



PATIENT

Priscilla Sammies
Friends

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years or Older

WEIGHT

5.4 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

39516

DATE

7/13/22

Reason for Ultrasound: to understand if there is anything else we can do for this cat before euthanasia is elected. History: Shelter cat in longer term foster care, recently experiencing anorexia and weight loss, has always had tremors and ataxia, hyperthyroidism and chronic renal disease, patient currently on SC fluids 75 cc SC SID, benazepril 5mg 1/4TSID, methimazole 1/2TBID, cerenia and mirtazapine

Abnormal PE/Chem/CBC/UA Results: Physical exam findings: newly diagnosed bradycardia, underweight Abnormal Blood and UA Values: increased Alb @ 4.3 g/dL, increased A/G ratio @ 1.6, azotemia with BUN @ 57 mg/dL, Creatinine @ 2.9 mg/dL, elevated Ca level @ 11.2 mg/dL, hyponatremia @ 139 mEq/L, hypokalemia @ 2.6 mEq/L, elevated Na/K ratio @ 53, hypochloridemia @ 103 mEq/L, elevated serum amylase @ 1,362/uL, mild mature neutrophilia @ 11,500/uL, T4 WNL @ 1.3 ug/dL, urine SpGr decreased @ 1.013, 1+ proteinuria, but trace hematuria noted (suspected traumatic stick). Radiologist findings on RADS: Conclusion Impression of mild cardiomegaly. There is no evidence of cardiac decompensation. Pulmonary hyperinflation, suspected stress associated as is gastric gas, suggesting stress-induced aerophagia. Emaciation. Impression of prominent chronic renal disease with diminished renal size. Mild hepatomegaly.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (3.16 cm) with mild pyelectasia at 0.35 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.33 cm) with mild pyelectasia at 0.22 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.48 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, 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.



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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.

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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.

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Gastrointestinal

The stomach contains mild fluid. 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 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 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 prominent and hypoechoic as 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.

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Loetitia Saint-Jacques,
LVT

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

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes observed on today's scan were relatively mild and non-specific. The pancreas appears prominent and hypoechoic. This could be a component in this cat not feeling well, eating well, etc. Correlate with a quantitative fPLI and recommend treatment for pancreatitis.

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The changes in the kidneys are consistent with chronic renal disease. There is mild pyelectasia present. Recommend urinalysis and culture to rule out concurrent pyelonephritis as well as blood pressure evaluation.

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

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If this patient's quality of life appears poor, and additional diagnostics are not going to be pursued, then consider fluids to correct the electrolyte imbalances, an anti-inflammatory dose of steroids (2.5 mg of Prednisolone PO q 12-24 hours, and cobalamin in addition to nausea medications, etc. to see if general support can help to stabilize this patient. There are some disease processes that a low dose of steroids could make worse (heart disease, etc.), but if it is a last resort, this could be an option.

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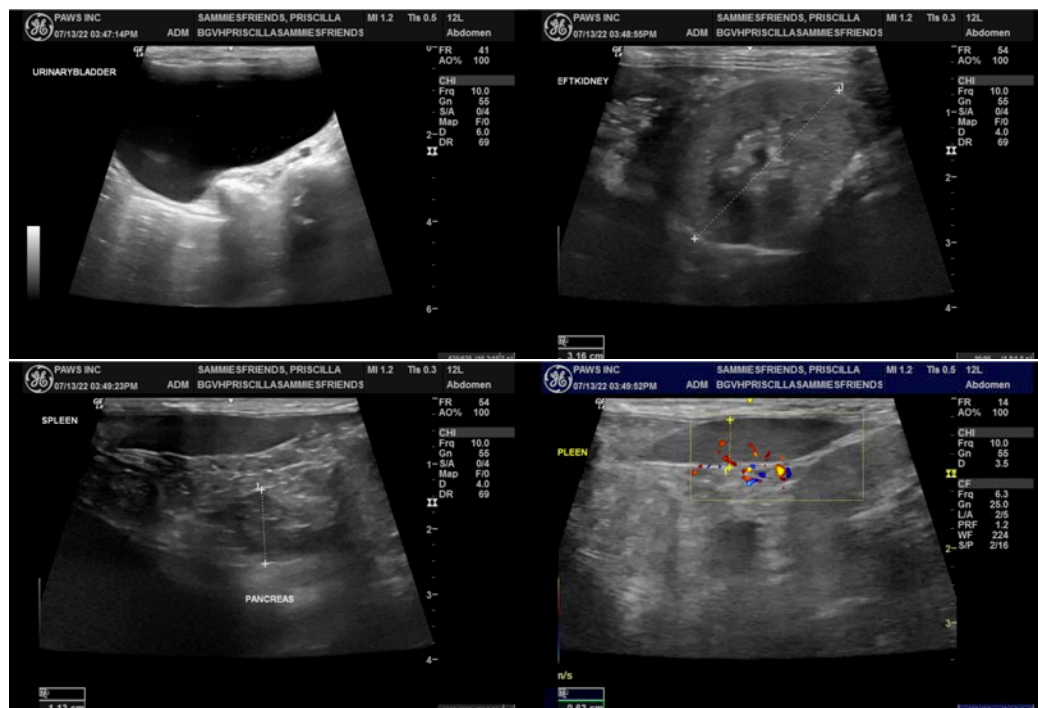
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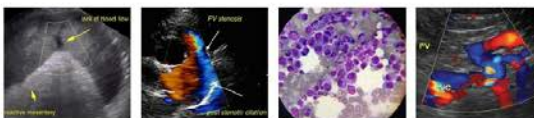
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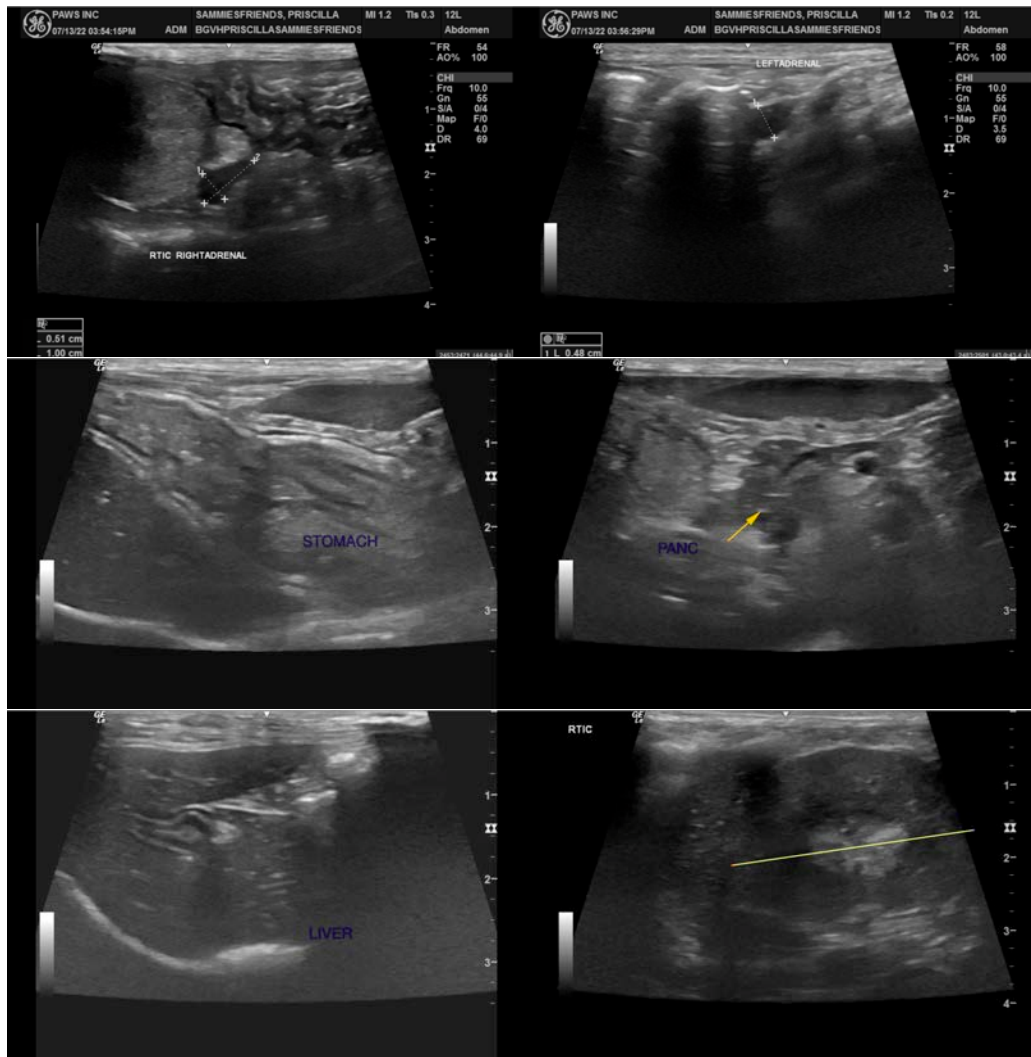
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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