



PATIENT PRESENTING CLINICAL SIGNS

Millie Morton

r/o FB, abdominal pain, anorexia, pyrexia, lethargy meds: cerenia, metro, famotidine, buprenorphine, ampicillin

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

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.

DSH

SEX

The left kidney has a normal shape and size. 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. The left kidney measured 3.48 cm.

FS

AGE

The right kidney has a normal shape and size. 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. The right kidney measured 4.03 cm.

10yr

WEIGHT

Adrenal Glands

4.27kg

The left adrenal gland is normal in size measuring 0.34 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

The right adrenal gland is normal in size measuring 0.25 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.

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Spleen

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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. The spleen measured 0.92 cm.

Kelly Reschny

Liver

HOSPITAL NAME

The liver is hypoechoic and heterogenous. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

Hawkins AH

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.

REFERRING VET

Musaddy

Gastrointestinal

INVOICE
14286ag

The stomach contains a large amount of fluid content. 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

07/06/2023

The duodenum measured as normal, and the jejunum measured as normal (0.15 cm.) Visualized peristalsis appears appropriate. There was a section of bowel imaged which appears focally thickened with complete loss of wall layering. In this area the bowel wall measured ~ 1.0 cm in thickness creating



PATIENT

a mass effect measuring ~ 1.06 cm x 1.83 cm. There is free fluid and surrounding hyperechoic mesentery.

Millie Morton

SPECIES

The ileocecal junction was not clearly visualized. The descending colon appears normal with shadowing gas and fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Feline

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.

BREED

DSH

Free Abdomen

There is scant free abdominal fluid. No lymphadenopathy noted. The omentum is diffusely hyperechoic around the liver and the bowel mass lesion.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

10yr

WEIGHT

4.27kg

- Focal area of bowel with severe asymmetrical wall thickening and loss of layering most consistent with mass effect (round cell neoplasia, carcinoma, focal severe enteritis etc.)
- Hypoechoic heterogenous liver with surrounding hyperechoic mesentery. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, infiltrative neoplasia (less likely) or other hepatopathy.
- Scant abdominal free fluid with hyperechoic mesentery. Findings are most consistent with peritoneal inflammation.
- Fluid distended stomach. Correlate with abdominal radiographs. Differentials could include delayed gastric emptying, partial outflow tract obstruction (none observed) etc.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal area of bowel which appears to have asymmetrically thickened wall and complete loss of layering. This area is concerning for a focal neoplastic bowel mass lesion (round cell neoplasia, carcinoma etc.) but other possibilities such as focal enteritis, intraluminal material etc. cannot be ruled out. Consider a FNA of the bowel wall. Additionally, the liver appears hypoechoic and heterogenous with surrounding hyperechoic mesentery.

IMAGING PERFORMED BY

Kelly Reschny

Given the elevation in TBIL, concern for primary hepatopathy. Recommended a FNA of the liver (provided coag parameters are normal) looking for possible neoplastic infiltrates (round cell neoplasia, mast cell disease etc.), evidence of cholangiohepatitis etc.

HOSPITAL NAME

Hawkins AH

If a cytological diagnosis cannot be obtained, options would include advanced imaging to confirm the nature and origin of the lesions or exploratory surgery with biopsies. Additionally, repeat abdominal imaging (ultrasound) could be considered.

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

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**IMAGING
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Kelly Reschny

HOSPITAL NAME

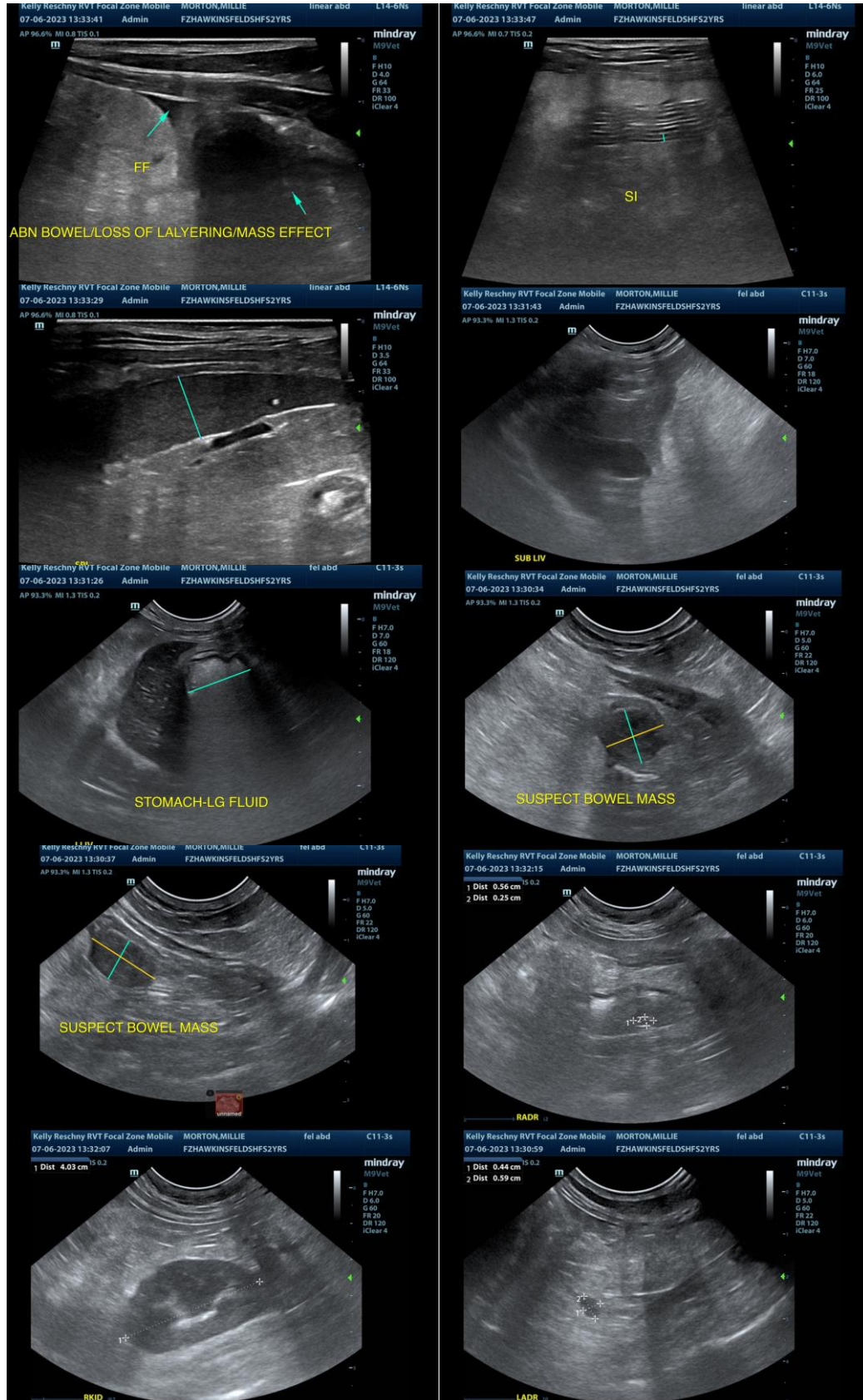
Hawkins AH

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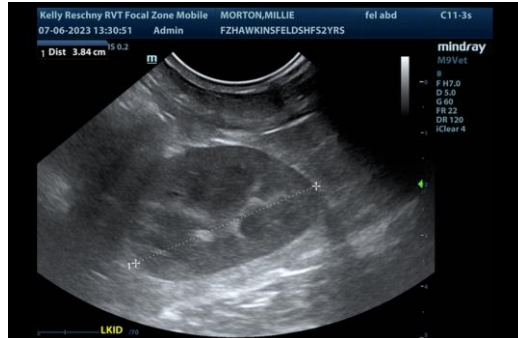
FS

AGE

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WEIGHT

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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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