



**PATIENT PRESENTING CLINICAL SIGNS**

**Sasha Allen** Presented from ER for azotemia, anemia and pancreatitis. P became hyporexic about 2 weeks ago then became anorexic a couple days ago. P vomited once last week. P given buprenorphine, convenia, and cerenia and is being maintained on IV fluids with vitamin B.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: HCT 22.4%, NEU 86%, ALP 148, LIPASE 4844, CRE 4.1, BUN 78, fPL abnormal. Urine clear in color. Intra-abdominal masses noted. free fluid noted in right abdomen and around liver. gallbladder sludge. Enlarged intestinal lymph nodes.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

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.

**AGE**

15 Years

The left kidney has a normal shape and size (3.1 cm). Overall echogenicity is increased with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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**

3.1 kg

The right kidney has a normal shape and size (3.04 cm) with significant pyelectasia at 0.22 cm. Overall echogenicity is increased with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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Dr. Tiffany Moore

The right adrenal gland is normal in size measuring 0.31 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.

**HOSPITAL NAME**

Lone Mountain AH

**Spleen**

The spleen is subjectively normal in size (0.59 cm at 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.

**REFERRING VET**

Dr. Tiffany Moore

**Liver**

**INVOICE**

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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.

**DATE**

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The proximal bile duct is prominent/mildly dilated measuring 0.34 cm.



**PATIENT** *Gastrointestinal*

Sasha Allen 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 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. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. While there are no focal bowel lesions observed, there is irregular, amorphous tissue visualized in the mid caudal abdomen (mesenteric root area) clustered with associated bowel, but no direct association with the bowel is visualized.

**BREED**

DSH

**SEX**

Spayed Female

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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15 Years

**Pancreas**

The pancreas is large, irregular, and hypoechoic to the surrounding mesentery. It is focally seen visualized in the left and right limbs surrounded by regional mesenteric inflammation. Additionally, there is irregular, somewhat amorphous, similar appearing tissue visualized more caudally throughout the abdomen, suggestive of abnormal pancreatic tissue, measuring 4.49 cm x 2.46 cm. These findings are most consistent with severe pancreatitis +/- pancreatic neoplasia.

**WEIGHT**

3.1 kg

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**Free Abdomen**

There is a small to moderate amount of free abdominal fluid. There is a suspected lymphadenopathy with irregular amorphous tissue visualized throughout the mesentery. The omentum is generally severely hyperechoic and mottled, almost nodular.

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**ULTRASONOGRAPHIC FINDINGS**

- Large, irregular, hypoechoic pancreas with surrounding inflammation and fluid
- Ill-defined, hypoechoic, patchy mass effect near the root of the mesentery, possibly consistent with an effaced lymph node or large pancreatic mass lesion.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Bilaterally hyperechoic kidneys with mild right-sided pyelectasia – Findings could be consistent with dehydration, interstitial nephritis, pyelonephritis, etc. Recommend urinalysis and culture.
- Free abdominal fluid with diffuse mesenteric inflammation and irregular/nodular mesentery – Findings are consistent with diffuse peritonitis (bacterial versus sterile) and possibly a neoplastic process (pancreas or carcinomatosis).

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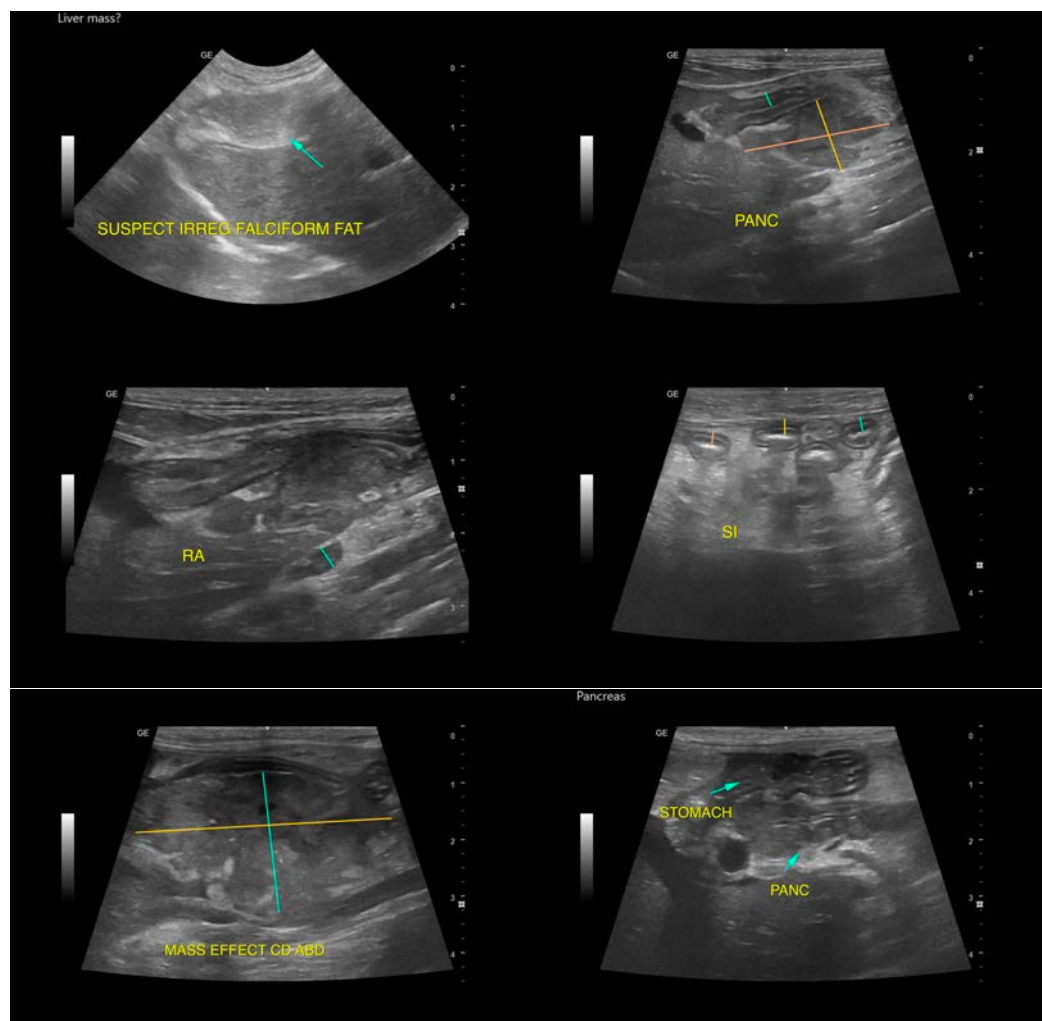
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pancreas appears large, irregular, and hypoechoic in both the left and right limbs with a large amount of reactive mesentery and free fluid. These findings are most consistent with severe pancreatitis. Additionally, there is abnormal, somewhat ill-defined hypoechoic patchy tissue forming a mass effect near the root of the mesentery, and at various other locations within the abdomen. These findings are concerning for possible pancreatic neoplasia, carcinomatosis, etc. Recommend a fine needle aspirate of the pancreas as well as the irregular mass effect at the root of the mesentery. Additionally, sampling of free abdominal fluid for fluid analysis and cytology could be beneficial. Recommend empirical treatment for acute pancreatitis and 3-view thoracic radiographs.





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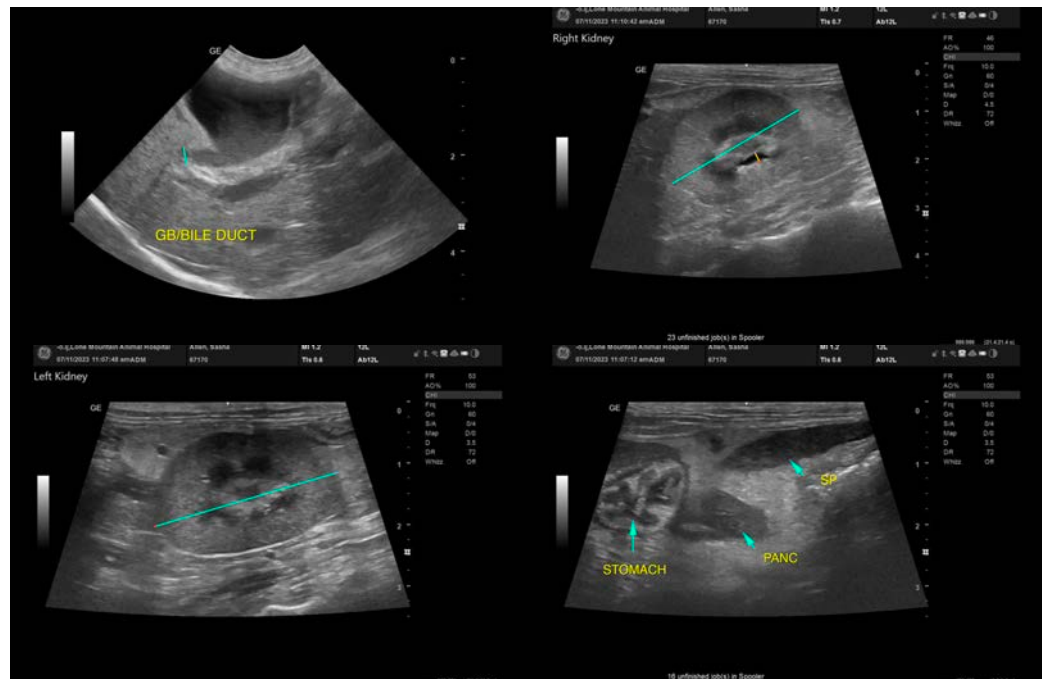
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**WEIGHT**

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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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