

**PATIENT PRESENTING CLINICAL SIGNS**

Cody Adona Sedation-History \* U/S on 4/19/23 - Mild mesenteric lymphadenopathy, seen in April for inappetence, jaundice on exam Grade 3/6 systolic murmur.

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: Eosin 1566, PSL 39

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH **Urinary System**

**SEX**

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The Bladder wall has a smooth mucosal surface there is a slight irregularity visualized in the ventral apical region of the urinary bladder, possibly consistent with a small diverticulum, recommend continued monitoring. The 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**

04/22/2009

The left kidney is normal in size measuring 4.36 cm with a hyperechoic cortex and normal corticomedullary distinction. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts, or hydroureter. Renal vasculature is normal.

**WEIGHT**

4.1 kg

The right kidney is normal in size measuring 4.59 cm with a hyperechoic cortex and normal corticomedullary distinction. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts, or hydroureter. 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 0.44 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

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.

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**Spleen**

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. There is a small hypoechoic nodule visualized within the parenchyma measuring 0.23 cm in diameter.

**REFERRING VET**

Dr. Robin Janeway

**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.

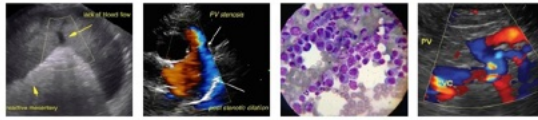
**INVOICE**

10290

**DATE**

6/28/2023

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 bile duct appears slightly prominent and dilated measuring at 0.32 cm. There is a secondary dilation (possibly a smaller



**PATIENT**

Cody Adona

duplicate gallbladder) visualized and a prominent bile duct courses caudally with no evidence of an obstructive pattern or significant debris.

**Gastrointestinal**

**SPECIES**

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**

DSH

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 jejunum measured as normal (0.24 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

04/22/2009

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**

4.1 kg

**Pancreas**

The pancreas is large and prominent with hypoechoic mottled echotexture bordering on nodular with contrasting hyperechoic mesentery surrounding. These changes are present in both limbs and are diffuse with no focal irregularities. Findings are most consistent with moderate to severe pancreatitis.

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Medicine)

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is diffusely hyperechoic, particularly in the region of the pancreas.

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**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.

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**PRIMARY FINDINGS**

- Small hypoechoic nodule in the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large prominent hypoechoic mottled almost nodular pancreas with surrounding mildly hyperechoic mesentery. Changes could be consistent with moderate to severe pancreatic inflammation. Given the history this could also serve remodeling due to chronic pancreatitis or even pancreatic neoplasia.

**REFERRING VET**

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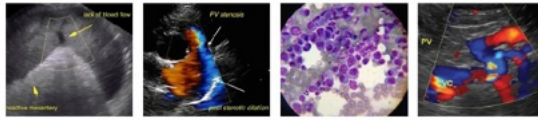
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**SECONDARY FINDINGS**



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- Mild irregularity to the ventral apical urinary bladder wall. This is very subtle and likely incidental at this time. If recurrent urinary tract infections are present, consider evaluation for a possible diverticulum.

**SPECIES**

Feline

- Hyperechoic cortices in both kidneys. Findings could be consistent with early interstitial nephritis.

**BREED**

DSH

- Suspect duplicate configuration of the gallbladder with a prominent mildly dilated bile duct. Dilation of the common bile duct could be consistent with a functional obstruction (i.e., primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (i.e., choledocholith, bile duct tumor, pancreatic disease, other).

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively similar to the previous scan on 04/19/2023. The pancreatic changes are still significant and prominent, a fine needle aspirate of the pancreas could be considered.

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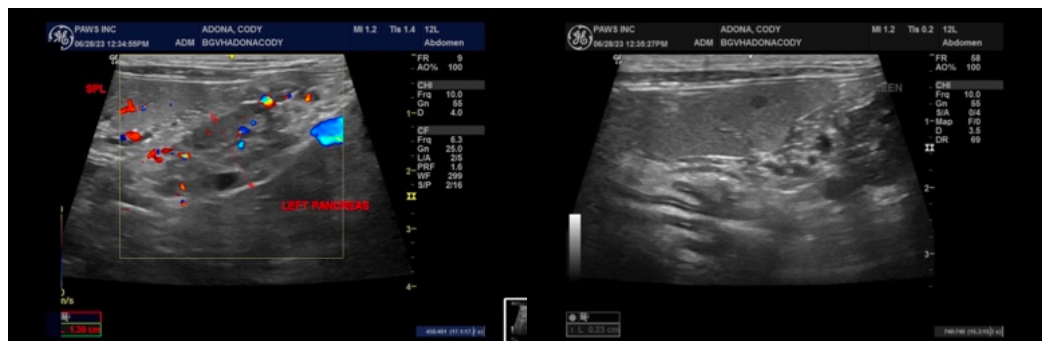
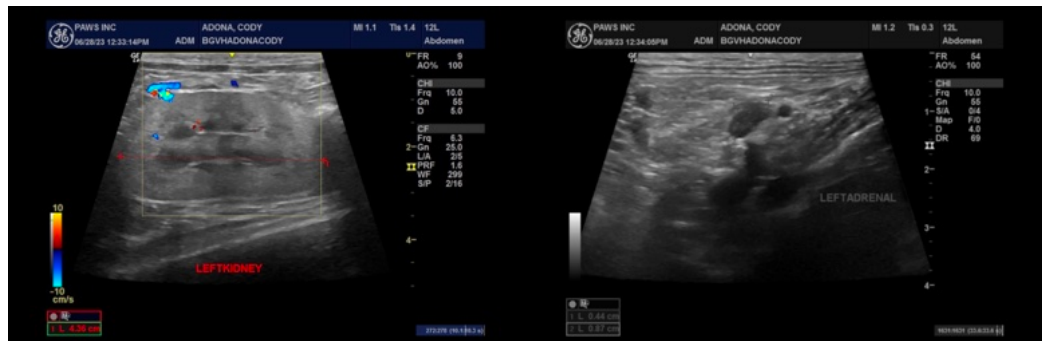
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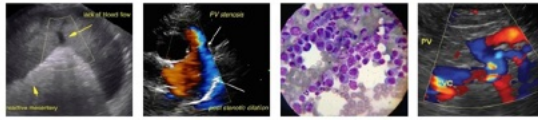
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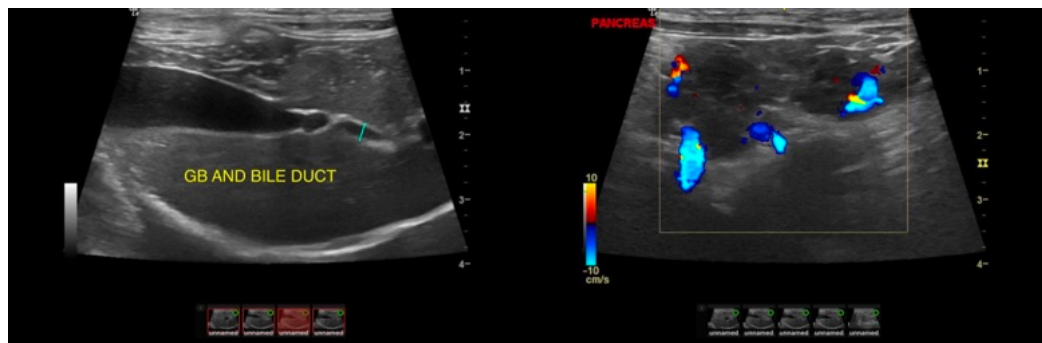
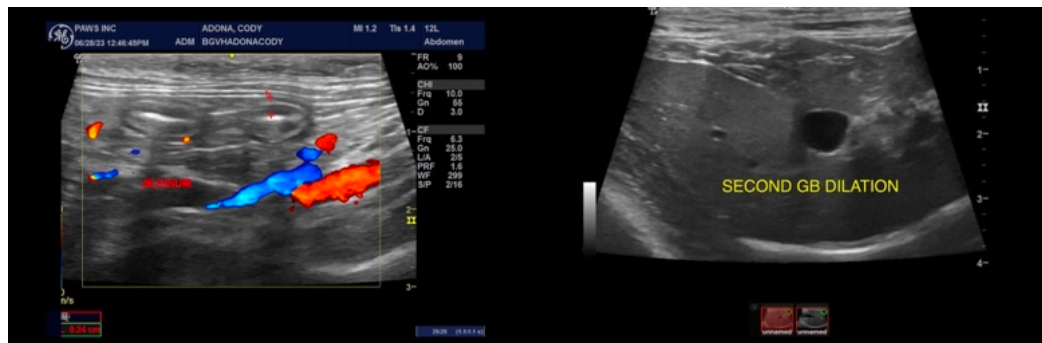
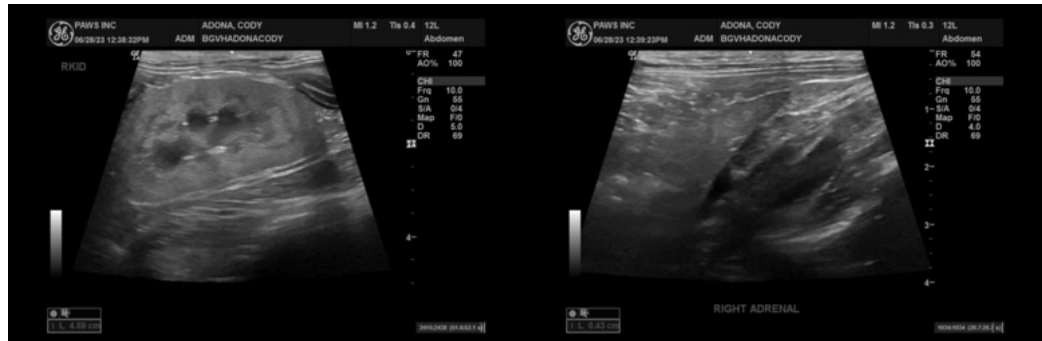
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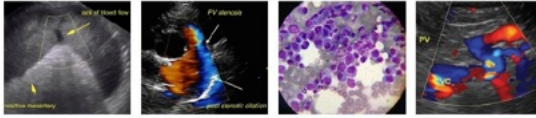
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Feline

info@sonopath.com

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