



PATIENT

Tiger Watson

PRESENTING CLINICAL SIGNS

SPECIES

weight loss;RULE OUT- IBD, neoplasia, chronic kidney disease- No V/D- good energy- appetite good-

Feline

Abnormal PE/Chem/CBC/UA Results: ALB 1.8, TP 4.4, Ca 8.1, HCT 25%, RBC 5.2, hgb 7.8, BUN 35, Crea 1.6, USG 1008, T4 WNL,

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

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.

Neutered Male

AGE

The left kidney has a normal shape and size (2.97 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.

15 Years

WEIGHT

The right kidney has a normal shape and size (3.39 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.

5.2 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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

Kathleen Sennello DVM,
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(Small Animal Internal
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The right adrenal gland is normal in size measuring 0.41 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

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Liver

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

REFERRING VET

Dr. Michelle Caldwell

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.

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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.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.20 cm.

Visualized peristalsis appears appropriate. There are at least three discrete bowel masses observed. These areas consist of focal severe thickening of the bowel wall with complete loss of layering. The first bowel mass has a diameter of 2.12 cm and measures 1.0 cm in wall thickness.

The second bowel mass is 1.9 cm in diameter with bowel wall measuring 0.71 cm. The third mass measures 1.4 cm in diameter with the bowel wall measuring 1.02 cm in thickness.

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 a somewhat ill-defined hypoechoic nodule visualized measuring 0.51 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. There is a significant mesenteric lymphadenopathy present with a large, irregular, mottled mesenteric lymph node measuring 1.0 cm x 2.36 cm. This lymph node has a hypoechoic nodule within it measuring 0.65 cm. The omentum is diffusely hyperechoic.

Other

Scant pleural effusion visualized. Recommend 3-view thoracic radiographs.

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ULTRASONOGRAPHIC FINDINGS

- Three focal areas of thickened bowel with complete loss of layering – most consistent with three focal bowel masses. Primary differentials include round cell neoplasia, carcinoma, other.
- Severe mesenteric lymphadenopathy with hypoechoic nodule within the lymph node – The severe mesenteric lymphadenopathy is most 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 (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.



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- Prominent, mottled pancreas with hypochoic nodule – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. The hypochoic nodule could be consistent with lymphoid hyperplasia or a metastatic lesion.

SPECIES

Feline

- Scant free abdominal fluid and pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

There are three discrete bowel masses observed as well as a severe lymphadenopathy with hypochoic nodules observed within the lymph nodes. These findings are highly concerning for diffuse metastatic disease. Round cell neoplasia would be a primary differential. Recommend fine needle aspirate of a bowel mass +/- a lymph node. Based on the multiple lesions observed, surgical options are limited. Recommend consultation with a veterinary oncologist regarding treatment options if a cytologic diagnosis can be obtained. If cytology is unrewarding, recommend surgical biopsies.

SEX

Neutered Male

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

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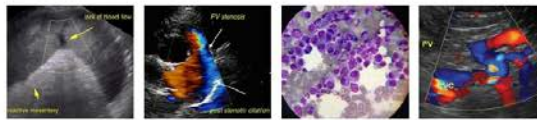
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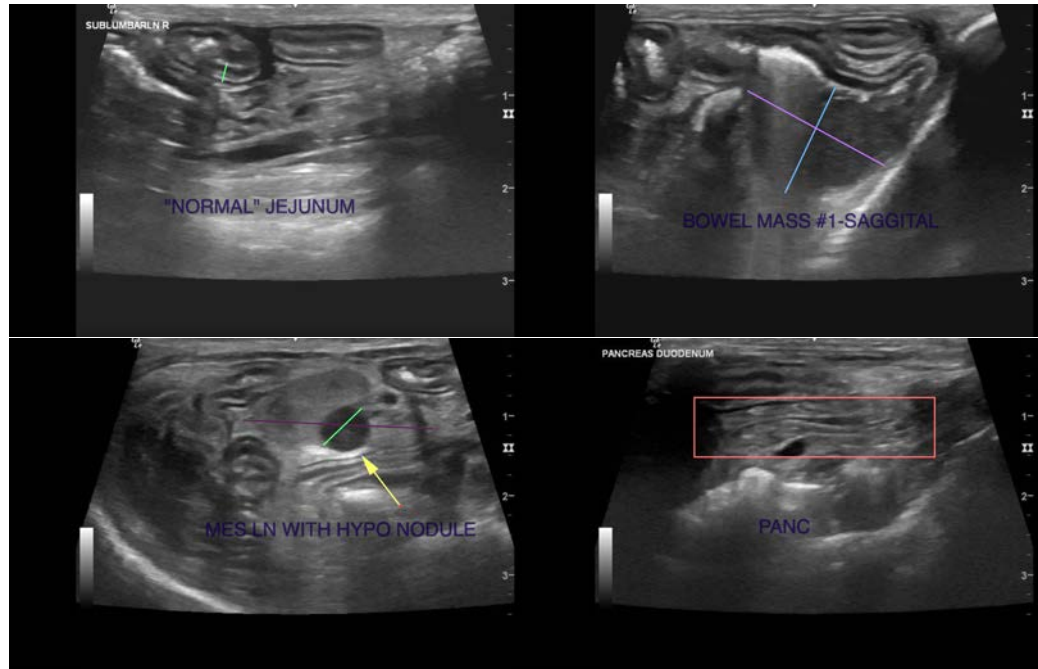
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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