

PATIENT

Oliver Jenkins

PRESENTING CLINICAL SIGNS

SPECIES

Feline

weight loss- painful mouth sensitive lower PM3s and upper PM4s- LABS WNL- needs dental work- SEDATION: torb/dexdormitor
Abnormal PE/Chem/CBC/UA Results: LABS WNL- thyroid normal- felv/fiv neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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.

SEX

Neutered Male

The left kidney has a normal shape and size (4.11 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.

AGE

12 Years

The right kidney has a normal shape and size (4.12 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.

WEIGHT

12.1 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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.

INTERPRETED BY

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

The right adrenal gland is normal 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Spleen

The spleen is large/"meaty" in size, and is hypoechoic, measuring 1.42 cm in width at the level of the hilus. 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

HOSPITAL NAME

North Hills VC

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.

REFERRING VET

Dr. David Baggett

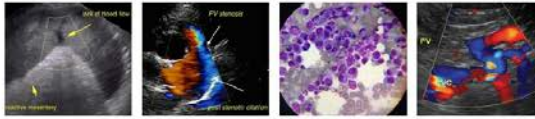
The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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

BREED

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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 duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Distal to this, at the level of the transverse/descending colon, there is severe focal colonic wall thickening with complete loss of layering. This region measures >4.0 cm in length. In this region, wall thickness is between 1.64 cm and 0.78 cm with a diameter of 3.33 cm. There is regional inflammation surrounding this region of colon.

AGE

12 Years

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

12.1 Pounds

Free Abdomen

There is a scant amount of free fluid. There are large mesenteric lymph nodes visualized. Most pronounced is a plump, hypoechoic colonic lymph node measuring 0.78 cm in diameter. Additionally, there are other mesenteric lymph nodes measuring 0.91 cm and 0.54 cm. The omentum is of increased echogenicity around the abnormal lymph nodes and the colonic mass.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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LVT

PRIMARY FINDINGS

- Focal area of colon with severe wall thickening and loss of layering – most consistent with a colonic mass effect. Primary differentials would be round cell neoplasia, carcinoma, etc., but benign differentials do exist.
- Hypoechoic, large spleen – Of primary concern would be infiltrative disease, congestion, etc. Recommend fine needle aspirate.

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SECONDARY FINDINGS

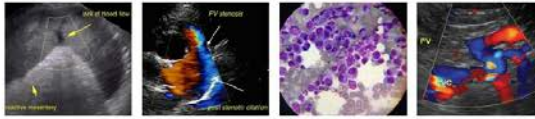
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is

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Oliver Jenkins unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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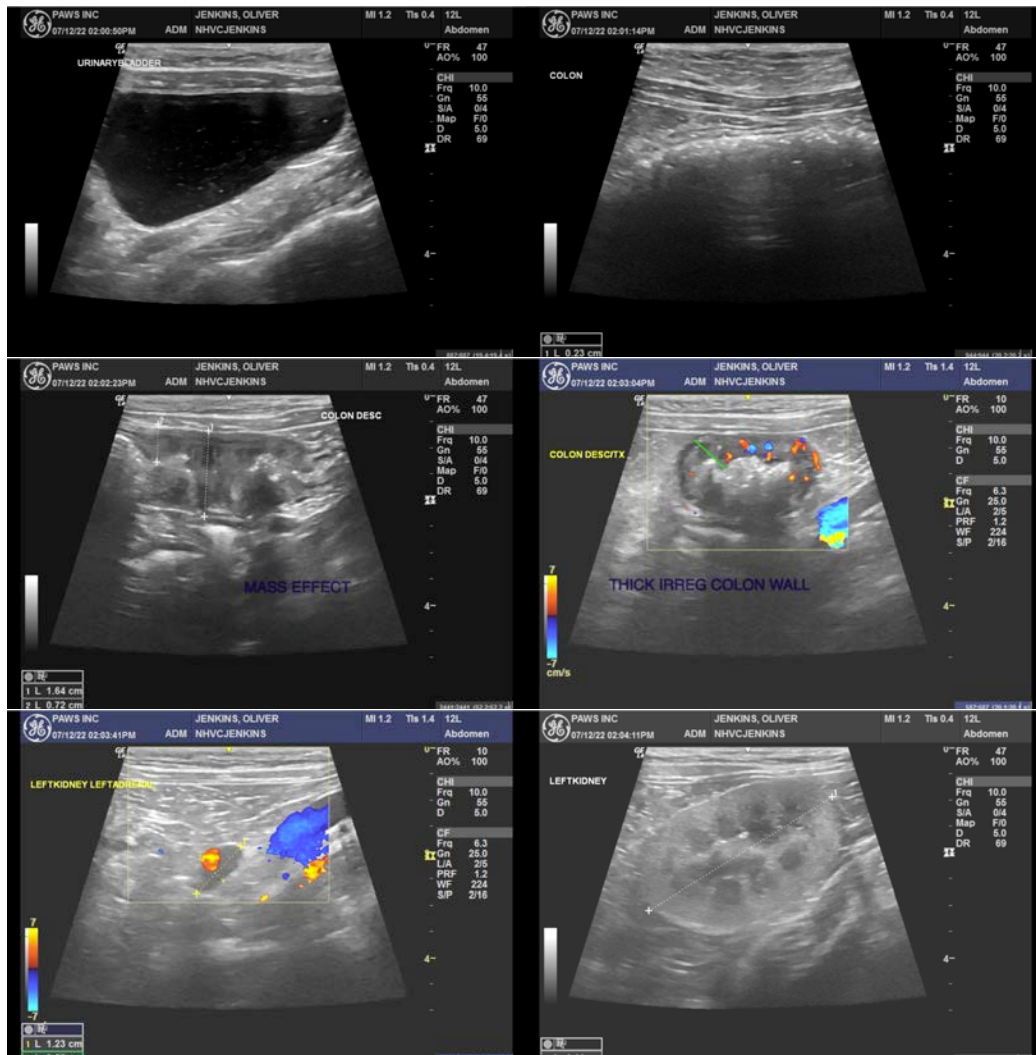
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect involving the colon with severe colonic wall thickening and complete loss of layering. Additionally, there is a focal lymphadenopathy around this region. Recommend a fine needle aspirate of the colon wall and an enlarged colonic lymph node (see images).

Additionally, the spleen appears somewhat large and prominent. Consider a fine needle aspirate,

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained, consider surgical evaluation for resection of the abnormal tissue and submission for histopathology.





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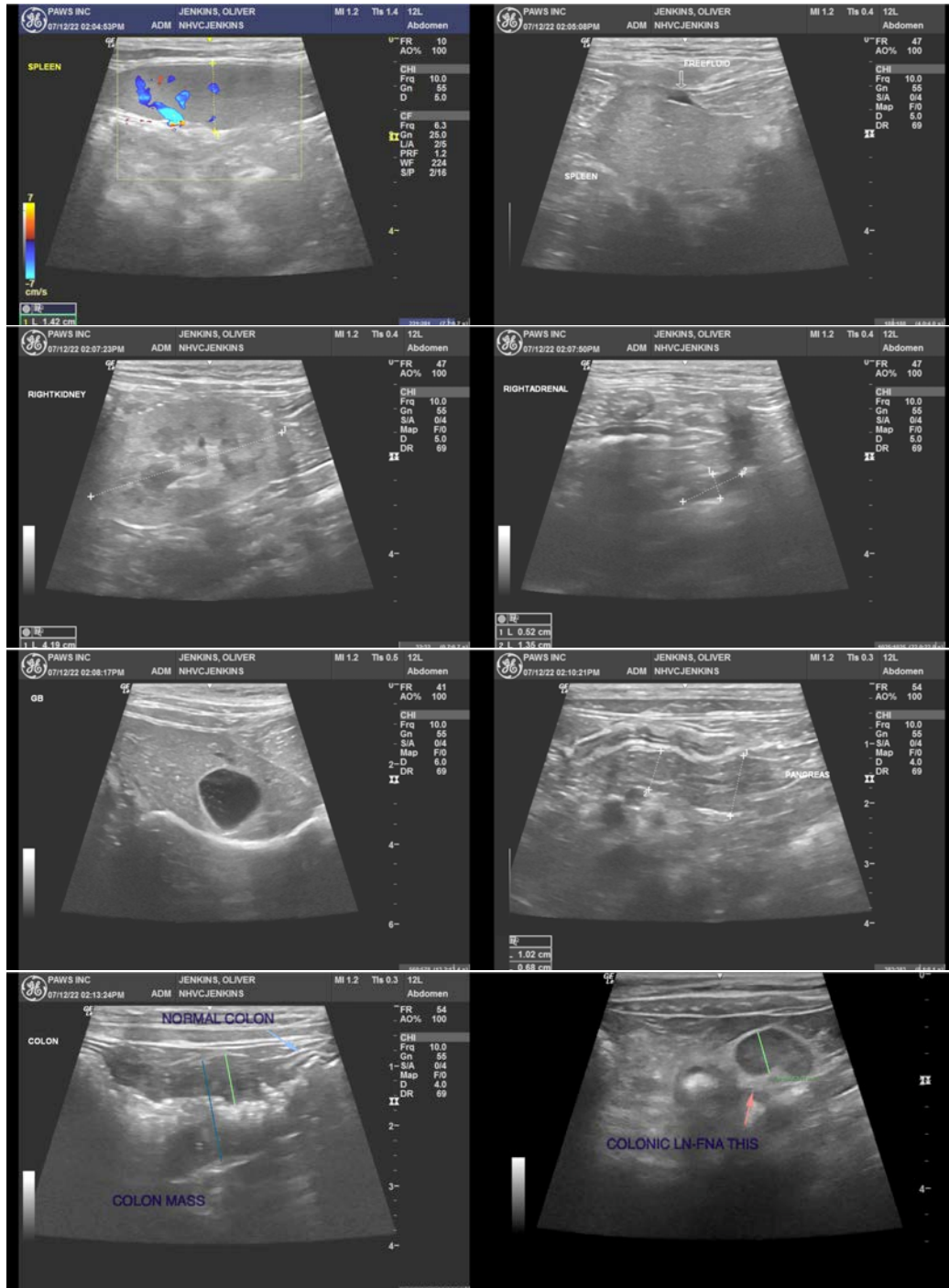
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

12 Years

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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