



**PATIENT**

Duncan Martinez

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

18 years

**WEIGHT**

5.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Linda Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Nause

**INVOICE**

91131

**DATE**

8/11/21

**PRESENTING CLINICAL SIGNS**

History: weight loss; hyperthyroid on meds  
Abnormal PE/Chem/CBC/UA Results: heart murmur, HCT 24.7, decreased platelets, unable to obtain instrument read, estimated from film, thyroid not well regulated, last week's level 9.2

**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 has an irregular shape and is slightly small in size (3.1 cm). Overall echogenicity is slightly hyperechoic with poor 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 or hydroureter. The irregularity in the shape of the kidney is likely due to previous infarct and small, non-obstructive nephroliths are visualized (one measured 0.21 cm). Renal vasculature is normal.

The right kidney has a normal shape and size (3.3 cm). Overall echogenicity is slightly hyperechoic with poor 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 hydroureter. Renal vasculature is normal.

**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.

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 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.

**Liver**

The liver is subjectively normal in size, and 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. 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 duct is visualized as prominent and moderately tortuous. There is no evidence of heavy mucoid debris or shadowing stones. No obstruction is visualized. The bile duct measured 0.24 cm.

**Gastrointestinal**



<b>PATIENT</b>	The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.
Duncan Martinez	
<b>SPECIES</b>	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 duodenum measured as normal and the jejunum measured as normal (0.25 cm, 0.24 cm, 0.26 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Feline	
<b>BREED</b>	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.
Domestic Shorthair	
<b>SEX</b>	
Neutered male	<b>Pancreas</b>
<b>AGE</b>	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.
18 years	<b>Free Abdomen</b>
<b>WEIGHT</b>	Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.
5.5 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	<b>PRIMARY FINDINGS:</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>Decreased corticomedullary distinction with non-obstructive nephroliths and left-sided infarcts. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.</li> <li>Mildly heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The appearance favors a mild, benign process and is likely age related.</li> </ul>
Linda Grau	
<b>HOSPITAL NAME</b>	<b>SECONDARY FINDINGS:</b>
Fredon AH	<ul style="list-style-type: none"> <li>Prominent tortuous bile duct. There is no evidence of an obstruction or inflammation associated with this dilation. It is likely incidental and can be a common finding in older cats.</li> </ul>
<b>REFERRING VET</b>	
Dr. Nause	
<b>INVOICE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
91131	An obvious cause for the weight loss reported is not identified. I suspect it is related to the uncontrolled hyperthyroidism reported. If renal values are good and urine is concentrated you can consider I-131 therapy as a more definitive treatment or continued adjustment of your treatment protocol.
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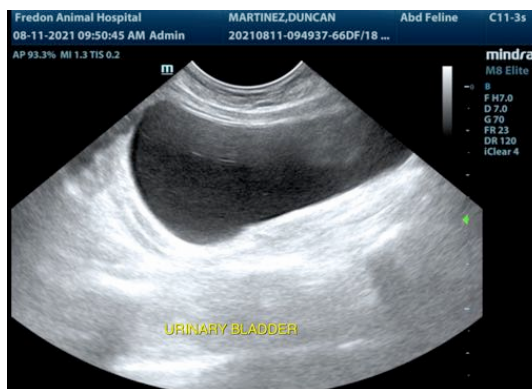
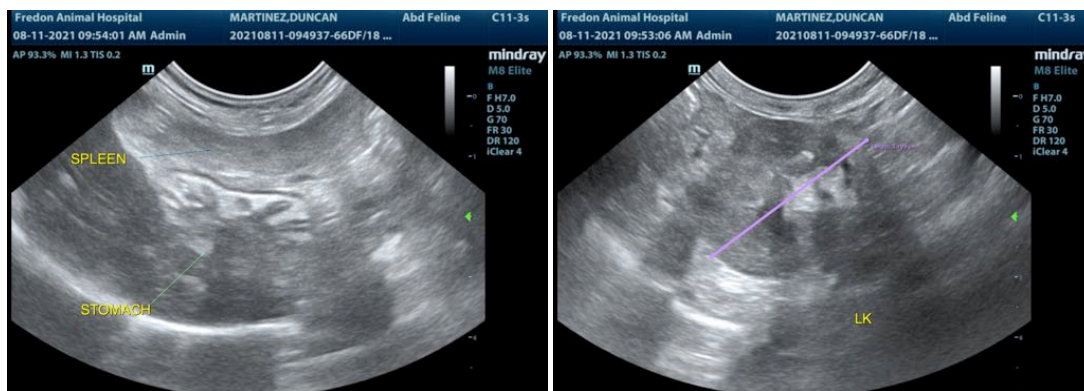
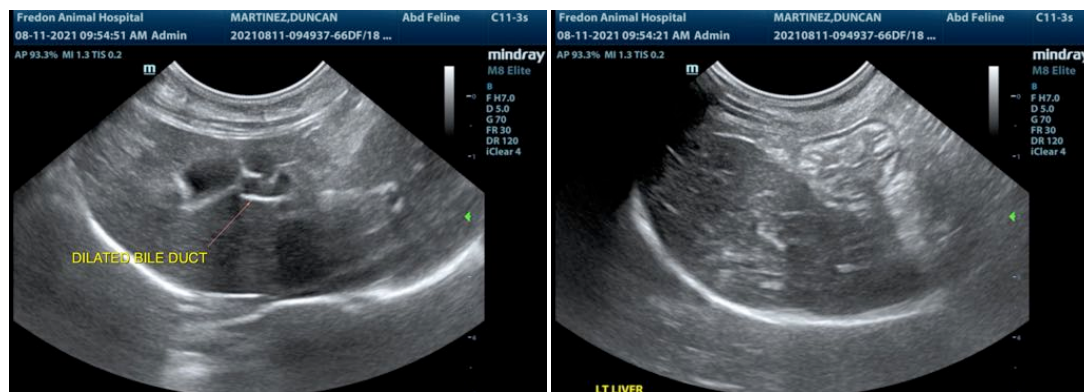
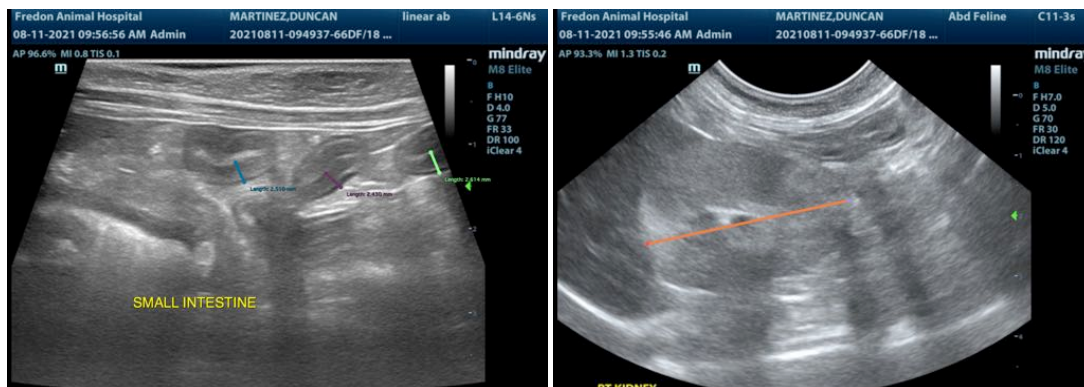
Dr. Nause

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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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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kathleen.sennello@sonopath.com

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