



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com  530-786-8340

## PATIENT

Macy Froio

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

geriatric cat with appx 3 week duration decreased appetite and energy level, chronic weight loss. good response to supportive care (cerenia, gabapentin, fluids) with recurrence once supportive care is stopped. ~ MEDS gabapentin 25mg BID ~

## BREED

DSH

Abnormal PE/Chem/CBC/UA Results: BW 8/2/2022 hct: 23.9, TP: 9.1 (albumin: 2.5, globulin 0.4) Tbili: 0.5 UPC 0.3 w/ USG: 1.046 ~

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## SEX

Spayed Female

### 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.

## AGE

14 Years

The left kidney has a normal shape and size (3.68 cm). Overall echogenicity is 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.

## WEIGHT

5.6 Pounds

The right kidney has a normal shape and size (4.16 cm). Overall echogenicity is 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.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 right adrenal gland is normal in size measuring 0.34 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.

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Loetitia Saint-Jacques,  
LVT

### Spleen

The spleen is borderline large in size (0.99 cm in width at the level of the hilus) The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The mottled appearance is a borderline diffuse nodular pattern, most consistent with a reticulated pattern.

## HOSPITAL NAME

MountainView AH

### Liver

The liver is 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.

## REFERRING VET

Dr. Sarah Kalivoda

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The gallbladder appears to have two separate lobes (bilobed gallbladder). The lumens are moderately distended. The wall of the gall bladders is not thickened and has a smooth mucosal

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surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Feline

### **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.

## BREED

DSH

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 measures 0.32 cm.

## SEX

Spayed Female

Visualized peristalsis appears appropriate. There are numerous focal areas of irregularity and loss of layering within the jejunum. Four discrete lesions are observed. One lesion involves a reduced layering and hypoechoic wall measuring 0.36 cm in width and measures 1.72 cm in length. The other lesion similarly involves loss of layering of the jejunal wall, measuring 0.28 cm x 1.58 cm in length. The third and fourth lesions are more irregular, creating a mass like appearance, one measuring 1.17 cm x 2.3 cm, the other has a diameter of 0.97 cm.

## AGE

14 Years

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.

## WEIGHT

5.6 Pounds

### **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**

There is a scant amount of free abdominal fluid.

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There is a significant mesenteric lymphadenopathy with very large, hypoechoic, rounded, irregular mesenteric lymph nodes. One such lymph node measures 1.95 cm x 4.26 cm. Another measures 1.4 cm x 2.87 cm. More typical but enlarged mesenteric lymph nodes are visualized measuring 0.86 cm and 0.47 cm.

The omentum is generally hyperechoic.

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## PRIMARY FINDINGS

- Large spleen with reticulated pattern – concerning for round cell neoplasia. Recommend fine needle aspirate.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Numerous focal small intestinal lesions with loss of layering and thickening of bowel wall

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with irregularity.

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- Severe mesenteric lymphadenopathy – 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.

**BREED**

DSH

- Scant free abdominal fluid

**SECONDARY FINDINGS**

**SEX**

Spayed Female

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

**AGE**

14 Years

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

- Bilobed gallbladder – likely an incidental finding.

**WEIGHT**

5.6 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The combination of the severely enlarged, hypoechoic mesenteric lymph nodes and the focal bowel lesions is highly concerning for a metastatic neoplastic process. Other differentials are possible. Recommend a fine needle aspirate of an enlarged mesenteric lymph node and a bowel lesion.

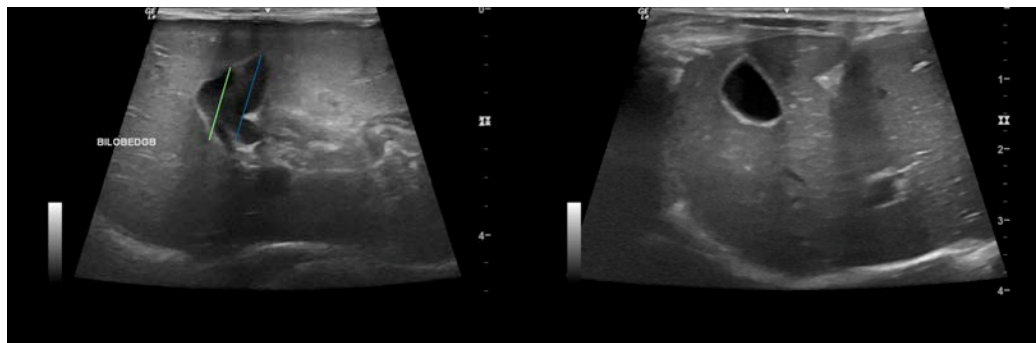
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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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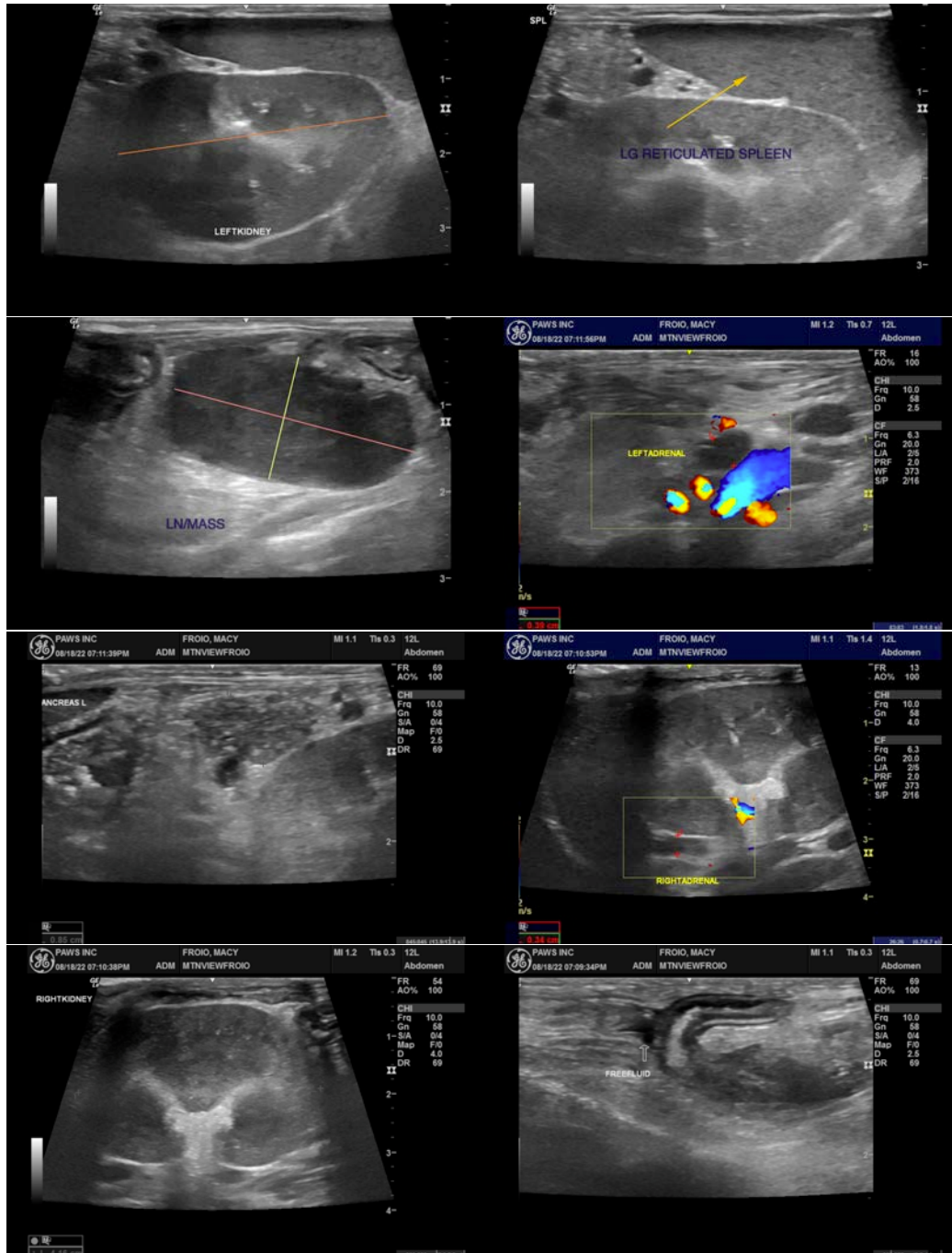
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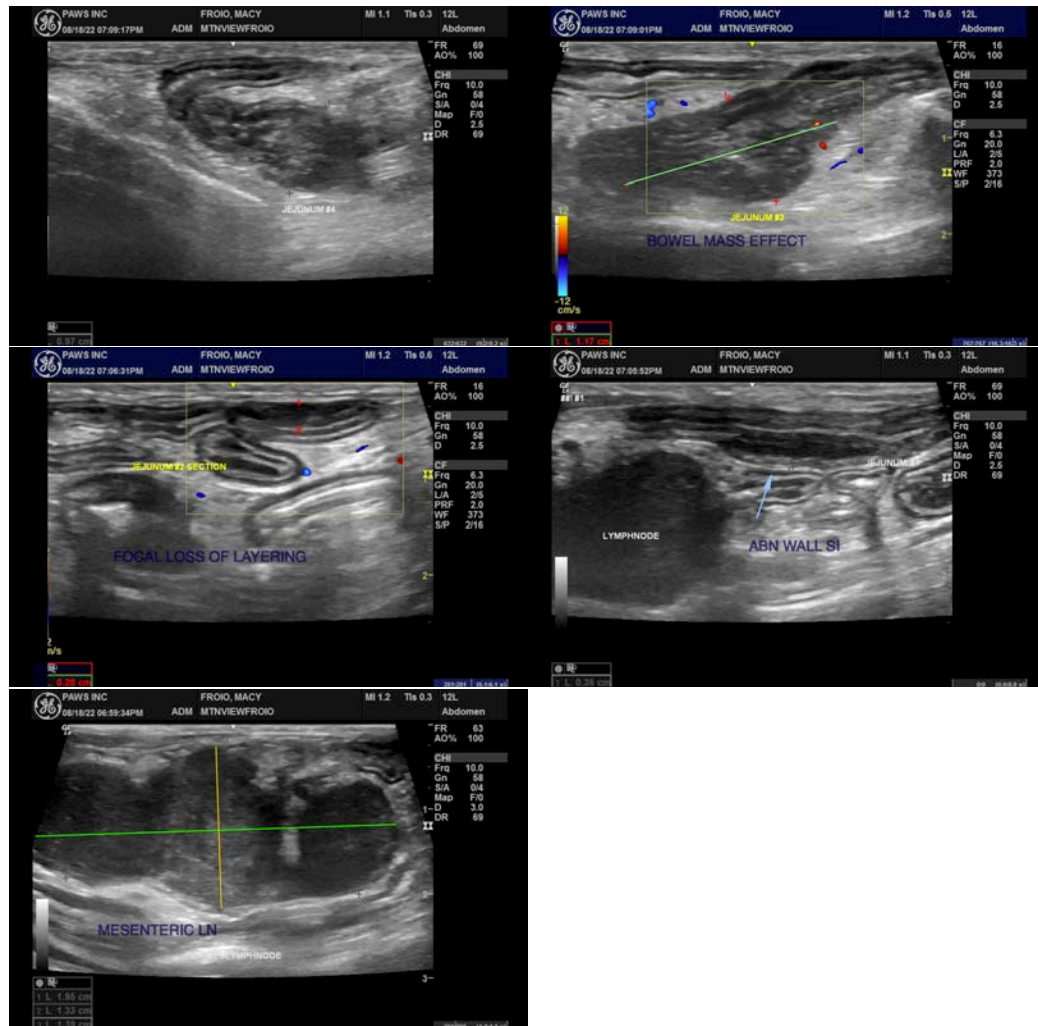
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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