



PATIENT PRESENTING CLINICAL SIGNS

Leo Clark BW on Jan 2022 CBC normal, BW yesterday now showing anemia. Last UA done Nov 2021 was unremarkable, now UA has 3+ RBCs. P has lost 0.2KG in 3 months, decreased appetite, lethargic, PU/PD Known HCM and thyroid disease meds: Gabapentin (PRN for aggression/stress) Enalapril, Felimazole, Clpidogrel
Abnormal PE/Chem/CBC/UA Results: BW - mildly elevated urea, creat. Anemia with HCT 26% Jun 6, and 23 Jun 7 all the rest WNL UA - 3+ RBCs, rest unremarkable HR 140 RR 24 possible low grade murmur

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The Bladder lumen is filled with a mixed echogenic, somewhat irregular mass effect. In the cross sectional view, this mass measures 1.88 cm x 2.57 cm. In the sagittal view, it measures 1.8 cm x 3.63 cm. The bladder wall appears relatively normal with no significant irregularity or increase in thickness noted. The area of the trigone, ureteral papillae and proximal urethra appear normal with no evidence of calculi. Primary differential would be a large clot. A mass effect cannot be ruled out.

AGE

16 Years

The left kidney has a normal shape and size (4.55 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

4.2 kg

The right kidney has a normal shape and size (4.1 cm) with a 0.57 cm cortical cyst. Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

BPH Stoney Creek

The right adrenal gland is normal/borderline large in size measuring 0.52 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.

REFERRING VET

Dr. Baskin

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. No focal parenchymal abnormalities are visualized.

Liver

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

6/8/22



PATIENT 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.
Leo Clark

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 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. Jejunum wall measured 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
DSH

SEX 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.
Neutered Male

AGE *Pancreas*

16 Years 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.

WEIGHT *Free Abdomen*

4.2 kg 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

- Large, irregular, mixed echogenic mass effect within the urinary bladder – This has the appearance of a possible clot, but a secondary mass effect cannot be ruled. Recommend urinalysis and culture and reevaluation of this lesion in 1-2 weeks.
- Decreased corticomedullary distinction in both kidneys with a right-sided cortical cyst – The bilateral renal findings are consistent with age-related change.
- Borderline enlarged right adrenal gland – Differentials include anatomic variant, benign adenoma, carcinoma, pheochromocytoma, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Baskin

There is a large mixed echogenic mass effect visualized within the urinary bladder. This has the appearance of a clot, but a mass effect can look very similar. Recommend urinalysis and culture and reevaluation of this lesion in approximately 1-2 weeks to see if it persists. If a persistent lesion is evident, then consider sampling for a possible bladder lesion.

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The right adrenal gland is borderline enlarged. The significance of this is unclear. This could be an incidental finding or could be an early mass lesion. Recommend a blood pressure evaluation and assessment of the bloodwork for any electrolyte disturbances consistent with hyperaldosteronism, or any symptomatic changes consistent with excess cortisol secretion (diabetes, skin lesions, etc.). If these are suspected, then adrenal testing should be considered. Otherwise, I would suggest continued monitoring of the adrenal gland with ultrasound.

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PATIENT

An obvious focal cause for the anemia and weight loss is not evident. If the bladder lesion is persistent, this could be a source. If not, then I would consider the possibility of underlying GI disease, early renal disease, etc.

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SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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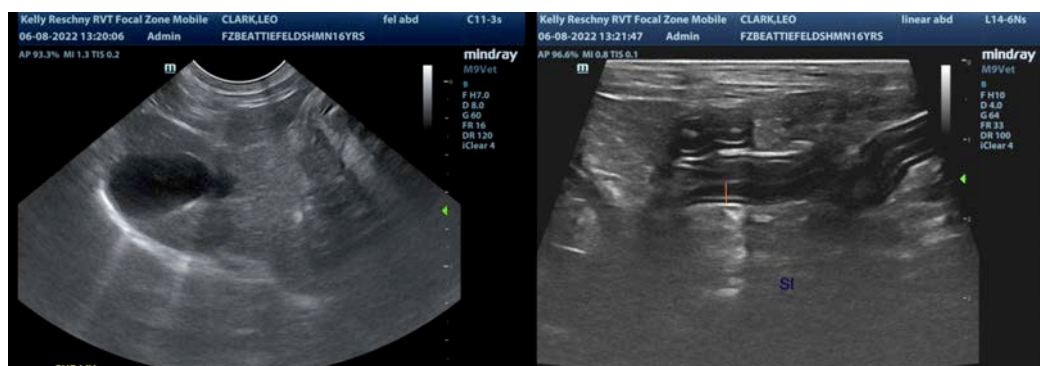
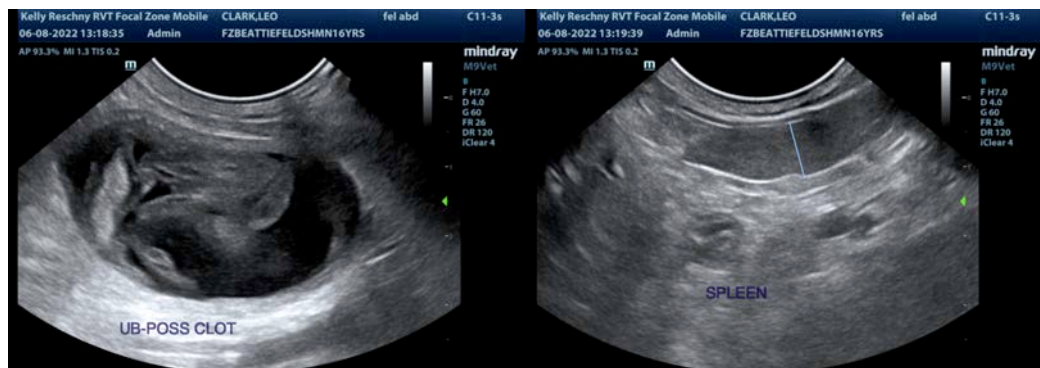
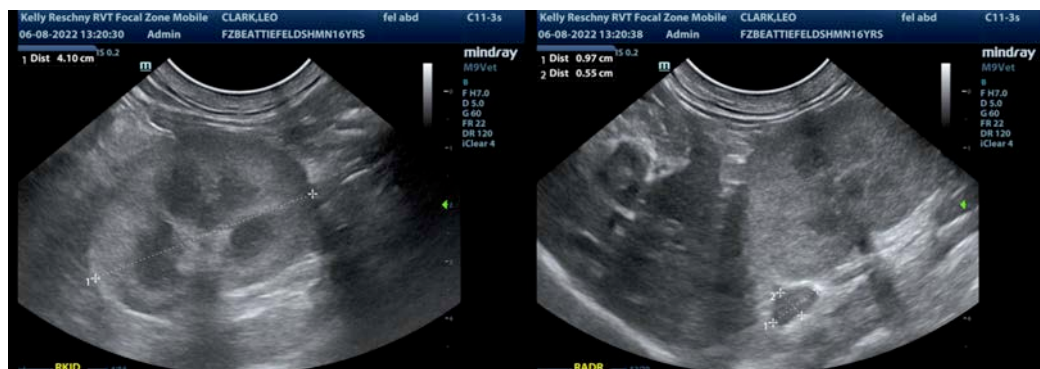
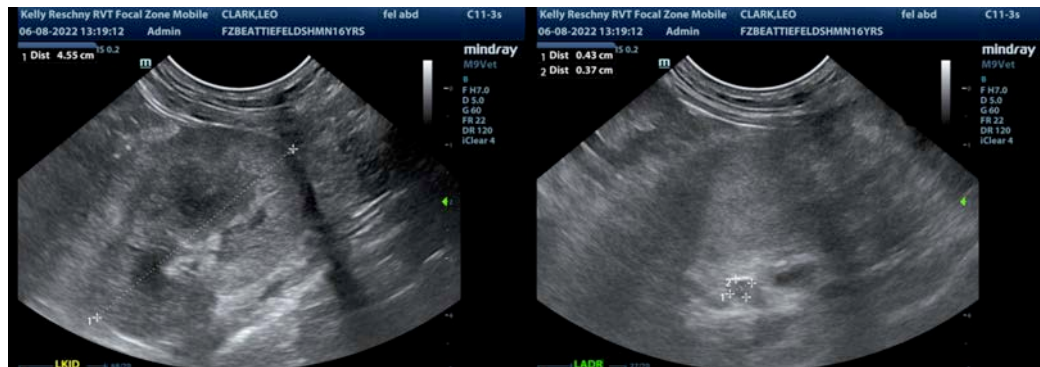
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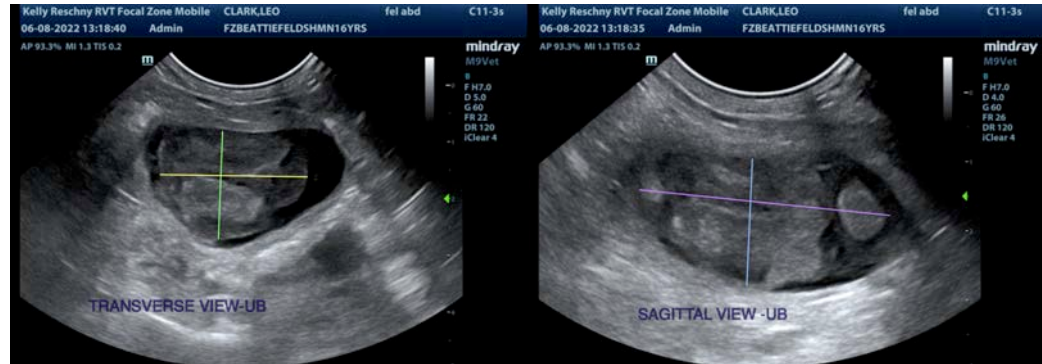
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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