



**PATIENT PRESENTING CLINICAL SIGNS**

Hazel Jennings

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

4.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Regional  
Emergency Vet Clinic

**REFERRING VET**

Dr. Gallienne

**INVOICE**

44172

**DATE**

7/20/23

Presented to Emerg yesterday for acute vomiting and smaller than normal urinations at home. She was pyrexia on admission with a rectal temp of 40.0. Has been given Cerenia, Convenia and SubCU fluids. Abnormal PE/Chem/CBC/UA Results: Initial CBC shows normal hematocrit, however leukopenia characterized by a mild neutropenia and lymphopenia, thrombocytopenia (PLT 89 ref 151-600) unremarkable chemistry and fPLI normal. U/A by Cysto showed USG greater than 1.050, pH 6.5, Urine protein 100mg/dl, hematuria, ketonuria and WBCs WNL. Suspect rod bacteria on sedivue however not appreciated on manual slide evaluation.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.68 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.

The right kidney has a normal shape and size (4.07 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.37 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 0.29 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 (0.59 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.

**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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

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The stomach contains a mild to moderate amount of fluid and some focal shadowing material visualized within the gastric lumen. 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. The stomach does not appear overtly obstructed, but the shadowing material is concerning for ingested foreign material or a dense hairball.

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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 measures 0.22 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**

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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, 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**

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Fluid and shadowing material visualized within the gastric lumen – Correlate with feeding history, medication history, etc. If the patient has been NPO, then consider the possibility of ingested foreign material or dense hairball, etc.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The stomach is mildly fluid dilated with some intraluminal shadowing material. This could represent dense ingesta (kibble, etc.), medication (pill, pill pocket, etc.), but it also could represent ingested foreign material, a dense hairball, etc. Correlate with abdominal radiographs and the feeding history. There is no evidence of an overt obstruction at this time.

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There is no evidence of an obstructive pattern involving the small bowel. Wall layering appears adequate and there is no evident thickening or significant lymphadenopathy present. While ingested foreign material or pancreatitis cannot be definitively ruled out, this seems less likely.



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If clinical signs and ancillary diagnostics are highly supportive of a gastric foreign body, consider upper GI endoscopy to further evaluate. If not, consider medical management and continued monitoring of the gastric contents.

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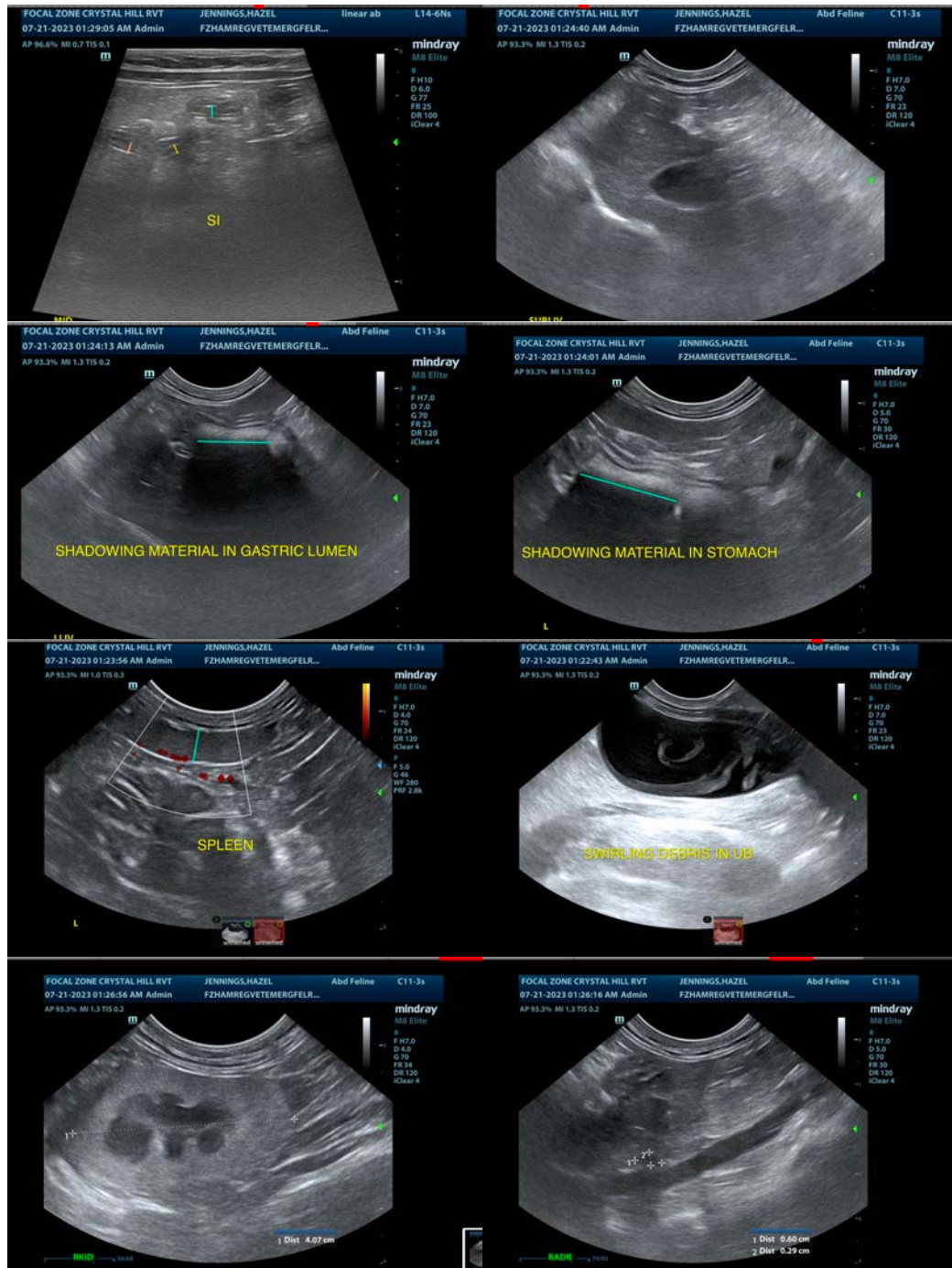
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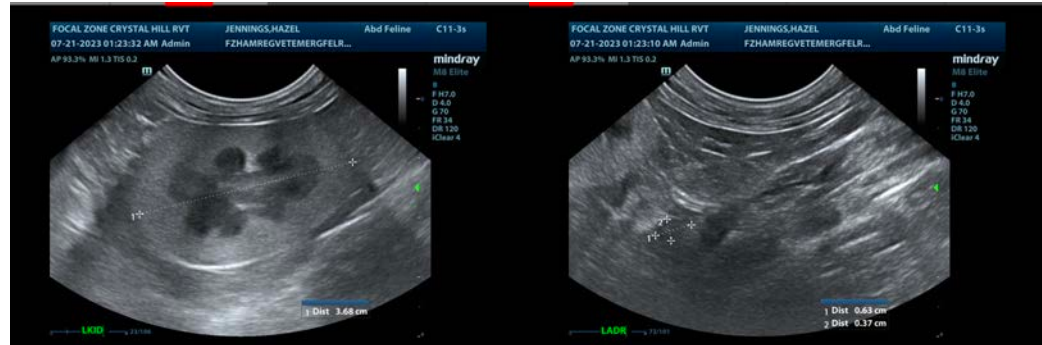
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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