



PATIENT

Statler Bogart

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9.5 Years

WEIGHT

12.75 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

38598

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Weight loss, vomiting. Vomiting almost daily, yellow bile. Appetite is good. Dramatic weight loss over past 5-6 months

Abnormal PE/Chem/CBC/UA Results: Weight loss. Irregular thickened areas on abdominal palpation. Normal chem, cbc, T4, UA, and Spec fPL. Cholesterol and ALP slightly decreased.

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 (4.19 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 (4.27 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 0.27 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 0.40 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

The spleen is normal/borderline large in size (1.1 cm in height at the level of the hilus), 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

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



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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 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 is a section of bowel adjacent to a pair of enlarged lymph nodes, which has decreased distinction of wall layering, and it is subjectively thickened at 0.27 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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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized measuring 0.77 cm and 0.73 cm in diameter with hyperechoic mesentery surrounding.

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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.
- Prominent muscularis layer to the small intestine with a focal area of bowel, which appears thickened with reduced detail of wall layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Enlarged abdominal lymph nodes – These lymph nodes are enlarged and hypoechoic, and surrounded by hyperechoic mesentery. The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Borderline enlarged spleen – This could be normal for this large cat. A fine needle aspirate could be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse prominence of the muscularis layer in the small intestine as well as a subtle area adjacent to a grouping of large lymph nodes, which appears somewhat asymmetrically thickened with decreased detail of wall layering. This is concerning for infiltrative disease, but other differentials such as edema and inflammation associated with the enlarged lymph nodes could be considered. Additionally, there is a cluster of prominent, abnormal lymph nodes.

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Recommend fine needle aspirate of the lymph nodes and 3-view thoracic radiographs. Additionally, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for

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evidence of a B12 deficiency and other indicators of small intestinal disease. If a cytologic diagnosis cannot be identified, options are to consider surgical biopsies of the lymph nodes, small bowel, etc.

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- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- Recommend the aforementioned GI panel.

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There is a mild amount of echogenic debris within the urinary bladder. Consider urinalysis and culture.

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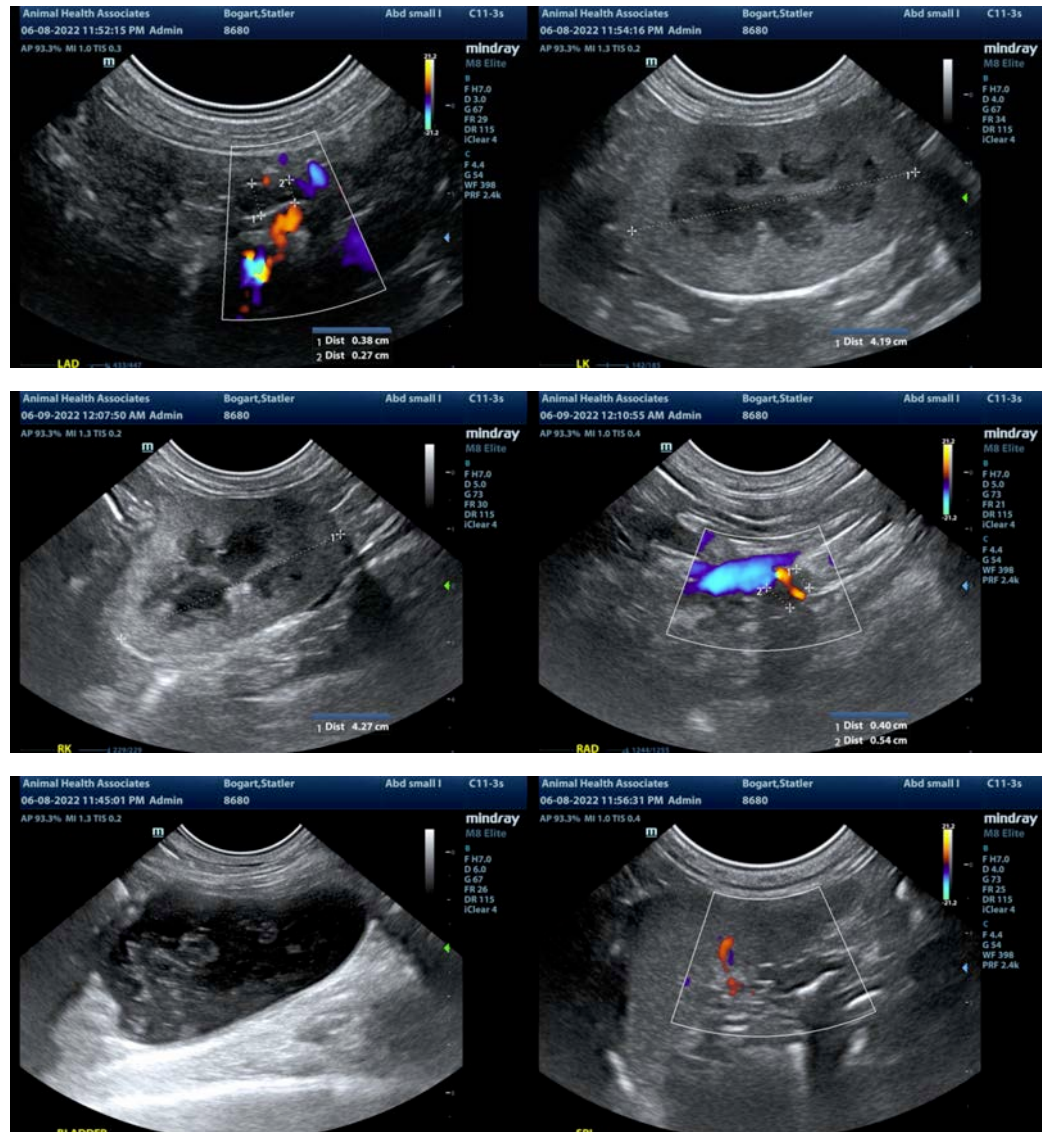
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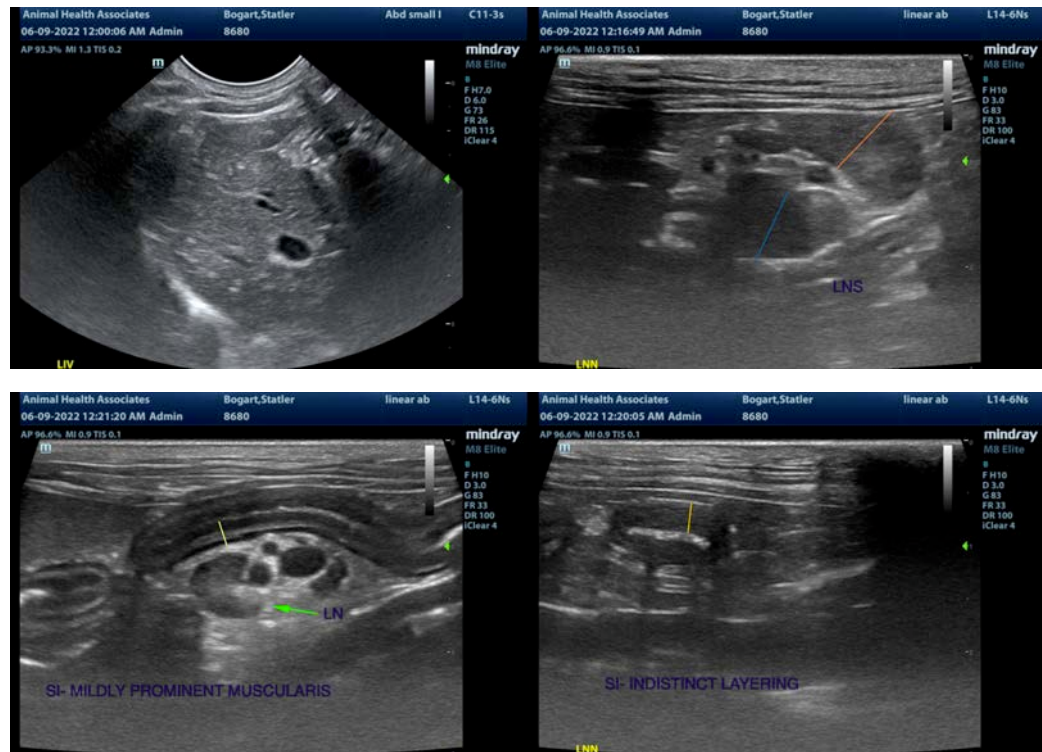
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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