



PATIENT

Chelsea Letain

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Celine Ward

HOSPITAL NAME

Kenora Vet Clinic

REFERRING VET

Dr. Celine Ward

INVOICE

39723

DATE

7/21/22

PRESENTING CLINICAL SIGNS

Presented July 15 - vomiting, lethargic CBC nsf Chem mod to severe azotemia, hyperphosphatemia, mild hyperglobulinemia USG 1.010, UTI present proBNP normal Rads - displacement of SI laterally, loss of opacity mid abdomen - suspicious of possible underlying neoplasia Hospitalized duration 48hrs on IVF, cefazolin, cerenia, buprenorphine Abdomen painful June 17 - Renal values improved - Creat in normal range, Urea mildly elevated Abdomen pain remains, lethargic, inappetant Abd u/s performed to r/o neoplasia

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 (3.5 cm) with pinpoint non-obstructive nephroliths and pyelectasia (0.24 cm). Overall echogenicity is 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1 cm) with non-obstructive nephroliths ant pyelectasia (0.37 cm). Overall echogenicity is 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 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.

There is a structure in the region of the right adrenal gland measuring 0.36 cm.

Spleen

The spleen is normal/borderline large (1.2 cm in diameter at the level of the hilus) and hypoechoic, 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.

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.

Gastrointestinal

The stomach is moderately fluid filled. 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. 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.

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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

There is an abnormal cystic mass effect in the region of the right limb of the pancreas, measuring approximately 2.25 cm in diameter. Hypoechoic pancreas is visualized in this region. Suspect this mass effect is arising from the pancreas, although hepatic or right adrenal origin is possible.

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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 appears hyperechoic in the cranial abdomen.

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PRIMARY FINDINGS

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- Irregular, heterogeneous nodular and cystic lesion visualized in the right cranial abdomen – suspect pancreatic mass lesion. Alternately, this could be associated with the right adrenal gland, liver, etc. Consider a fine needle aspirate.
- Hyperechoic kidneys with mildly reduced corticomedullary distinction and 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.
- Moderately fluid dilated stomach – The areas of stomach visualized appear within normal limits, and no obstruction is noted. Consider potential delayed gastric emptying or an unseen pyloric outflow tract obstruction.

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SECONDARY FINDINGS

- Borderline enlarged spleen – likely within normal limits for this large cat.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is abnormal tissue visualized in the right cranial abdomen. This is irregular, heterogeneous and nodular with numerous intralesional cysts. This is in the region of the pancreas and could very well be of pancreatic origin. Consider a fine needle aspirate of this lesion. Alternately, this could be associated with the right adrenal gland, the liver, etc. If cytologic evaluation is not helpful, consider a contrast CT scan to better evaluate this region and assess for possible biopsy or surgical removal.

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

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The stomach appears somewhat fluid dilated. I am unable to see evidence of an obstruction, but this does not rule out the possibility of ingested foreign material. More likely, I suspect this is gastric ileus secondary to the mass observed.



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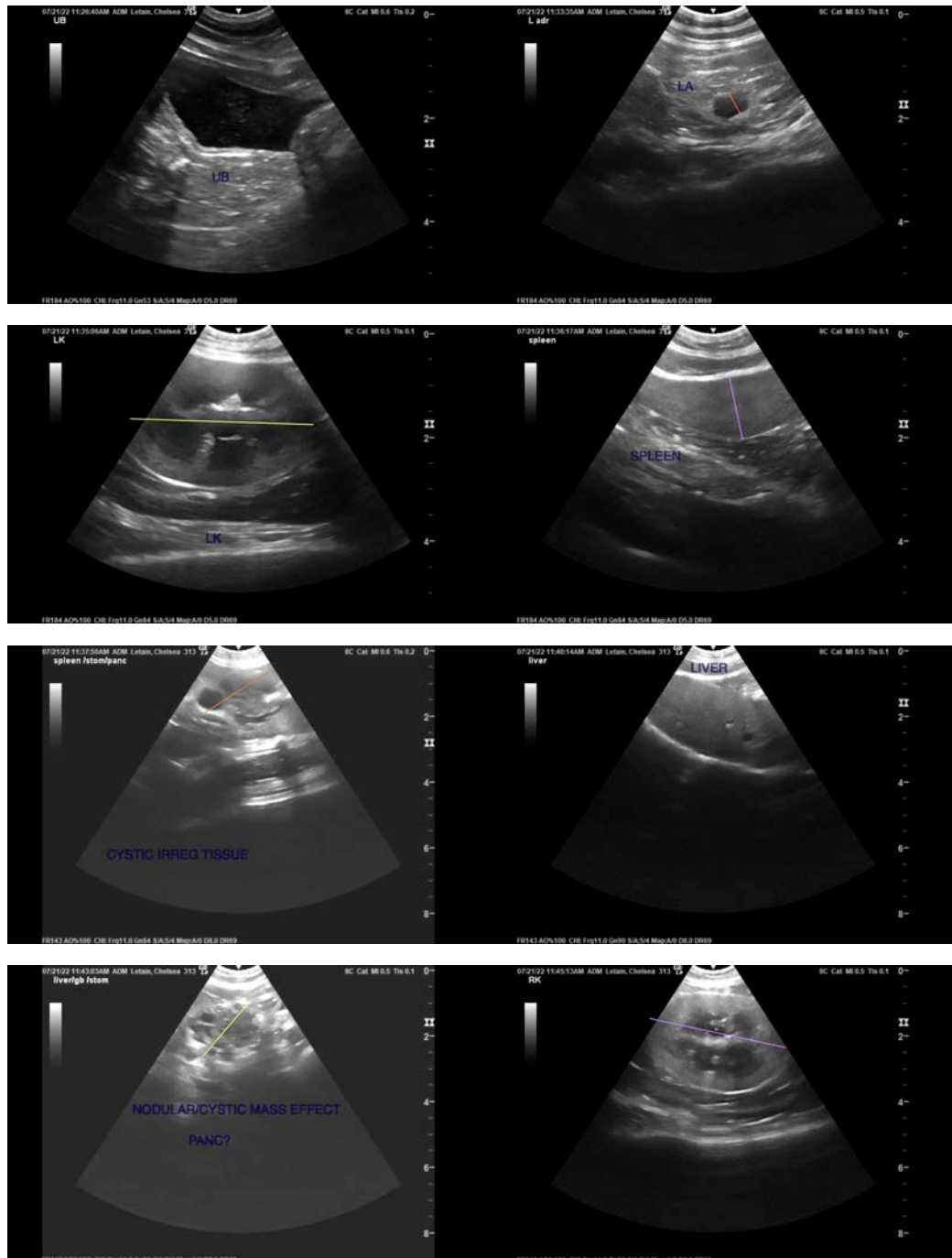
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Both kidneys appear hyperechoic with reduced corticomedullary distinction and have pyelectasia. Non-obstructive nephroliths are present. There is no evidence of a nephrolith causing an obstruction, but this can be difficult to visualize on ultrasound, so correlate this with abdominal radiographs, looking for mineralizations along the route of the ureters, etc. Recommend urinalysis and culture and blood pressure evaluation. Serial imaging can look for progressive dilation. If an obstruction is suspected, then consider a contrast CT scan to follow urine outflow and look for an obstructive process, stone, stricture, etc.





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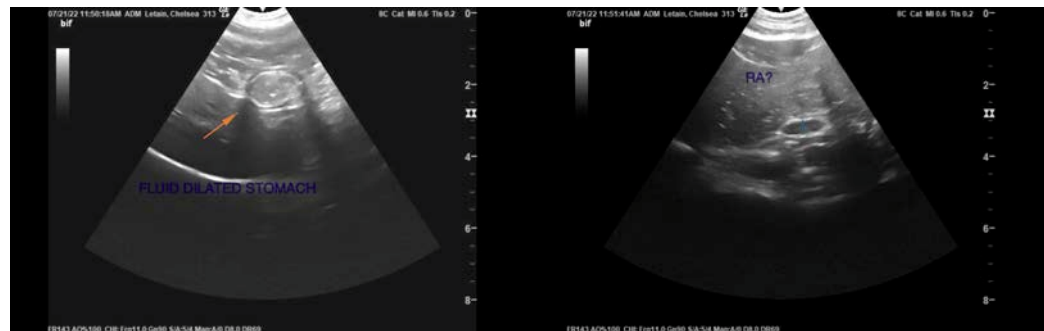
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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