



PATIENT PRESENTING CLINICAL SIGNS

Enzo Bucci
Persistent, intermittent vomiting occurring at various times, some weight loss reported.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 all WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

DSH

SEX

Neutered Male

The left kidney has a normal shape and size (3.73 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 hydroureter. Renal vasculature is normal.

AGE

12 Years

The right kidney has a normal shape and size (3.74 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 hydroureter. Renal vasculature is normal.

WEIGHT

N/A

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Kelly Vazquez

Spleen

The spleen is subjectively normal in size (0.81 cm at the level of the hilus), 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.

HOSPITAL NAME

Bergen Passaic AH

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. Ben Spitz

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 bile duct appears somewhat tortuous and prominent, measuring at 0.34 cm.

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Gastrointestinal

The stomach contains a moderate to large amount of fluid/ingesta. 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.

DATE

8/23/22



PATIENT	The visualized areas of duodenum, jejunum and ileum have a uniform diameter with mild to moderate 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 0.22 cm. Visualized peristalsis appears appropriate. There are some areas of small intestine that appear somewhat fluid dilated with a thickened wall. There is a section of jejunum measuring 0.28 cm with prominent surrounding lymph nodes.
Enzo Bucci	
SPECIES	
Feline	
BREED	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.
DSH	
SEX	Pancreas
Neutered Male	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
AGE	Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mesenteric lymphadenopathy present with an occasional prominent mesenteric lymph node, one measuring 0.32 cm. Additionally, there is a focal cluster of mesenteric lymph nodes measuring 0.50 and 0.51 cm in the region of the dilated small bowel, which appear associated with hyperechoic mesentery.
12 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
N/A	<ul style="list-style-type: none"> • Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
INTERPRETED BY	<ul style="list-style-type: none"> • Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Prominent, mildly dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Gastric lumen distended with fluid/ingesta – Correlate findings with abdominal radiographs and feeding history. If the patient was adequately fasted, consider delayed gastric emptying or pyloric outflow tract obstruction (none clearly visualized).
Kelly Vazquez	<ul style="list-style-type: none"> • Mild fluid dilation of the small intestine with mild thickening and surrounding inflammation – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
HOSPITAL NAME	<ul style="list-style-type: none"> • Clusters of prominent mesenteric lymph nodes surrounded by hyperechoic mesentery – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
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DATE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
8/23/22	There are no focal lesions visualized associated with the GI tract, but there is the general impression of bowel wall thickening and some focal areas of fluid distention. Additionally, there are prominent mesenteric lymph nodes in the region. If possible, consider a fine needle aspirate of a mesenteric lymph



PATIENT

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node. Additionally, the gastric lumen is distended with ingesta and fluid. This could represent ileus or an outflow tract obstruction that is not visualized. Additionally, this could represent a non-fasted patient.

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The pancreas is prominent and mottled. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to obtain more information regarding the pancreas and the small intestine. Consider the following:

BREED

DSH

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Recommend treatment for pancreatitis/gastroenteritis.
- Consider a fine needle aspirate of a mesenteric lymph node.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- If symptoms persist, consider obtaining GI biopsies.

SEX

Neutered Male

There is a moderate amount of echogenic debris in the urinary bladder. Recommend urinalysis and culture.

AGE

12 Years

WEIGHT

N/A

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

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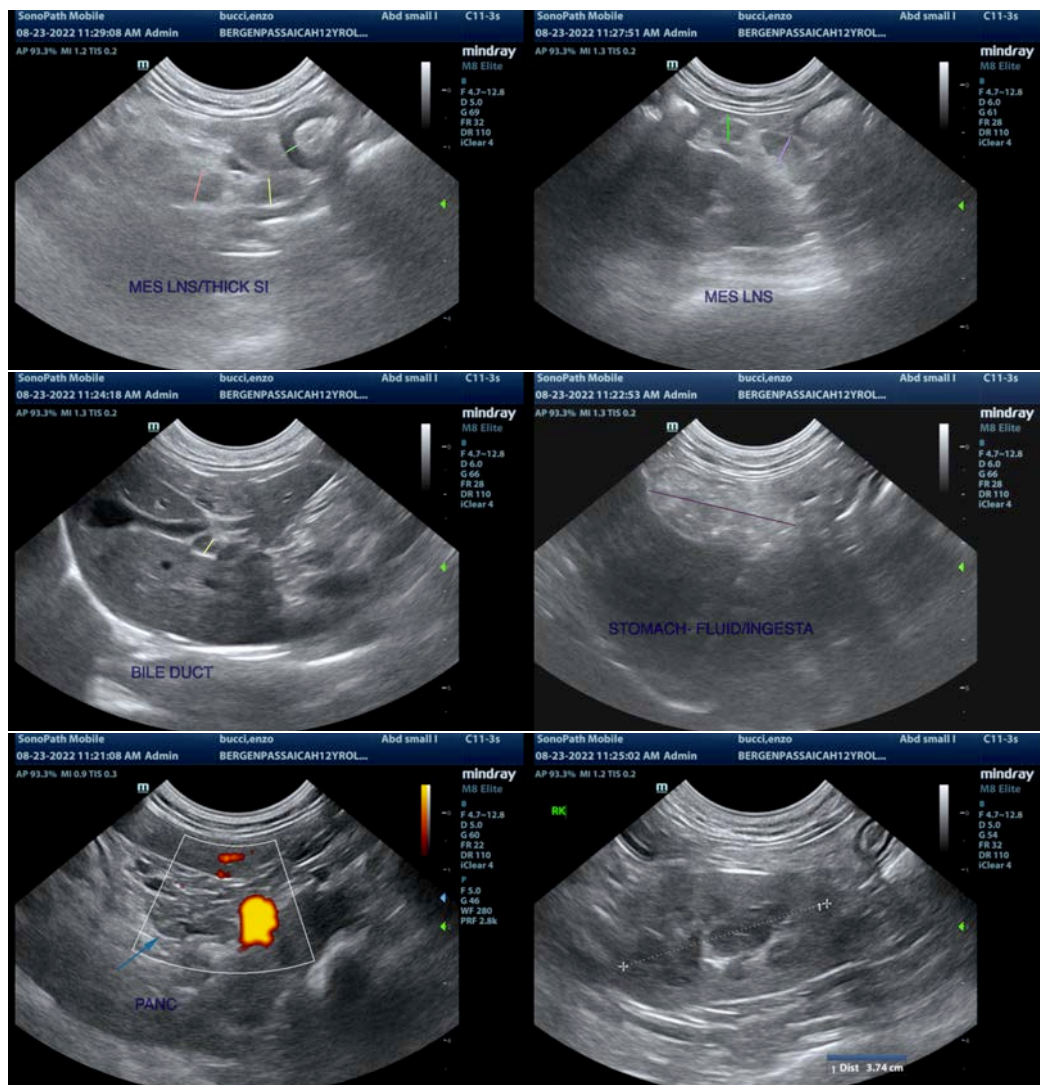
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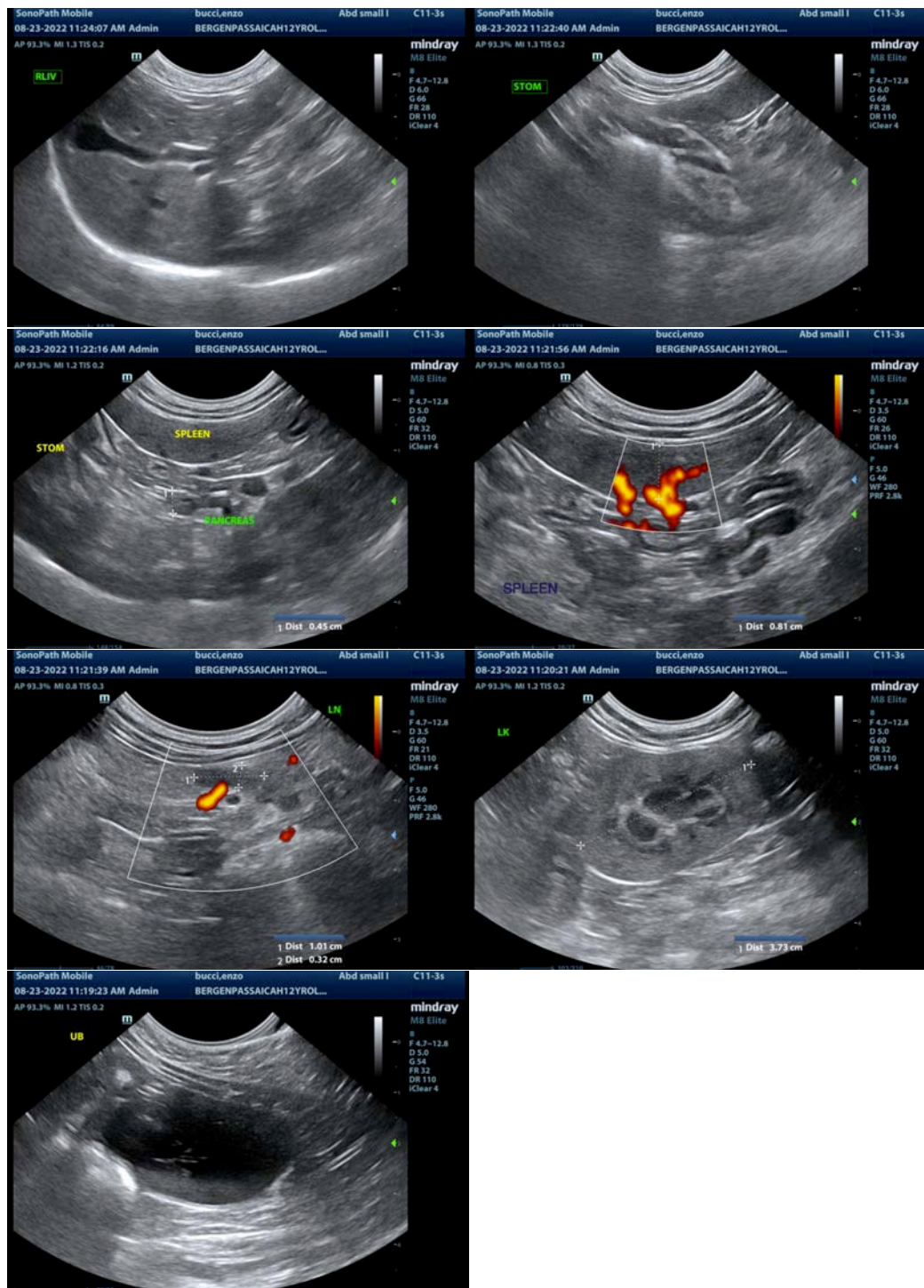
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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)

kathleen.sennello@sonopath.com

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DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

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**IMAGING
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