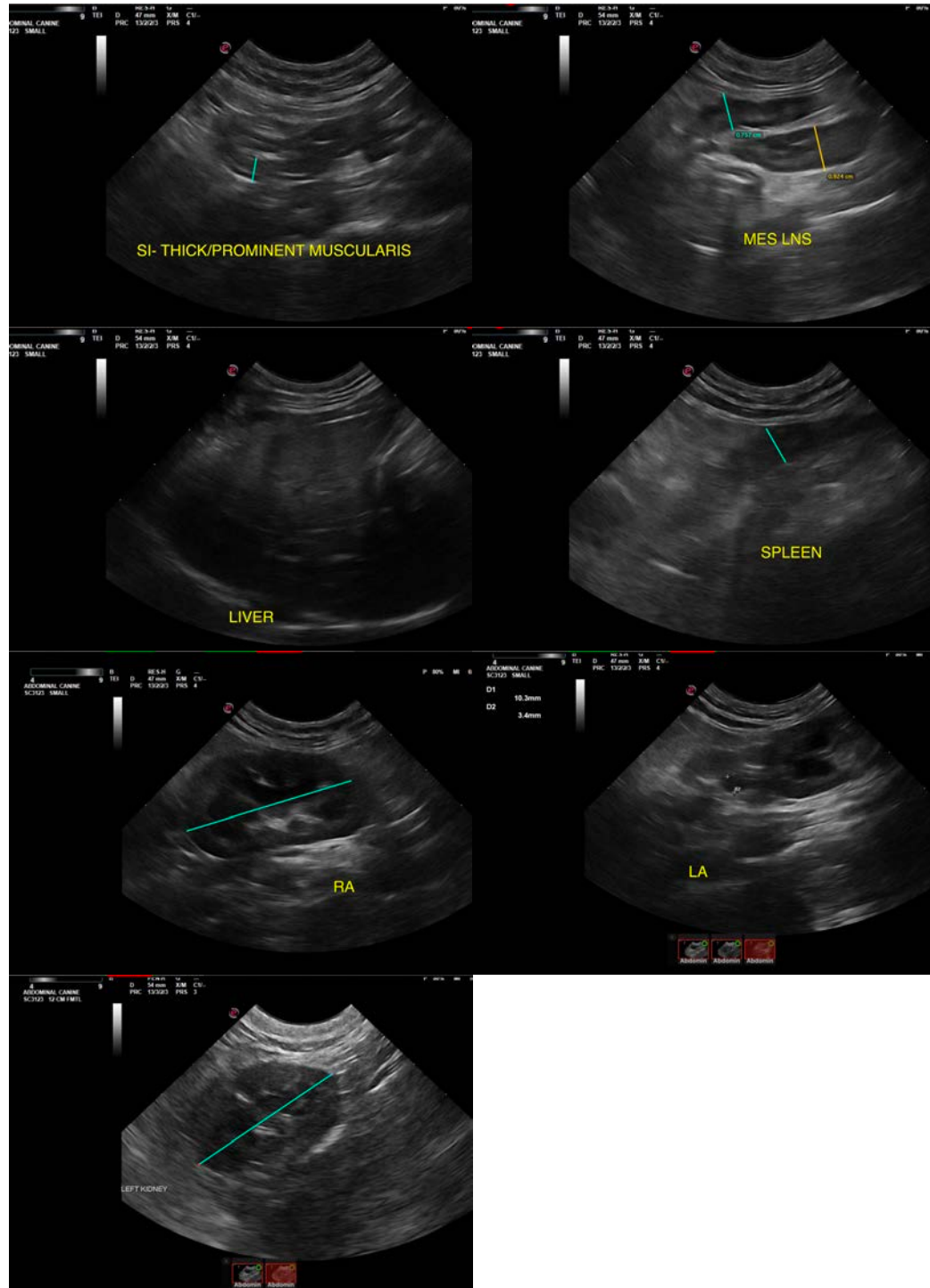
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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