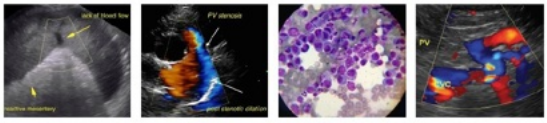
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Si Pattee

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

10y

WEIGHT

2.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

10401

DATE

8/10/2023

PRESENTING CLINICAL SIGNS

Lethargic and not eating for 1 week. Thickened bowel loops, pancreas thickened pt resents palpation. Jaundice. Icterus pinna, sclera, and mucus membranes. Hospitalized on IV fluids. Working diagnosis NEOPLASIA, GI FOREIGN BODY, TRIADITIS, PANCREATITIS, INFLAMMATORY BOWEL DISEASE, HEPATIC LIPIDOSIS, CHOLANGIOHEPATITIS -------MEDS Metronidazole IV BID, Cerenia IV SID, Convenia, Mirtazapine TD SID RAD REPORT: Conclusion There is a mild gas pattern within the stomach and small bowel, suggesting gastritis with possible enteritis. Pancreatitis is not evident but cannot be excluded radiographically. The liver is grossly normal in size and shape. Chronic degenerative changes of the kidneys bilaterally, with nephrocalcinosis. Abdominal ultrasound is recommended for further evaluation of these findings if clinically indicated.

Abnormal PE/Chem/CBC/UA Results: ALP 101, ALT 152, Amy 1410, Tbil 9.7, BUN 69, Ca 14.9, Phos 5.7, creat ict, Glu 128/, Na 140 TP 8.3

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.

The left kidney is normal in shape and size measuring 3.33 cm with reduced corticomedullary distinction and mottled appearing cortex with mild pyelectasia at 0.31 cm. Small non obstructive cortical mineralizations. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.65 cm) with small non obstructive cortical mineralizations. Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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.

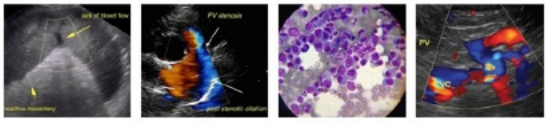
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is prominent rounded and hypoechoic measuring 0.97 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.

Liver

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Si Pattee

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

10y

WEIGHT

2.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

10401

DATE

8/10/2023

The liver is subjectively large in size 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.

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.

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. The jejunum measured as normal (0.21 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

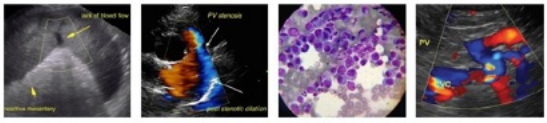
The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did reveal a moderate amount of free abdominal fluid. There is a diffuse significant lymphadenopathy present with examples include a pancreatic duodenal lymph node measuring 0.79 cm, a gastric lymph node measuring 0.79 cm, mesenteric lymph node measuring 0.54 cm, and 0.67 cm. The omentum is hyperechoic around the prominent lymph nodes.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with abnormal mottling of the left kidney and mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hypoechoic prominent spleen. Findings are concerning for possible infiltrative disease. Recommend a fine needle aspirate.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.



PATIENT

Si Pattee

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

10y

WEIGHT

2.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

10401

DATE

8/10/2023

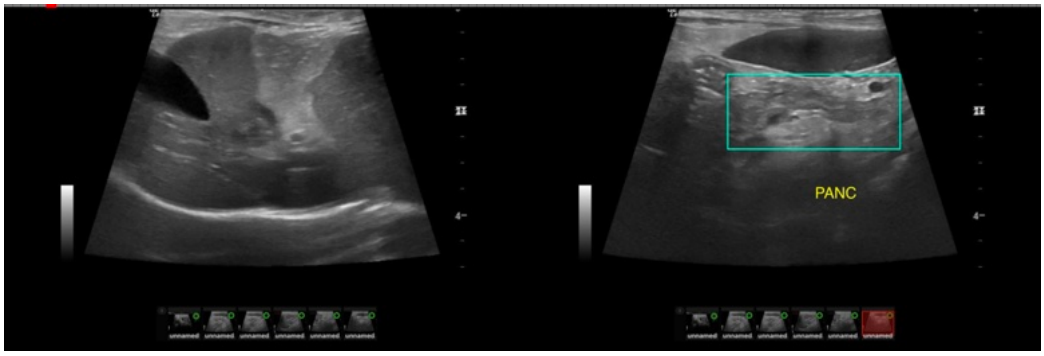
- Moderate amount of free abdominal fluid.
- Diffuse mild/moderate mesenteric lymphadenopathy. The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP etc. A fine needle aspirate with cytology is recommended for further evaluation.

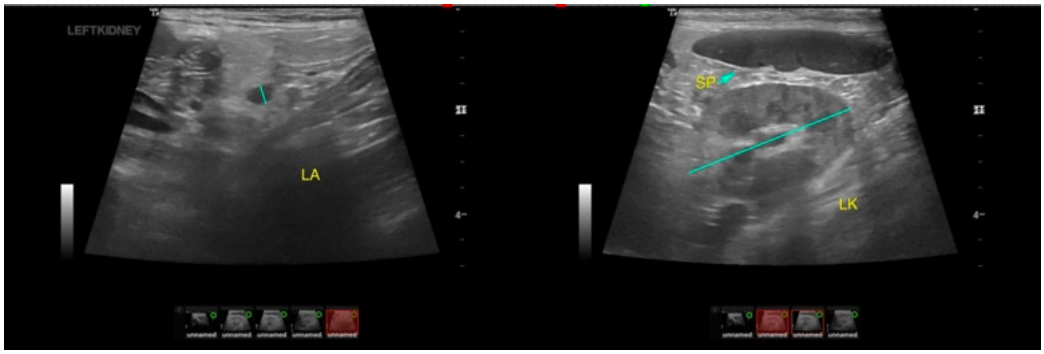
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse moderate mesenteric lymphadenopathy present, as well as hepatosplenomegaly. Recommend a fine needle aspirate of the spleen, liver, and mesenteric lymph node (provided coagulation parameters are normal) looking for possible round cell neoplasia.

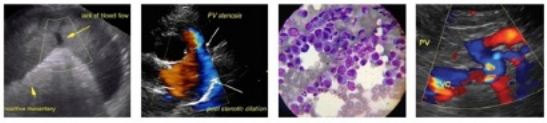
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained consider a placement of a feeding tube and biopsies of the liver and lymph nodes, +/- spleen, pancreatic, etc.





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Si Pattee

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

10y

WEIGHT

2.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

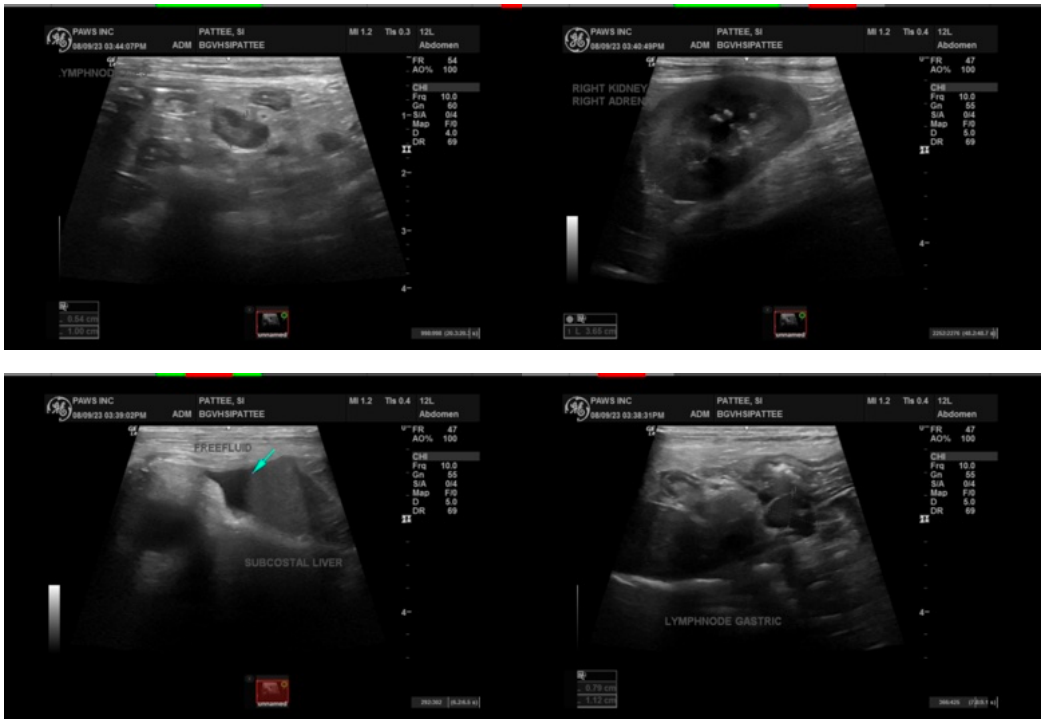
Dr. Robin Janeway

INVOICE

10401

DATE

8/10/2023



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)

info@sonopath.com