



PATIENT

Yoda Pendola

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Losing weight, eating same amount as always (very hungry) but unable to keep dry food down, vomiting dry food every meal. O has added in tuna fish and other treats to supplement the diet. Abnormal PE/Chem/CBC/UA Results: Neut 22,632- WBC 32.8, Pres PSL 108, K+ 5.8, Na/K ratio 27, Glucose 50 (did not ask of blood sat)

BREED

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.59 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

7 Years

The right kidney has a normal shape and size (3.88 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

8.7 Pounds

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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The right adrenal gland is normal in size measuring XX 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 BY

Loetitia Saint-Jacques,
LVT

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.

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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.

REFERRING VET

Dr. Denny Nolet

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is a shadowing stone visualized within the lumen measuring 1.3 cm. The proximal bile duct appears somewhat tortuous and dilated at 0.36 cm.

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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.

SPECIES

Feline

BREED

DSH

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

AGE

7 Years

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

WEIGHT

8.7 Pounds

Free Abdomen

There is scant free abdominal fluid. There is a significant mesenteric lymphadenopathy present with large, hypoechoic lymph nodes visualized measuring 0.89 cm and 1.0 cm in diameter. Additionally, there is a cluster of small lymph nodes around the ileocecal junction measuring 0.38 cm and 0.39 cm. The omentum is hyperechoic around these lymph nodes.

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Other

There is a scant amount of pleural effusion visualized. Recommend 3-view thoracic radiographs.

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Hypoechoic, large, prominent pancreas surrounded by mildly hyperechoic mesentery – The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Distended gallbladder with a moderate to large amount of debris and gallbladder stone. Mild proximal bile duct dilation is observed. The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Subjectively thickened, “ropey” small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g.,

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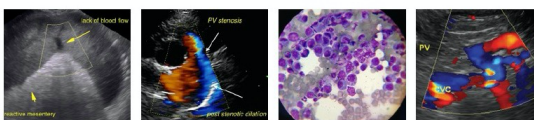
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Yoda Pendola (inflammatory bowel disease).

SPECIES

Feline

- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be consistent with 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 recommended for further evaluation.

BREED

DSH

- Scant pleural and abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

There is the general impression of somewhat “ropey” small intestine and significant enlargement of the abdominal lymph nodes. Recommend a fine needle aspirate of the mesenteric lymph nodes. Additionally, the pancreas is irregular, hypoechoic and prominent. These changes could be consistent with current pancreatitis or with recurrent previous episodes of pancreatitis. Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas, small intestine, and to rule out exocrine pancreatic insufficiency as a cause for the diarrhea.

AGE

7 Years

There is a moderate amount of debris in the gallbladder, and a gallbladder stone. The significance of this is unclear, as significant liver enzyme elevations are not reported. Consider starting Ursodiol and continued monitoring of the gallbladder. Consider the following:

WEIGHT

8.7 Pounds

- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Recommend the aforementioned GI panel.
- Recommend 3-view thoracic radiographs.
- If symptoms persist, consider a fine needle aspirate of the pancreas and obtaining GI biopsies, provided cytology from a mesenteric lymph node is not diagnostic.

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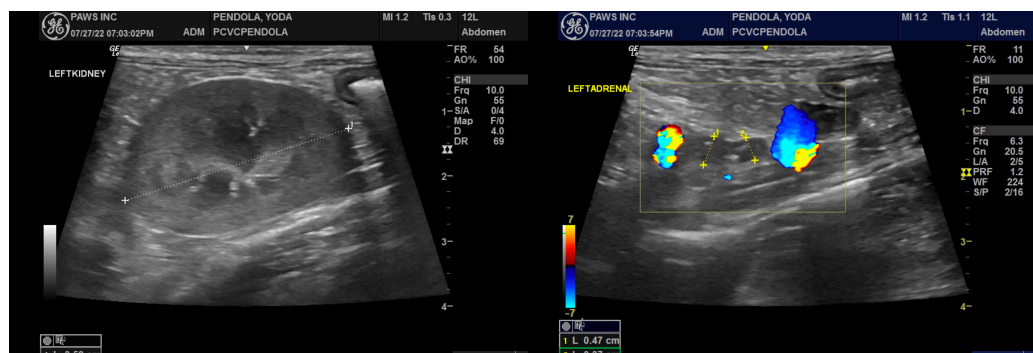
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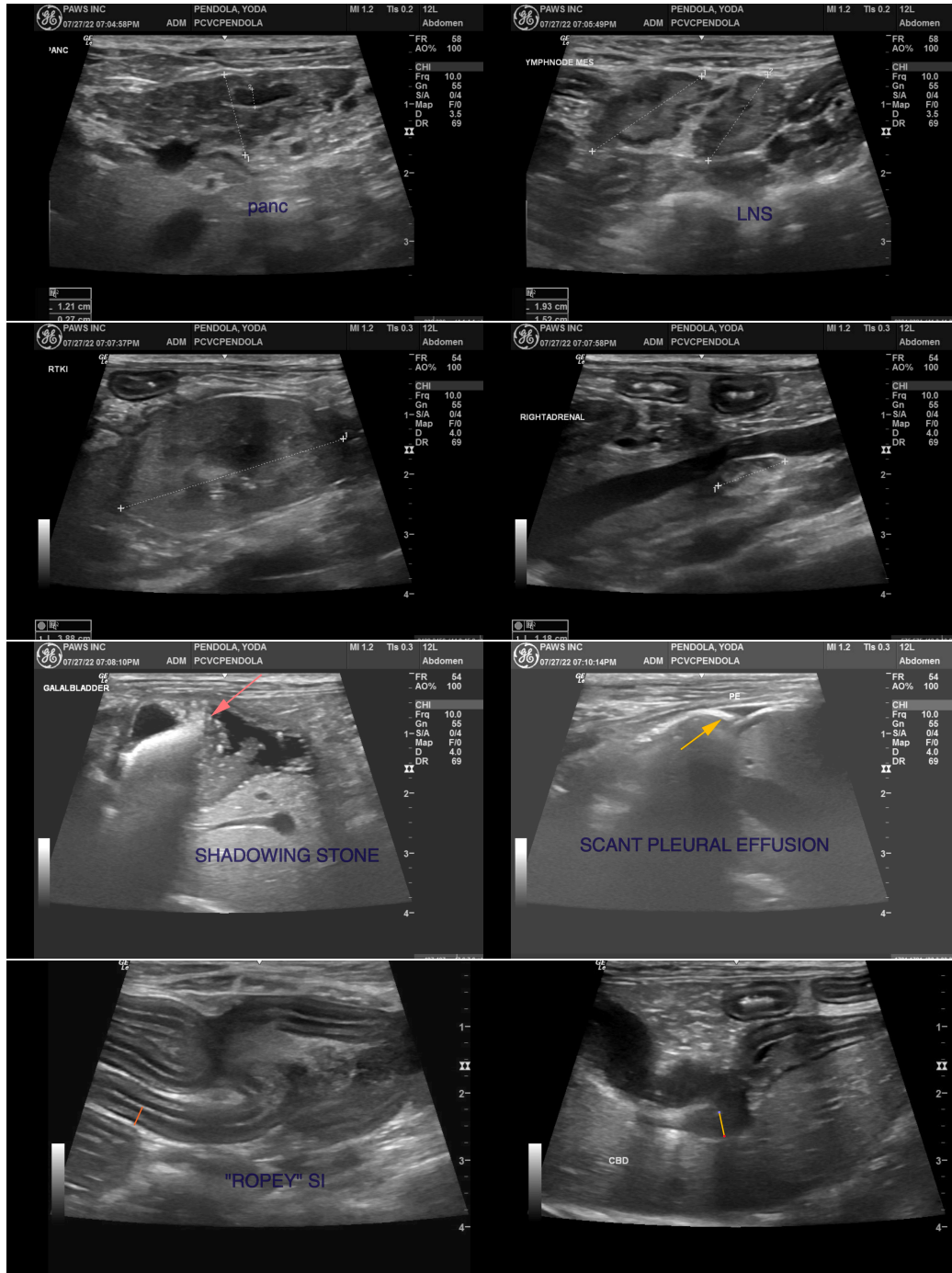
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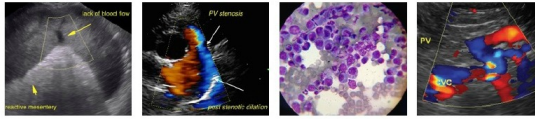
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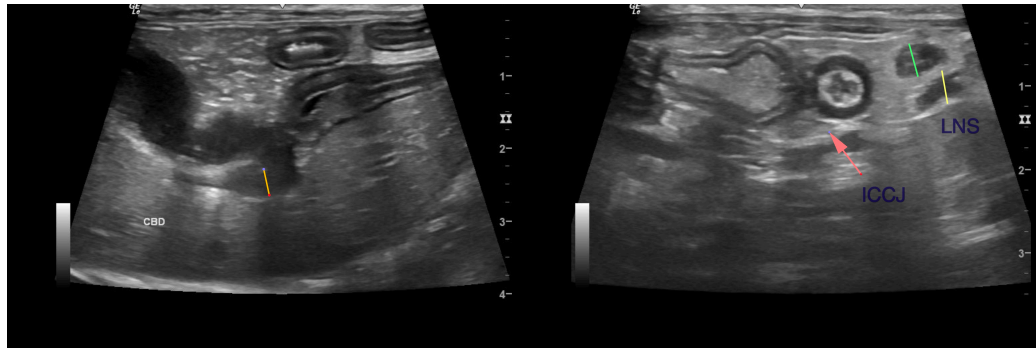
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Neutered Male

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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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