



PATIENT PRESENTING CLINICAL SIGNS

Zizi Ford 7/6/23 Exam ADR. Weight loss noted since last 6 months 1.5 lbs. One single bout of V about 1 wk ago. Posture has changed (hunched). P defecates very hard stool q 2-3 days. Seems less spunky to O. Appetite has decreased, P only eats when she wants.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: O elected to wait on send out BW and UA until results of US came back. FNA obtained during ABD US today. O would like to hold the FNA as well.

BREED

Savannah

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female 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

12 Years The left kidney has a normal shape and size (3.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.1 The right kidney has a normal shape and size (4.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Mandy Foley

The left adrenal gland is normal in size measuring 0.41 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 0.45 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

The spleen is subjectively normal in size (0.73 cm), 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.

REFERRING VET

Dr. Brent Sadahiro

Liver

INVOICE

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The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

Zizi Ford

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

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 measures 0.19 cm. Duodenum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is an area of small intestine visualized caudal to the stomach that transitions into a large, irregular, hypoechoic mass effect. The bowel wall transitions into this mass lesion and loses all intact layering, creating a mass effect >5.6 cm x 5.13 cm. In this area, the bowel wall measures >1.0 cm in thickness and the abnormal bowel extends for over 6.0 cm with significant surrounding irregularity and abnormal tissue.

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SEX

Spayed Female

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.

AGE

12 Years

Pancreas

WEIGHT

9.1

The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. The right limb in some areas appears associated with the mass lesion, possibly adhered to or incorporated with it. There is no evidence of regional mesenteric inflammation or fluid.

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Medicine)

Free Abdomen

There is a small amount of free abdominal fluid. There are occasional prominent/enlarged mesenteric lymph nodes. Examples measure 0.45 cm and 0.42 cm. The omentum is severely hyperechoic around the abdominal mass.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

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- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Large, irregular, hypoechoic mid abdominal mass effect – This mass effect appears to involve the small bowel and is extensive. Concern is high for a neoplastic process (round cell neoplasia, carcinoma, etc.).
- Scant free abdominal fluid and mildly prominent mesenteric lymph nodes – Findings are most consistent with reactive/inflamed mesentery.

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**IMAGING
PERFORMED BY**

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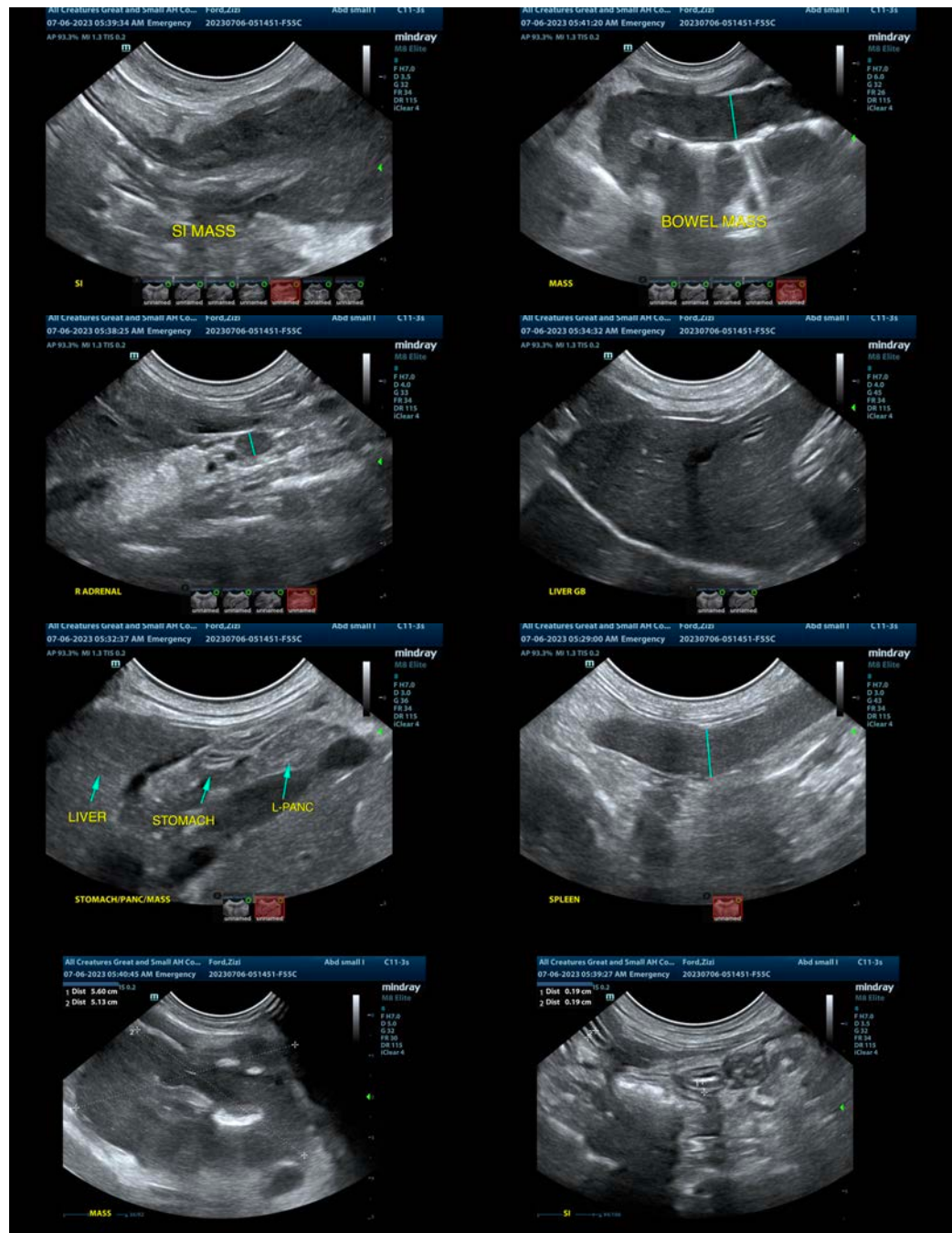
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mid abdominal mass effect in the mid abdomen that appears to be originating from the small bowel. There is complete loss of layering in this area, and it appears to involve an extensive amount of bowel. Recommend a fine needle aspirate of this mass lesion. Primary differentials would be round cell neoplasia or carcinoma, but there are benign lesions that are possible. Recommend 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, then consider surgical biopsies.





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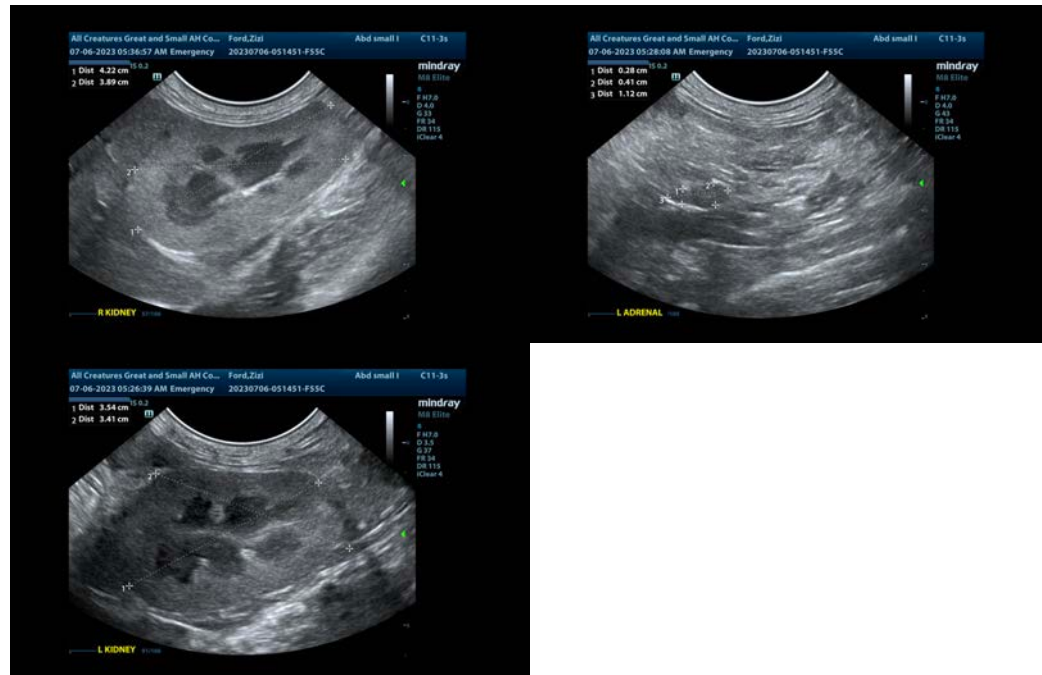
Spayed Female

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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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