

## PATIENT

Milo Cabral **PRESENTING CLINICAL SIGNS**

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

June 3 2022- P was adopted last Friday and has been settling in well in the household. O feeds P twice a day, in the morning and the afternoon. P did have soft stool 2 days ago but has since resolved. E/d wnl, no c/s/v/d. dg 0/4 JULY 29, 2022- s, O states P has been sneezing for one to two weeks, crusty discharge from nose. O also states P twitches and has been acting very tired and not as active. Heart No murmur; No arrhythmia AUGUST 5 2022-enema, fluids and RADS- labored breathing when on IVF, . Pt is kyphotic, having muscle fasciculations, and is tender on abdominal palpation. Gave buprenorphine-

Abnormal PE/Chem/CBC/UA Results: Lethargy and distended abdomen- fecal test came back negative and intestinal parasites. CBC - WNL Chem - BUN 37, Ca 11.9, Phos 9.6, Na >170, TP 9.4 Elytes - Na >180, Cl 136 FeLV/FIV - negative A series of RADS show WNL aside from There is persistent fecal material noted within the ascending and transverse colons even after enema. USG >1.050

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### AGE

5 Months

### 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.

### WEIGHT

2.18 kg

The left kidney has a normal shape and size (3.69 cm). Overall echogenicity is normal with adequate 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 hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is normal with adequate 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 hydronephrosis. Renal vasculature is normal.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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.

## HOSPITAL NAME

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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.

## REFERRING VET

### Spleen

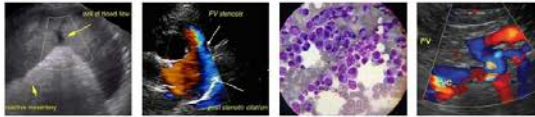
The spleen is subjectively normal in size (0.83 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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## DATE

8/16/22



## PATIENT

Milo Cabral **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.

## SPECIES

Feline

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.

## BREED

DSH

### **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.

## SEX

Neutered Male

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## AGE

5 Months

## WEIGHT

2.18 kg

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 hypoechoic as 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.

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### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes measuring 0.33 and 0.27 cm. A larger lymph node is visualized measuring 0.63 cm, and an irregular lymph node measuring 1.53 cm x 2.25 cm. The omentum is generally of normal echogenicity.

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LVT

## ULTRASONOGRAPHIC FINDINGS

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- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

### REFERRING VET

- Mild/moderate diffuse small intestinal fluid distention – could be consistent with lack of fasting or ileus.

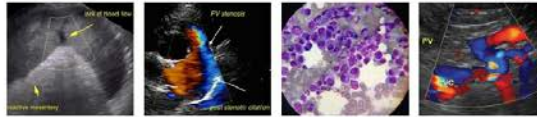
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- Mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Some degree of lymphadenopathy can be normal in young animals.

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**PATIENT**

Milo Cabral This appears somewhat more severe.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized to explain the hypernatremia described. There is a significant lymphadenopathy present. This can be normal for some young animals. Consider a fine needle aspirate of the larger lymph nodes.

**BREED**

DSH

The neurologic signs described are likely secondary to hypernatremia. Below is a differential list with possibilities to consider. Extreme caution needs to be taken with rehydration, as this can exacerbate this condition if the sodium is dropped too rapidly (confirm the hypernatremia is not iatrogenic).

**SEX**

Neutered Male

Adipsia, hypodipsia  
Dehydration  
Diabetes insipidus, central  
Diabetes insipidus, nephrogenic  
Diabetes mellitus

**AGE**

5 Months

Diuresis, massive  
Encephalitis  
Heat prostration  
Hyperaldosteronism  
Hypothalamic lesion

**WEIGHT**

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Iatrogenic  
Pancreatitis, acute  
Peritonitis  
Pituitary lesion  
Renal failure  
Renal insufficiency, chronic kidney disease  
Salt ingestion excessive  
Water deprivation

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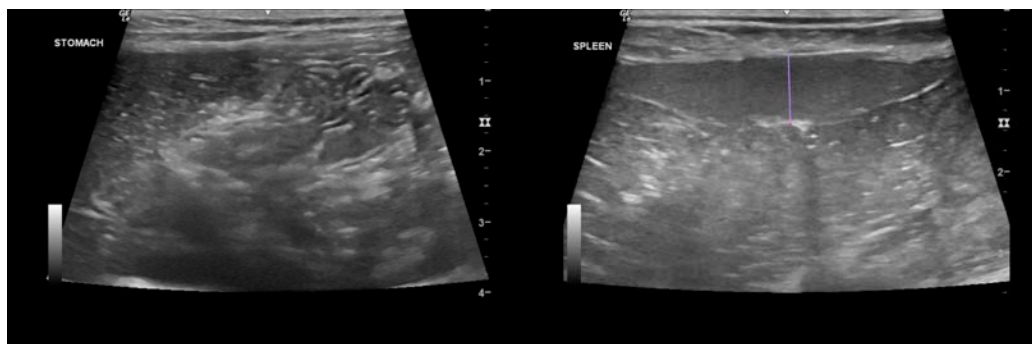
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**AGE**

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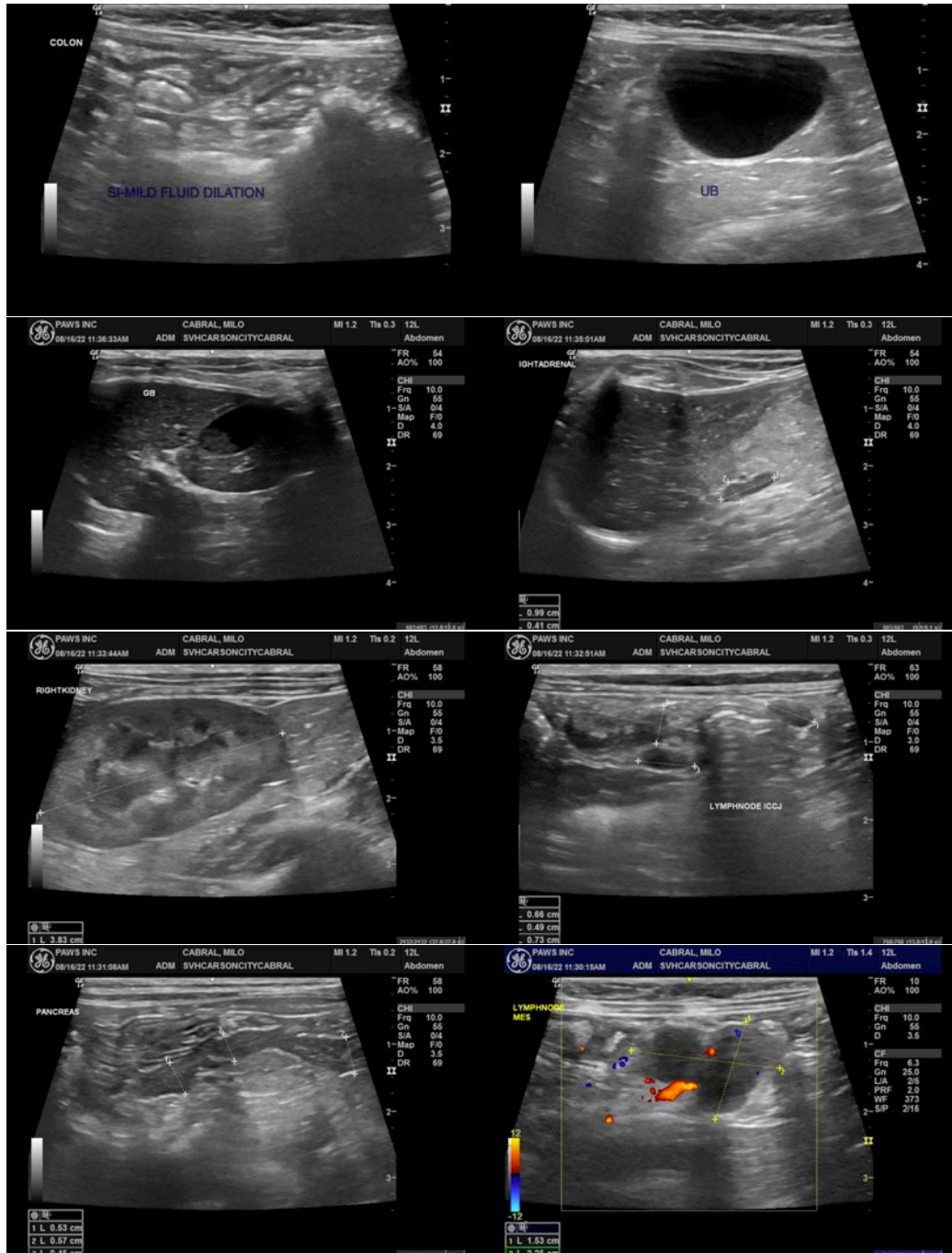
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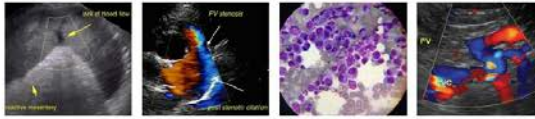


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**SEX**

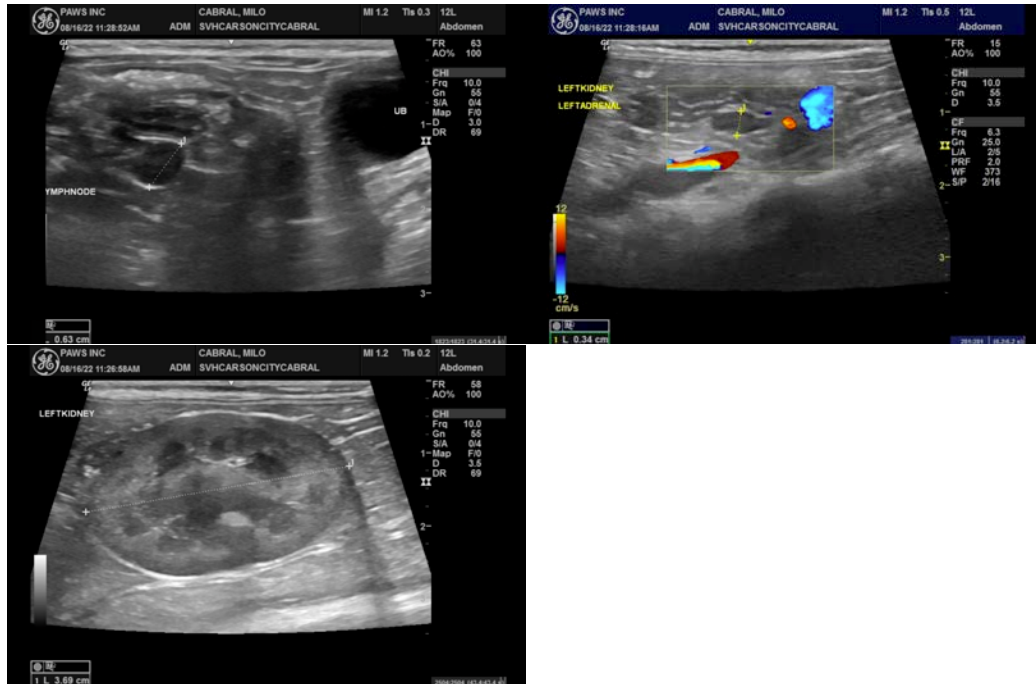
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**AGE**

5 Months

**WEIGHT**

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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.

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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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