



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rosie Fuhrman
SPECIES Feline
SEX Spayed Female
AGE 8 Years
WEIGHT 3.07 kg

Pancreatitis April 2021 History of vomiting/weight loss which is ongoing - initially did better but still ongoing, no diarrhea, some blood noted in vomit Dental completed in 2019 meds: Prednisolone 1.25 mg EOD; Omeprazole 5 mg SID
 Abnormal PE/Chem/CBC/UA Results: 5/12/22 - fPL 3.4 - high normal but normal; prior was at 5.8 ALP 63 (12-59) In the past minor hypokalemia noted, now resolved T4 normal, renal parameters normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.43 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 (3.43 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 0.31 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 0.20 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, echotexture is homogenous. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule with a hyperechoic center that is visible, deviating the splenic capsule.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

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6/3/22



PATIENT

Gastrointestinal

Rosie Fuhrman

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

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 measured 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DSH

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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Pancreas

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.

AGE

8 Years

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 of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic splenic nodule – This lesion is atypical, as it is very focal and has a hyperechoic center. It appears to deviate the splenic capsule.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The changes associated with the gastrointestinal tract were relatively mild. There is a prominent muscularis layer, which can be associated with small intestinal inflammation. I did not appreciate significant pancreatic changes, although the ultrasonographic appearance does not always correlate with the severity of the clinical signs. I would consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, to further evaluate the pancreas and look for additional evidence of small intestinal disease (B12 deficiency, etc.).

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Dr. Halfon

- Recommend novel protein/hydrolyzed protein prescription diet.
- Recommend the aforementioned GI panel.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If symptoms persist, consider obtaining GI biopsies.

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There is an atypical lesion on the spleen. The spleen itself appears relatively small (possibly hypovolemic), and this lesion is very discrete, bulging from the splenic capsule with a hyperechoic, non-shadowing center. The nature of this lesion is unclear, but I could see a scenario where the splenic lesion



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is removed or biopsied, and GI biopsies are obtained as well. Alternately, a fine needle aspirate of the splenic lesion could be the initial step, and plans made thereafter.

Recommend urinalysis and culture to evaluate the echogenic urine.

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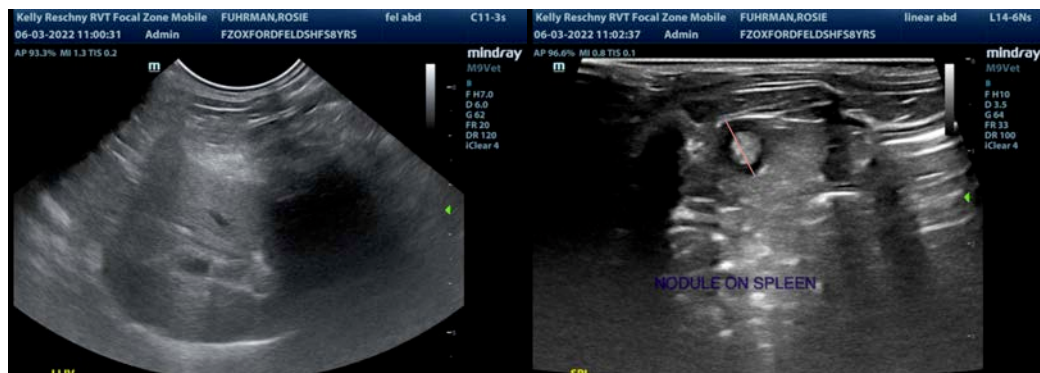
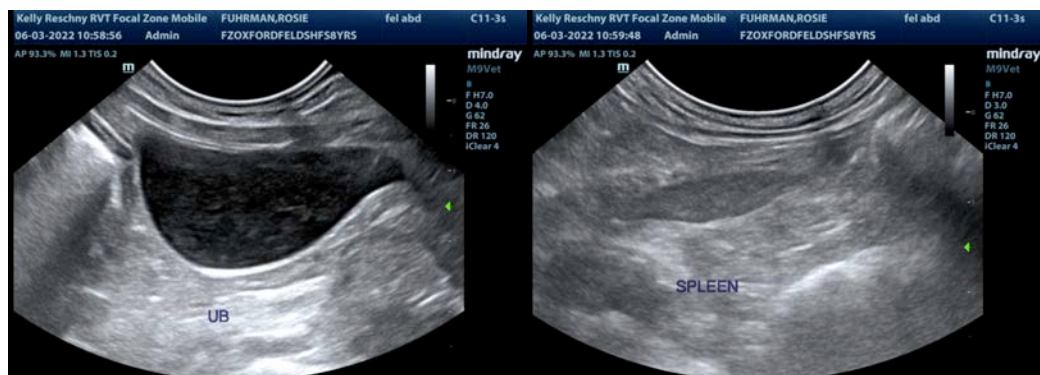
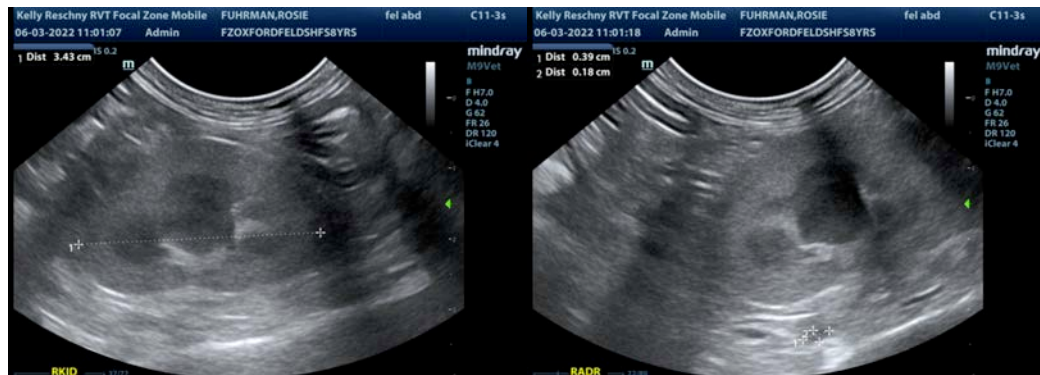
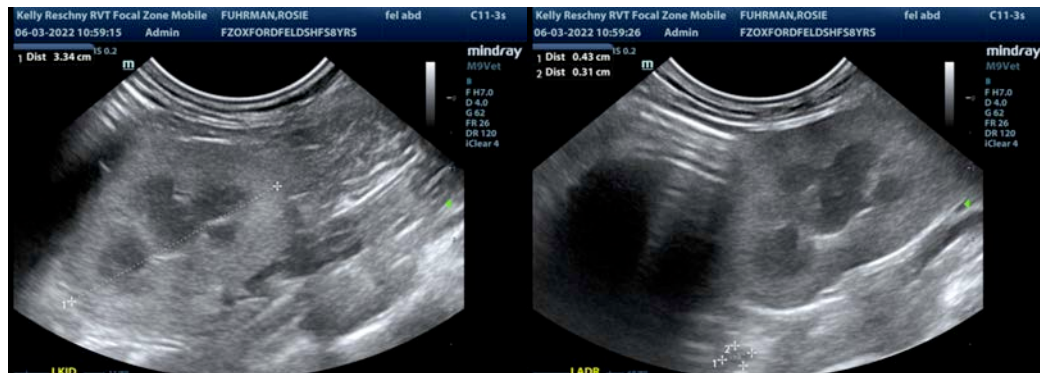
Dr. Halfon

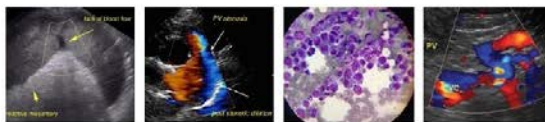
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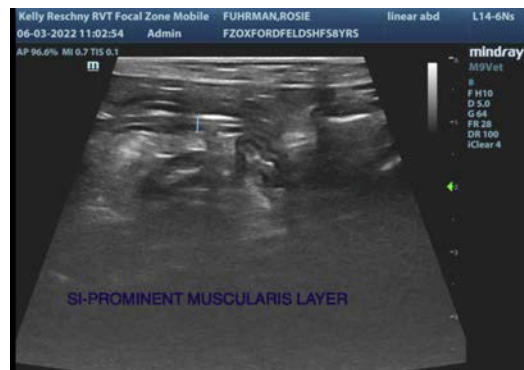
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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