



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Kaname Herb  
Presented at our hospital for not eating very well, O noticed P was Yellow Previous Health Concerns: none Current Medications: none

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Abdominal: doughy rad- hepatomegaly concerns; no obvious foreign objects, effusions; CBC- stress leukogram Chem – BUN 34(H) glucose 307(H) ALT 181(H) ALP 814(H) GGT 23(H) Bili 12.1(H) EPOC- BUN 34(H) Cr 2.12(H) glucose 324

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

**AGE**

10 Years

The left kidney has a normal shape and size (3.68 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**

5.6 kg

The right kidney has a normal shape and size (4.3 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**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**IMAGING PERFORMED BY**

Erin Wicks

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 is visualized.

**HOSPITAL NAME**

Shores VEC

**Spleen**

The spleen is subjectively normal in size (0.76 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. Law

**Liver**

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

**INVOICE**

43839

**DATE**

7/7/23

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***

Kaname Herb

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

**BREED**

DSH

**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 formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**AGE**

10 Years

***Pancreas***

The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is a very ill-defined hypoechoic rounded structure visualized in the region of the left limb of the pancreas measuring 1.44 cm. This could be consistent with some atypical rounded tissue, a lymph node, etc. There is no evidence of regional mesenteric inflammation or fluid.

**WEIGHT**

5.6 kg

***Free Abdomen***

**INTERPRETED BY**

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

There is a moderate amount of free abdominal fluid. No lymphadenopathy, but there is an atypical ill-defined rounded structure in the region of the right limb of the pancreas, and the omentum is diffusely slightly hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mildly prominent, mottled left limb of the pancreas with an ill-defined hypoechoic rounded structure – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The significance of the ill-defined rounded structure is uncertain. Recommend continued monitoring.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate volume free abdominal fluid

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is large and hyperechoic with no focal lesions. Additionally, the biliary tract appears relatively normal. In light of the elevation in bilirubin and liver enzymes, these findings are most consistent with a primary hepatopathy. Primary differentials would include hepatic lipidosis, round cell neoplasia, other. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal). I suspect this patient is a new diabetic. Evaluate the urine for possible ketones, and recommend continued monitoring of the glucose, as insulin may be necessary. Additionally, a feeding tube may be warranted.



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**INVOICE**

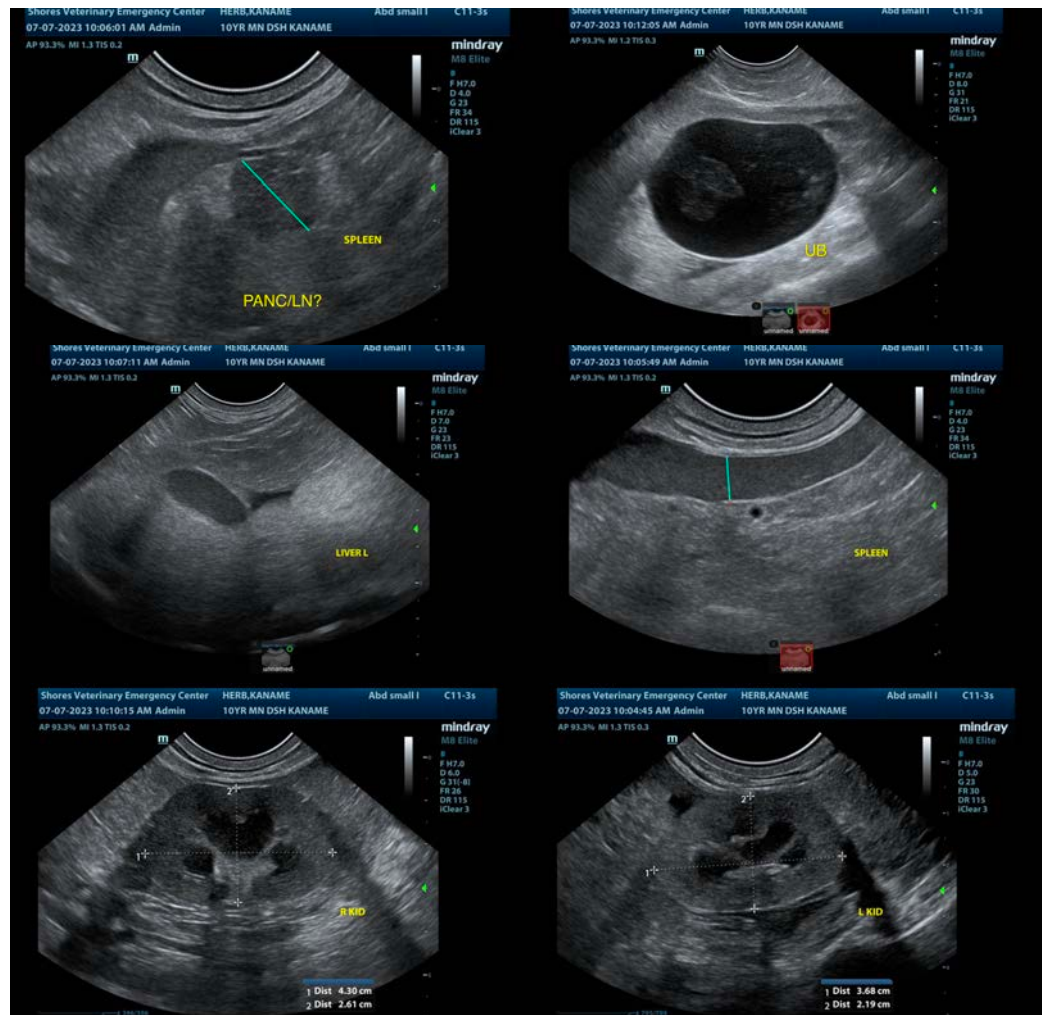
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The left limb of the pancreas is slightly prominent and there is a very subtle ill-defined hypoechoic structure visualized in the region of the left limb of the pancreas, which is of unknown significance. This does not appear inflamed. It could be irregular pancreatic tissue, a lymph node, etc. Recommend continued monitoring of this lesion at this time.

If a fine needle aspirate of the liver is performed, consider sampling of the abdominal effusion for fluid analysis and cytology. Additionally, recommend 3-view thoracic radiographs, and a urinalysis and culture to further evaluate the echogenic debris in the urinary bladder.



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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