



PATIENT

Goblin Dallago

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

6 Years

WEIGHT

11.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

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39009

DATE

6/23/22

PRESENTING CLINICAL SIGNS

Two month history of polyphagia with weight loss - vomiting unless client feeds many small meals all day. No diarrhea. CBC / Chem / T4 / U/A all unremarkable. GI panel - borderline low B-12, else unremarkable. 2 year history of overgrooming.

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 (3.5 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.12 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 left adrenal gland is normal in size measuring 0.25 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 0.29 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 (0.93 cm in diameter at the level of the hilus) and hypoechoic. The spleen echotexture is heterogenous and mottled, 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.

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.

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.



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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. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.26 cm. Visualized peristalsis appears appropriate. There is a focal area of duodenum where the wall is somewhat irregular with reduced detail of wall layering. The duodenal wall in this region measures at 0.43 cm.

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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.

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a diffuse mild mesenteric lymphadenopathy visualized with lymph nodes measured 0.34, 0.30, 0.34, 0.25 cm. The omentum is of increased echogenicity around these lymph nodes.

ULTRASONOGRAPHIC FINDINGS

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- Mottled, hypoechoic spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Prominent muscularis layer to the small intestine with a focal area of irregular duodenum with thickening and reduced detail of wall layering – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. The focal duodenal irregularity/thickening could be consistent with inflammation or infiltrative disease (emergent neoplastic lesion?)

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- 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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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of somewhat “ropy” small intestine with small prominent mesenteric lymph nodes throughout the abdomen. Additionally, there is a focal area of duodenum that appears somewhat irregular and thickened with decreased detail of wall layering. The significance of this lesion is unclear, but it could be an emergent neoplastic lesion. Options moving forward include:

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General supportive type therapies (much of which has likely been done) such as novel protein/hydrolyzed protein prescription diet, chronic probiotic therapy, B12 supplementation, etc. Ultimately, you could opt for more diagnostic evaluation such as a fine needle aspirate of the spleen, and even surgical biopsies, making sure to evaluate the duodenum and the sample the lymph nodes.

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I think a reasonable step would be to implement any medical therapies not already considered, obtain 3-view thoracic radiographs (if not already done), and a fine needle aspirate of the spleen. If symptoms persist, consider reimaging of the duodenum, and if it is persistently abnormal, recommend surgical



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biopsies.

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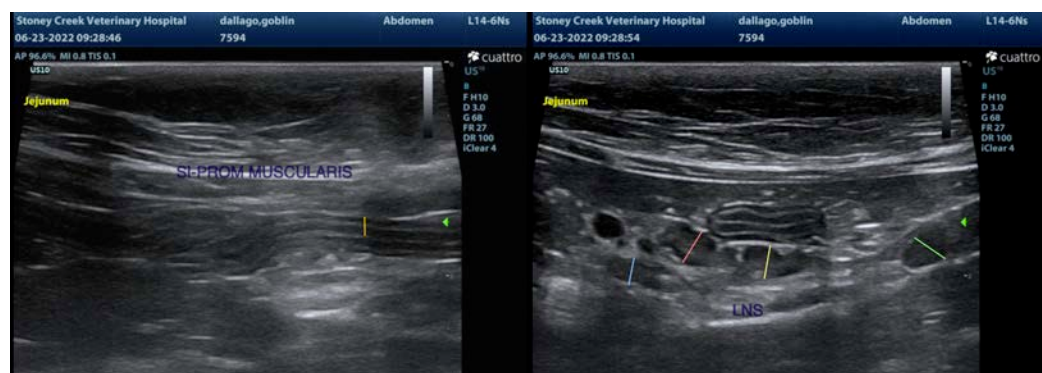
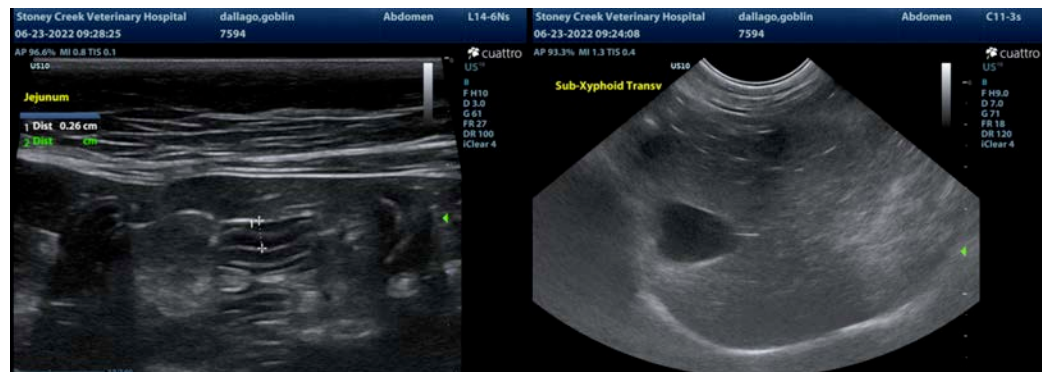
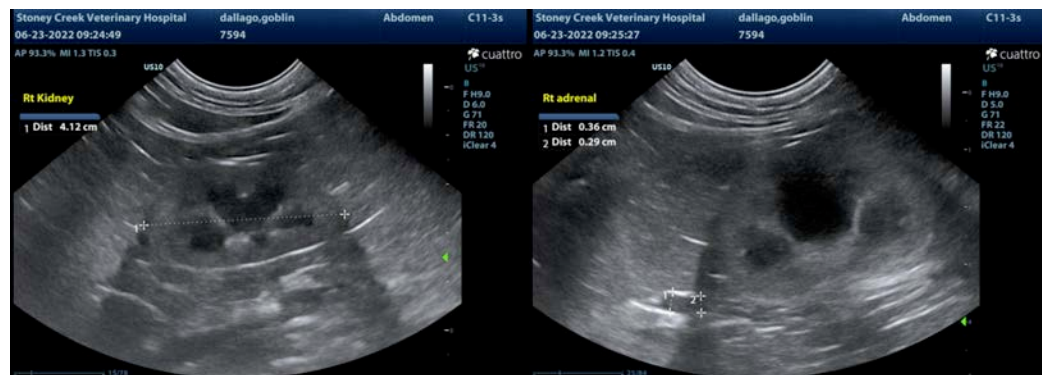
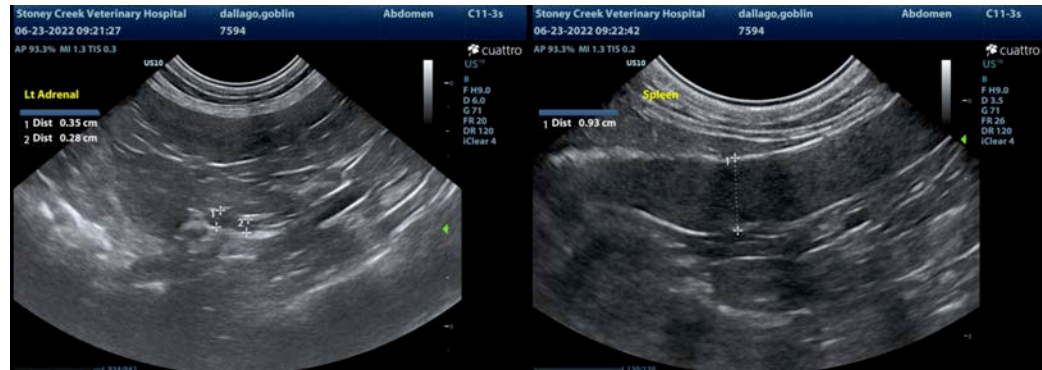
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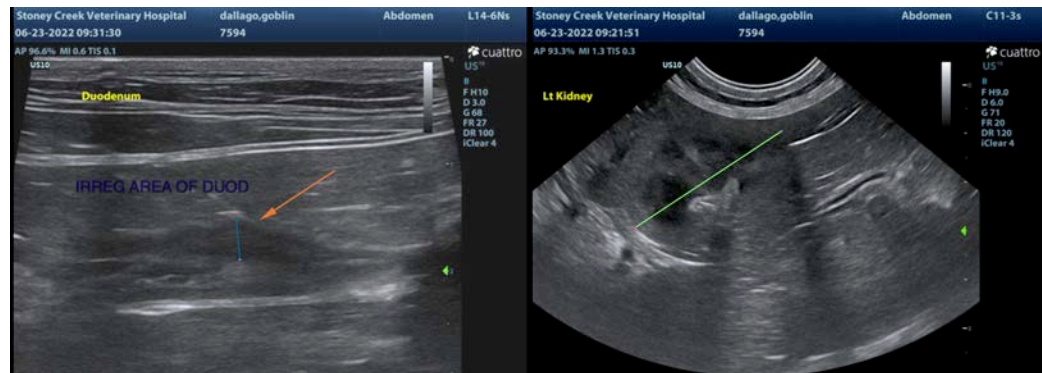
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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