

## PATIENT

Dolce Hess

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

## BREED

Abysinnian

Breeding and wants to rule out any concerns since sibling had...Sibling had an emergency surgery: Patient had significant adhesion throughout abdominal cavity: intestinal loops adhered to each other as well as both uterine horns, resulting in a large ball of adhered tissue. The ball of tissue was also adhered to the left side of abdominal cavity in multiple locations. Left uterine horn was buried in this ball of tissue and had to be carefully dissected free. Left ovary was firmly adhered to the spleen, and spleen was adhered to intestines as well as left abdominal wall. AUS to rule out any adhesions or concerns to not breed.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Intact Female

### 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.

### AGE

1 Year

The left kidney has a normal shape and size (3.0 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 hydronephrosis. Renal vasculature is normal.

### WEIGHT

6 Pounds

The right kidney has a normal shape and size (3.0 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 hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Spleen

The spleen is subjectively normal in size (0.8 cm in width at the level of the hilus). The spleen echotexture is heterogenous and subjectively mildly mottled, 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

Sierra Animal Wellness

### 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. Peggy Roberts

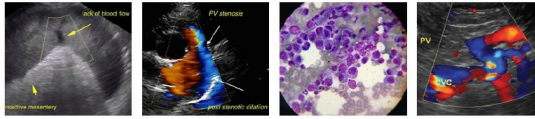
## INVOICE

39930

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.

## DATE

7/28/22



## PATIENT

Dolce Hess

## SPECIES

Feline

## BREED

Abysinnian

## SEX

Intact Female

## AGE

1 Year

## WEIGHT

6 Pounds

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Sierra Animal Wellness

## REFERRING VET

Dr. Peggy Roberts

## INVOICE

39930

## DATE

7/28/22

### **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.

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

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.

### **Pancreas**

The pancreas is prominent and mildly hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional visible mesenteric lymph nodes measured at 0.41 cm and 0.39 cm. The omentum is of normal echogenicity.

### **Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

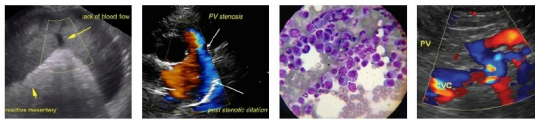
The uterus is visualized and appears within normal limits.

## ULTRASONOGRAPHIC FINDINGS

- Subjectively mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The changes are mild and could be within normal limits for this individual.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Visible mesenteric lymph nodes – likely normal for a young cat.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions described are mild and non-specific, and could be within normal limits for this



**PATIENT**

Dolce Hess

**SPECIES**

Feline

**BREED**

Abyssinian

**SEX**

Intact Female

**AGE**

1 Year

**WEIGHT**

6 Pounds

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Sierra Animal Wellness

**REFERRING VET**

Dr. Peggy Roberts

**INVOICE**

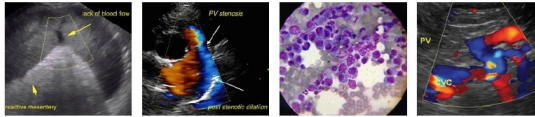
39930

**DATE**

7/28/22

individual. If there is concern for underlying disease, you could consider a fine needle aspirate of the spleen or continued monitoring. Additionally, the pancreas is somewhat prominent. If there are no signs of pancreatitis present, I would consider continued monitoring with full lab work. If GI signs are present, or pain, etc., then consider qualitative fPLI, TLI, cobalamin and folate to Texas A&M University (GI Panel) to further evaluate the pancreas and small intestine.





**PATIENT**

Dolce Hess

**SPECIES**

Feline

**BREED**

Abysinnian

**SEX**

Intact Female

**AGE**

1 Year

**WEIGHT**

6 Pounds

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Sierra Animal Wellness

**REFERRING VET**

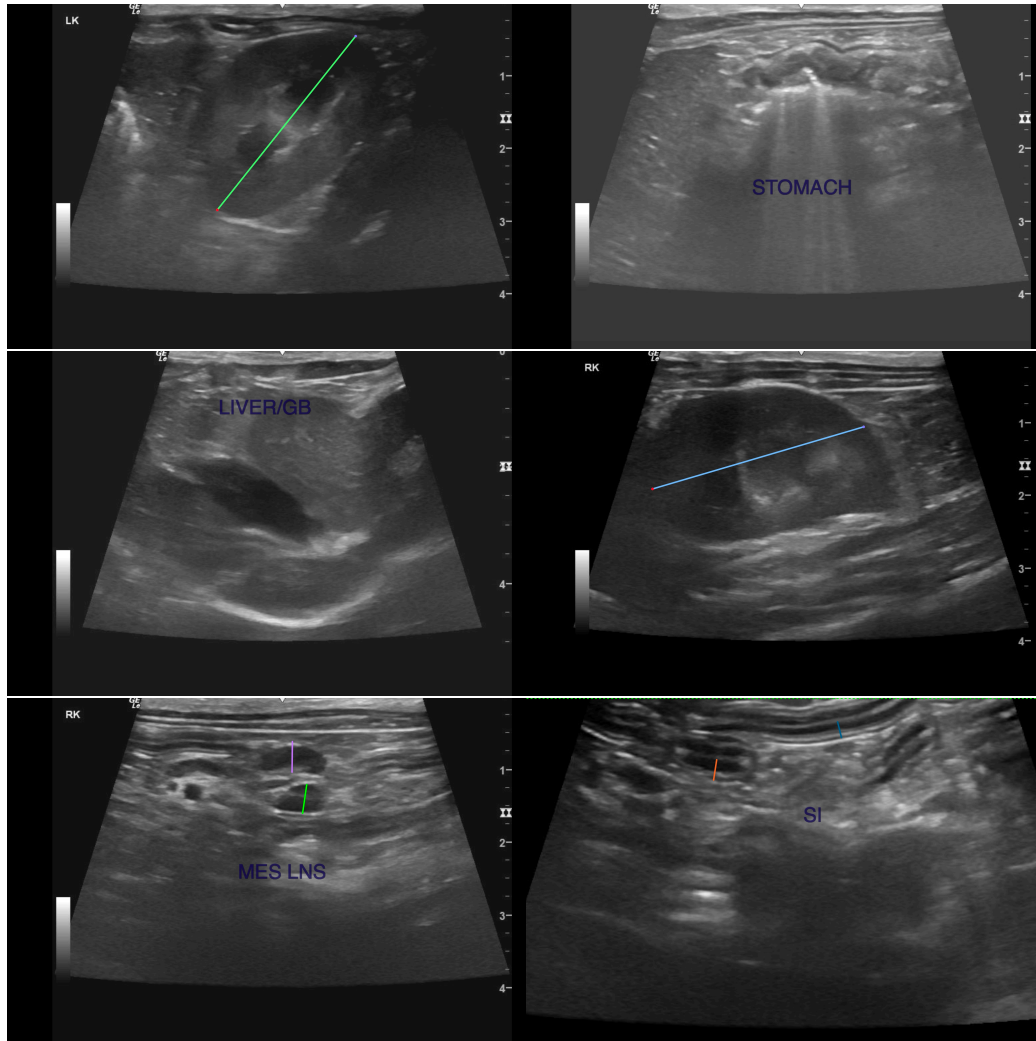
Dr. Peggy Roberts

**INVOICE**

39930

**DATE**

7/28/22



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)  
kathleen.sennello@sonopath.com