



**PATIENT PRESENTING CLINICAL SIGNS**

Tiger Olivieri

Weight loss, decreased appetite, cranial abdomen some pain on palpation? poss mass effect? Kidneys abnormally sized? organ displacement on rads.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Please see attached rads as well. Bloodwork NSF other than SDMA 17(0-14). Urine - NSF, sp. grav-1.027.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (3.62 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.

**AGE**

16 Years

The right kidney has a normal shape and size (3.25 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.

**WEIGHT**

14.1 Pounds

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland is normal in size measuring 0.35 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 0.43 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.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

AH of Stoney Creek

**Liver**

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**REFERRING VET**

Dr. Ozimok

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.

**INVOICE**

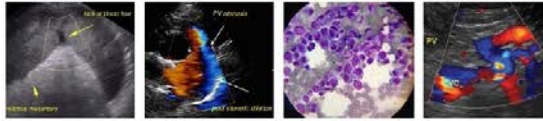
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**Gastrointestinal**

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.

**DATE**

7/21/22



**PATIENT**

Tiger Olivieri

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

**SPECIES**

Feline

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.

**BREED**

DSH

**Pancreas**

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.

**SEX**

Neutered Male

**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.

**AGE**

16 Years

**ULTRASONOGRAPHIC FINDINGS**

- Mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. This could also be secondary to fat deposition in an overweight cat.

**WEIGHT**

14.1 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions were visualized on today's exam to explain the weight loss and decreased appetite reported. Images of the stomach appear relatively normal, and appreciable wall thickening was not identified. Additionally, the pancreas was fairly normal, but as always, there can be a discrepancy between the appearance of the pancreas and the clinical signs exhibited. Consider treatment for pancreatitis/gastroenteritis with continued monitoring and serial radiographs, as GI foreign material cannot be 100% excluded with ultrasound. Additionally consider:

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Medicine)

- Novel protein/hydrolyzed protein prescription diet.
- GI panel to Texas A&M with qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine (previous fPLI levels were reported as elevated).
- Consider chronic probiotic therapy.
- If symptoms persist, recommend re-imaging +/- obtaining GI biopsies.

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**REFERRING VET**

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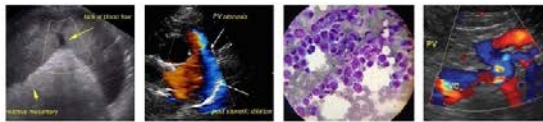
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**PATIENT**

Tiger Olivieri

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

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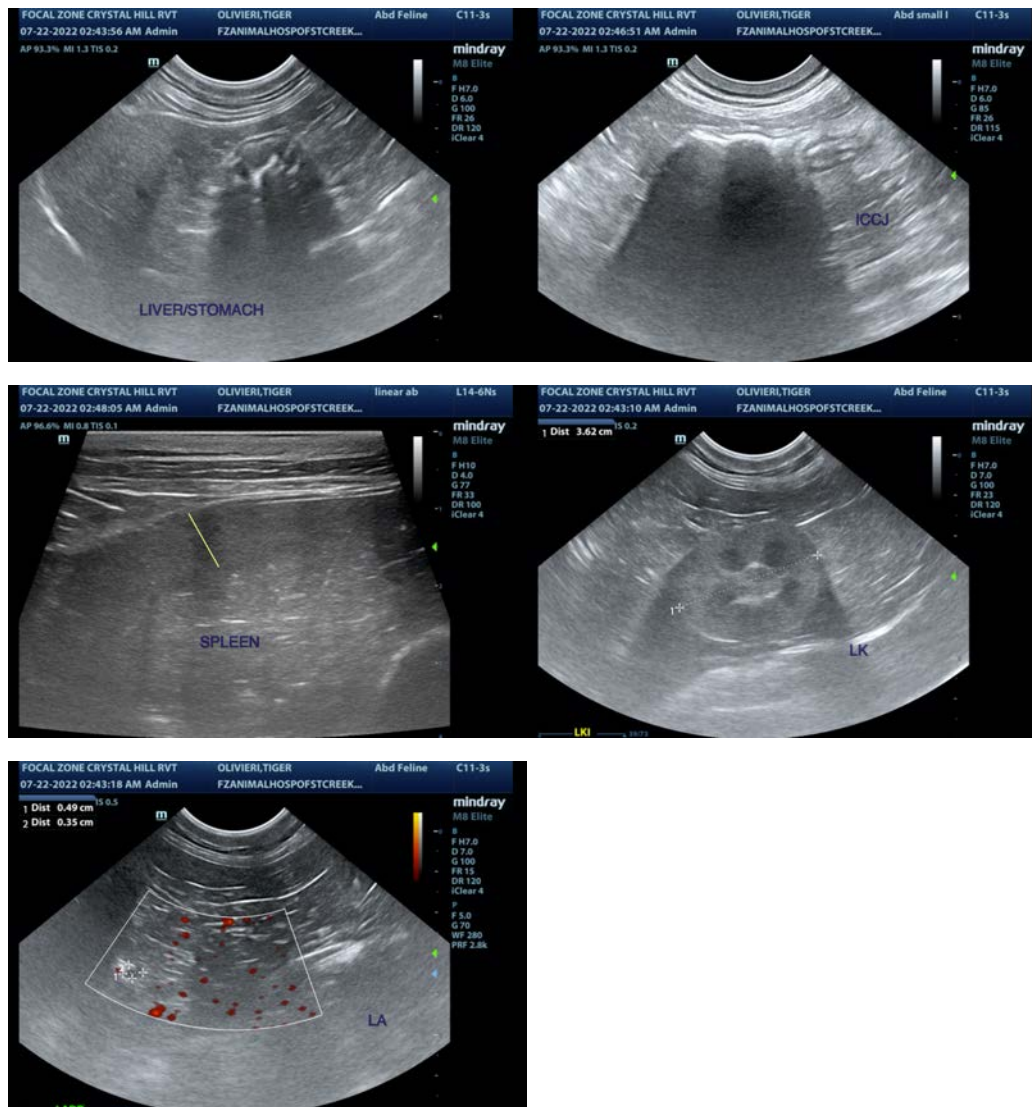
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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