



**PATIENT**

Cocoa Antic

**PRESENTING CLINICAL SIGNS**

anorexia, vomiting; on cerenia. elevated liver enzymes.

**SPECIES**

Feline

**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.

**BREED**

Burmese

The left kidney has a normal shape and size (3.62 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.

**SEX**

Spayed Female

The right kidney has a normal shape and size (3.59 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.

**AGE**

4 Years

**Adrenal Glands**

**WEIGHT**

9.6 Pounds

The left adrenal gland is normal in size measuring 0.37 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.

**INTERPRETED BY**

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

The right adrenal gland is normal in size measuring 0.40 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**

**IMAGING PERFORMED BY**

Diane McFadden

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**

**HOSPITAL NAME**

North Jersey AH

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 primarily anechoic. The proximal bile duct appears somewhat prominent, measuring 0.29 cm. It is not visualized more distally.

**REFERRING VET**

Dr. Riedel

**Gastrointestinal**

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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.

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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



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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.

**SPECIES**

Feline

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.

**BREED**

Burmese

**Pancreas**

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate to severe pancreatitis.

**SEX**

Spayed Female

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. Two are visualized measuring 0.53 cm and 0.26 cm. The omentum is of increased echogenicity around the left and right limbs of the pancreas.

**AGE**

4 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

9.6 Pounds

- Large, prominent, hypoechoic pancreas (both left and right limbs) with surrounded hyperechoic mesentery – The pancreatic changes are most consistent with moderate/severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both limbs of the pancreas are hypoechoic, large, and surrounded by a significant amount of hyperechoic mesentery. The appearance of the pancreas is classic for acute pancreatitis. Recommend aggressive medical therapy with pain management, nausea medications, hydration, low-fat diet, etc. If symptoms are persisting, consider reevaluation to ensure that an abscess is not forming, and consider a fine needle aspirate if there is a lack of resolution of this process, as underlying neoplastic change is possible, but unlikely. Consider a quantitative PLI so that your progress can be monitored with treatment.

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

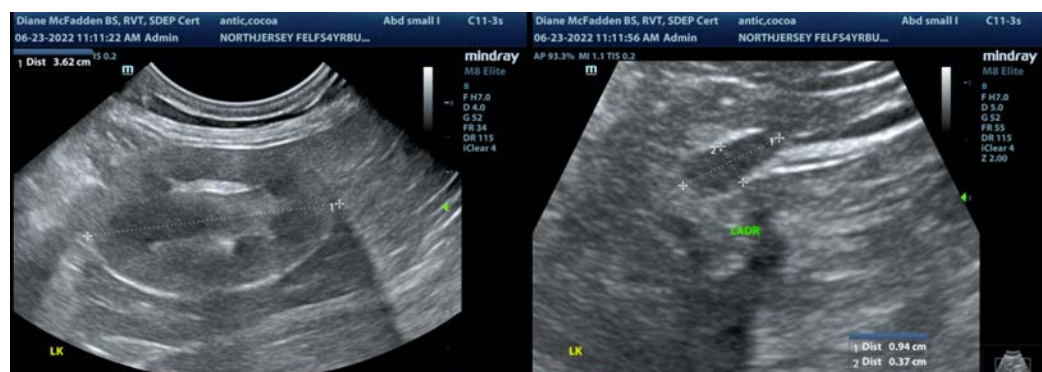
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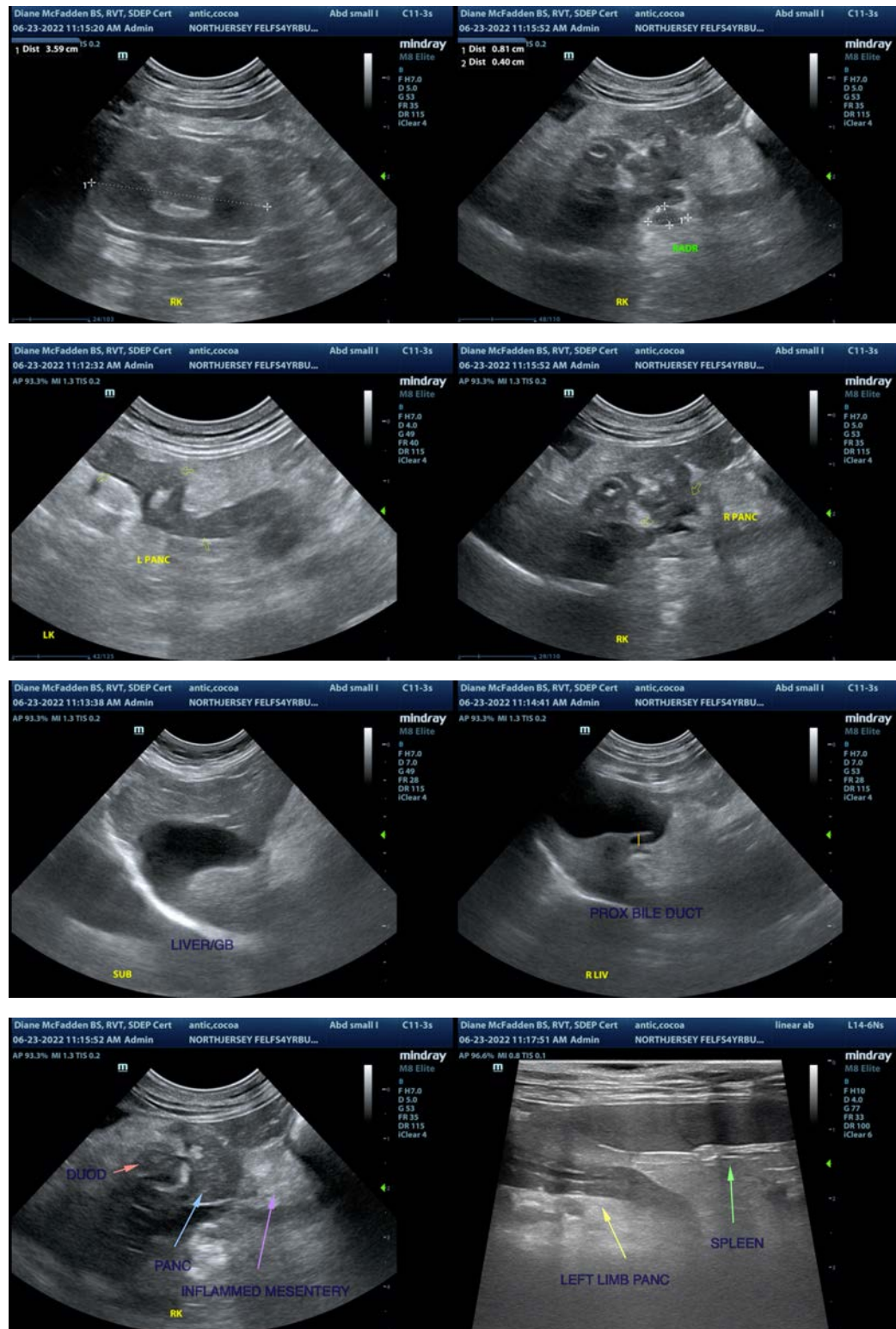
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**AGE**

4 Years

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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