



**PATIENT PRESENTING CLINICAL SIGNS**

Mr. Meh Carew Some constipation noted. Losing weight. Concerns for Lymphoma.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CBC RDW high, Neuts high, Eosinophils low, Chemistry - M1 elevated Glucose, Calcium 3.15(1.95-2.83), TP high 90(57-89), Globulins high 62(28-51), Na high 166(150-165) T4 normal.

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

**Urinary System**

**SEX**

The urinary bladder is moderately distended with anechoic urine. In the dependent portion of the urinary bladder, there is a small pile of sandy debris/small stones. There is a small amount of sandy debris also visualized in the proximal urethra. The wall of the urinary bladder appears normal with no significant thickening or irregularity.

Neutered Male

**AGE**

7 Years

The left kidney is normal in size (4.55 cm) but slightly irregular in shape (likely due to previous infarcts). Overall echogenicity is normal 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 or hydroureter. Renal vasculature is normal.

**WEIGHT**

16 Pounds

The right kidney has a normal shape and size (3.46 cm). Overall echogenicity is normal 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.44 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.

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The right adrenal gland is normal in size measuring 0.54 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.

**REFERRING VET**

Dr. Habib

**Spleen**

The spleen is subjectively normal in size (0.95 cm), 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.

**INVOICE**

44078

**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.

**DATE**

7/19/23



**PATIENT**

Mr. Meh Carew

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Feline

**Gastrointestinal**

The stomach contains mild to moderate ingesta. 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**

DSH

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 measures 0.16 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

7 Years

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.

**WEIGHT**

16 Pounds

**Pancreas**

The area of 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 occasional prominent mesenteric lymph nodes measuring 0.26 and 0.28 cm. Additionally, there is an area of hyperechoic tissue with rounded hypoechoic structures most consistent with a cluster of inflamed lymph nodes measuring 0.79, 0.89, and 0.81 cm. This is located near the colon. The omentum is slightly hyperechoic around these lymph nodes.

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**ULTRASONOGRAPHIC FINDINGS**

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- Dependent mineralized debris and small stones visualized within the urinary bladder and proximal urethra.
- Slightly irregular kidneys with likely previous infarcts – The renal lesion identified is ill defined and hyperechoic, this could be consistent with a previous renal infarct and can be an indicator of current or previous renal disease.
- Mild to moderate ingesta within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed).

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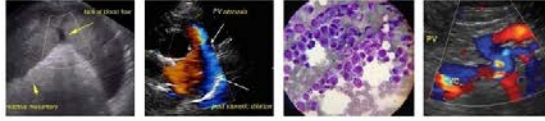
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- Focal area of irregular tissue most consistent with a cluster of hypoechoic lymph nodes and surrounding hyperechoic mesentery – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant 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



**PATIENT**

recommended for further evaluation.

Mr. Meh Carew

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The changes observed on today's scan are relatively mild. No focal lesions were visualized associated with the GI tract, but much of the colon is obscured by intraluminal shadowing material (presumed feces). There appears to be a cluster of lymph nodes near the colon. Pathology in this area cannot be ruled out.

Feline

**BREED**

There are dependent mineralized debris/small stones visualized in the urinary bladder and the proximal urethra. Recommend urinalysis and culture +/- radiographs and continued monitoring, as there could be an increased risk for possible obstruction.

DSH

**SEX**

A fine needle aspirate from the cluster of lymph nodes near the colon should be considered, as well as 3-view thoracic radiographs and close continued monitoring of this area for progression/appearance of a more focal lesion.

Neutered Male

**AGE**

Recommend an ionized calcium, PTH, and PTHrP level to evaluate the hypercalcemia reported.

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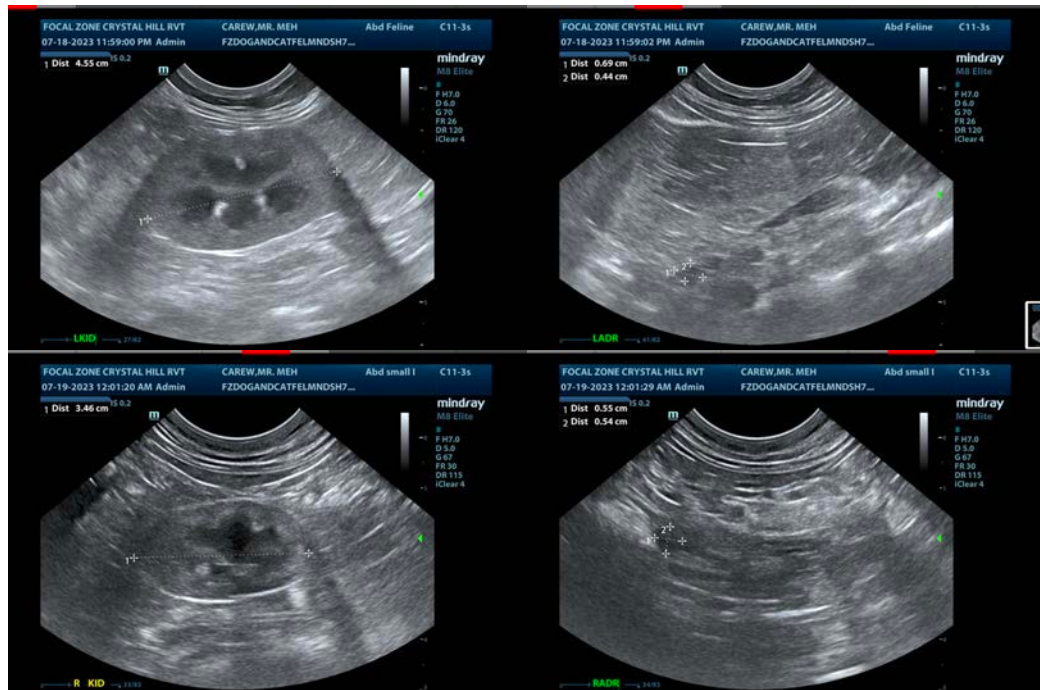
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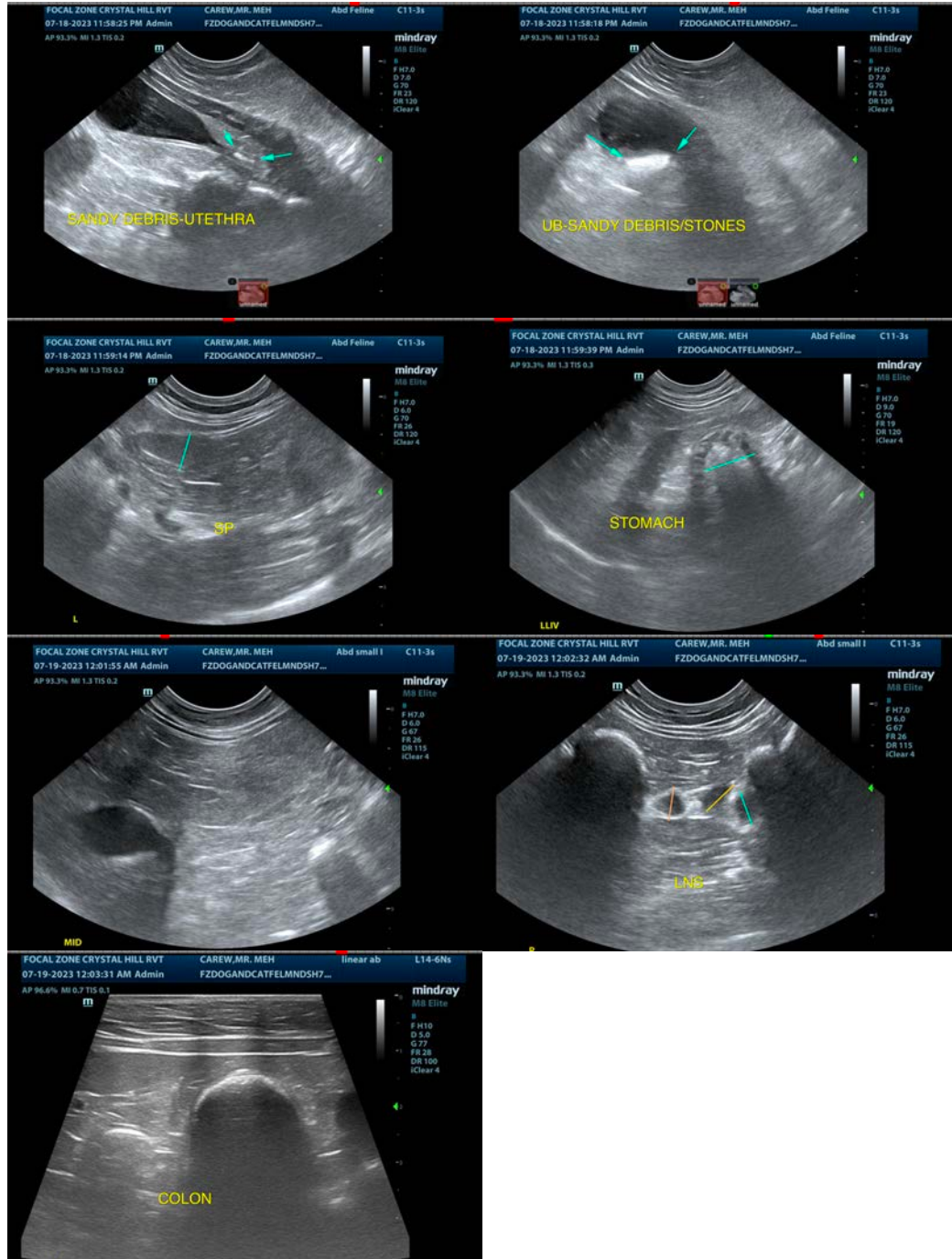
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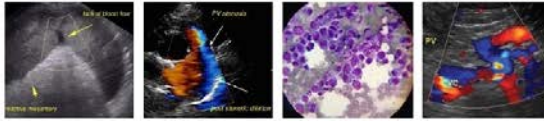
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Mr. Meh Carew

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.

**SPECIES**

Feline

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)

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info@sonopath.com

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