



PATIENT

Sophie Spitfire Sorbo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

13.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Back Bay Vet Clinic

REFERRING VET

Dr. Sorbo

INVOICE

39566

DATE

7/15/22

PRESENTING CLINICAL SIGNS

P belongs to Dr. Sorbo. Had a broken FORL-tooth (404) and reduced appetite for two weeks. Pre-op labs and extraction 48 hours ago. During pre-op labs identified elevated liver values. P was very stressed after car journey to the clinic. Stress hyperglycemia. P also lost a little weight (< 1lb lost in 3 months). P has since the removal of the painful tooth been eaten better. Susp (and hope) benign hepatic lipidosis in remission.

Abnormal PE/Chem/CBC/UA Results: Recent tooth extraction, has one tooth in okay condition left (104). History of FUIO in 2012, FIV/FelV negative, UTD on vaccines. Indoor only. BCS 7/9 (overweight and been on w/d and Biome canned/dry 50-50) for years. ALT >500 and AlkP >200. SDMA 15. Remaining labs (incl tT4) wnl. Acting normal, no outwards clinical symptoms except recent hyporexia (mild - reduced appetite of 25-50%). Appetite appears improved since dental procedure, but still early days.

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 (4.1 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 (4.5 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 0.31 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 0.30 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 (0.69 cm in width 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 large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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 bile duct is visualized and is somewhat tortuous, measuring 0.25 cm.
Sophie Spitfire Sorbo	
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 0.18 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.
Spayed Female	
AGE	Pancreas
11 Years	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.
WEIGHT	Free Abdomen
13.6 Pounds	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.
INTERPRETED BY	PRIMARY FINDINGS
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	<ul style="list-style-type: none"> Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
IMAGING PERFORMED BY	SECONDARY FINDINGS
Dr. Sorbo	<ul style="list-style-type: none"> Mildly tortuous gallbladder – likely an incidental finding. Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Back Bay Vet Clinic	No significant focal lesions are visualized on today's exam. The biliary tract appears normal. Based on the information described, this is most consistent with a primary hepatopathy. Lipidosis would be a possibility as well as infiltrative disease (round cell neoplasia, etc.). Recommend a liver function test and a fine needle aspirate if clotting parameters permit. If adequate nutritional intake is not achieved relatively quickly, consider a temporary feeding tube to help aid with medications and calories. If liver enzyme elevations persist, worsen, or this patient is not doing well, consider obtaining liver biopsies. Additionally, you could consider GI biopsies, as often GI and pancreatic disease can go along with liver disease.
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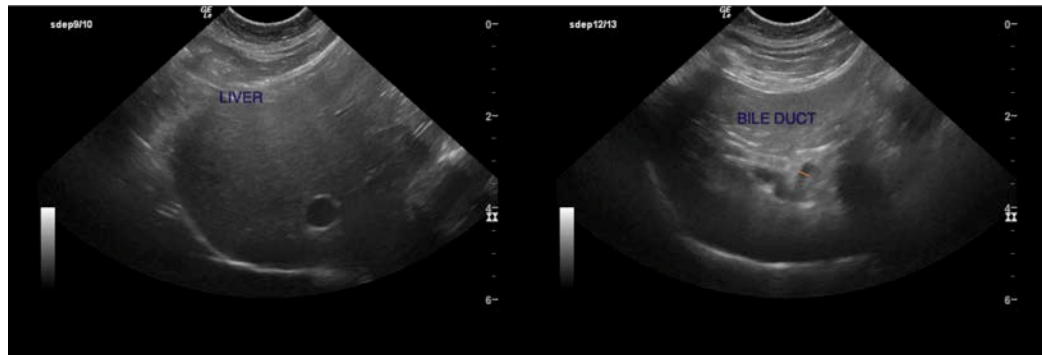
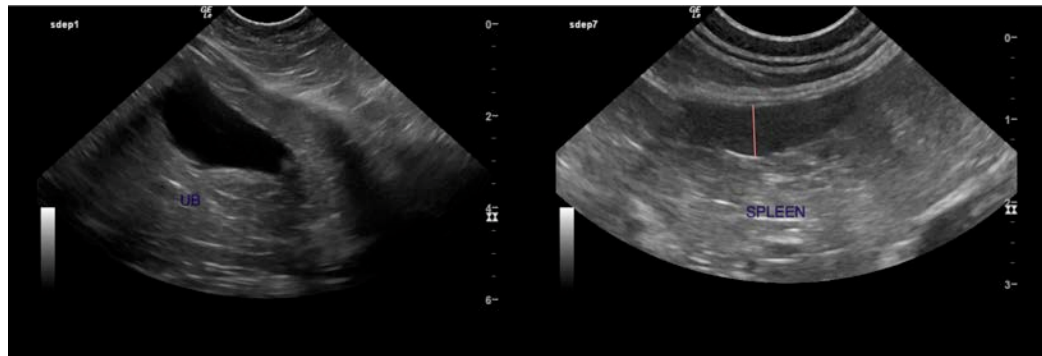
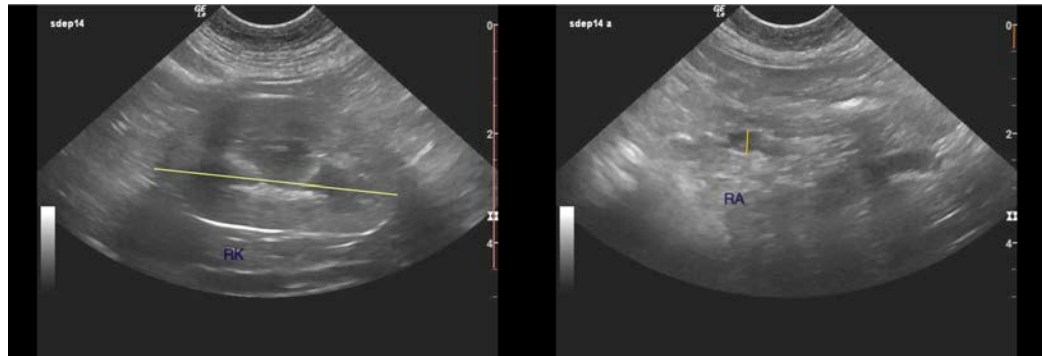
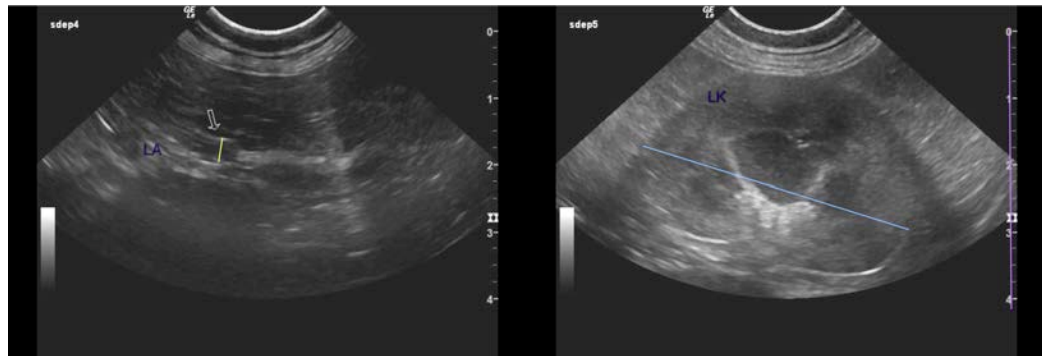
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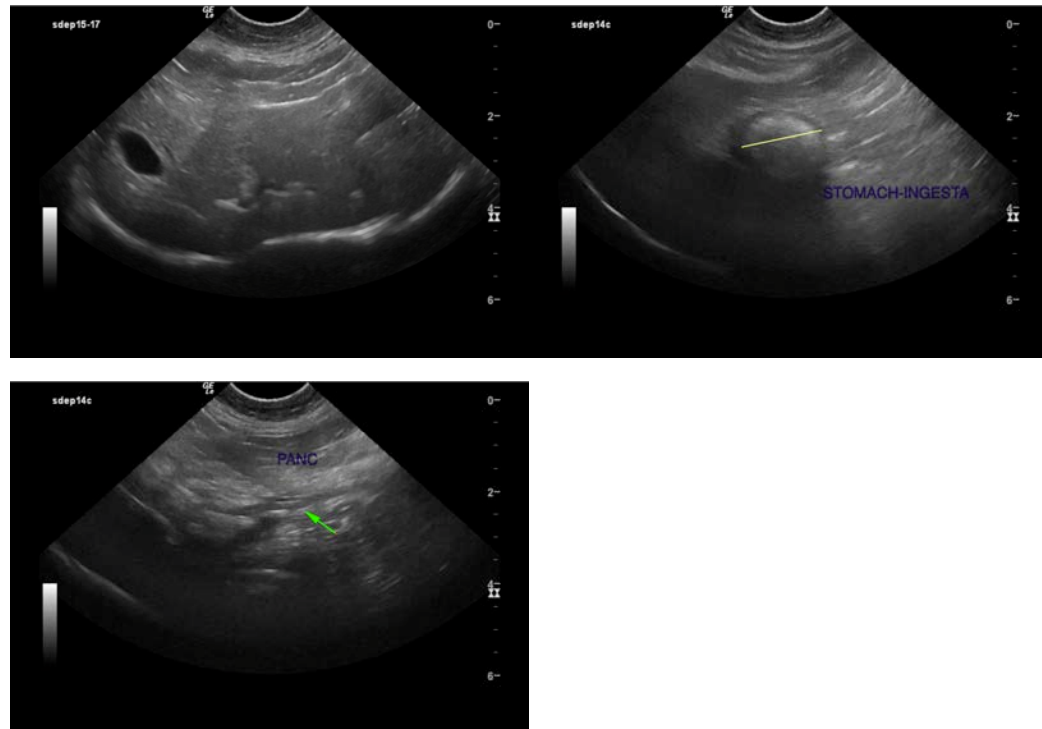
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com