



PATIENT

Onyx Pearson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

14.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Hummel

INVOICE

40661

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Presented 8/15 vomiting. PE NSF. R/o renal vs GI. No current meds.
Abnormal PE/Chem/CBC/UA Results: TP 9.1, Glob 5.8, BUN 41, Cr 2.5, Amylase 1512 UA: Ph 7+,
Mono 3 SG: 1.032

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 a normal shape and size (4.34 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.

The right kidney has a normal shape and size (4.24 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 left adrenal gland is normal in size measuring XX 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 0.43 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.

Spleen

The spleen is borderline large in size (1.09 cm) with at least two ill-defined, hyperechoic nodules measuring 0.52 cm and 0.30 cm. Echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal.

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.

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.

Gastrointestinal

The stomach contains mild to moderate fluid. 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.



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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 0.21 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that appear focally fluid dilated and have small areas of shadowing material, which could be consistent with passing ingesta passing ingested foreign material, etc. The omentum appears hyperechoic around some of the abnormal bowel loops, and there are enlarged lymph nodes in the region.

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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.

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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 occasional prominent mesenteric lymph nodes, one measures 0.54 cm and is surrounded by hyperechoic mesentery.

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ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Borderline large spleen with ill-defined, hyperechoic nodules – This is a large cat, so the size of the spleen could be normal for this individual. The nodules could represent a benign or neoplastic process. Consider a fine needle aspirate.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Areas of focal bowel dilation with intraluminal material visualized – There is not a definitive focal obstruction visualized, but there are several areas of fluid dilated bowel with surrounding inflammation and some intraluminal shadowing material. This could be ingesta, ingested moving foreign material, or multiple partial obstructions.
- Mesenteric lymphadenopathy with focal inflammation – consistent with focal enteritis.

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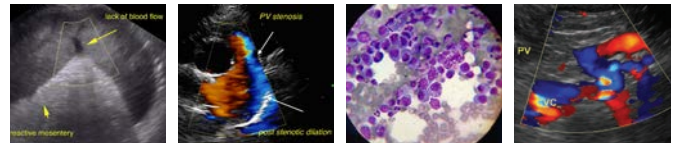
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear somewhat irregular with reduced corticomedullary distinction. This is consistent with chronic age related renal disease, but the appearance of the kidneys often doesn't correlate directly with their function. Recommend a blood pressure, urinalysis and culture. If this patient is not eating well and/or vomiting, recommend fluid therapy, as dehydration would be a concern.



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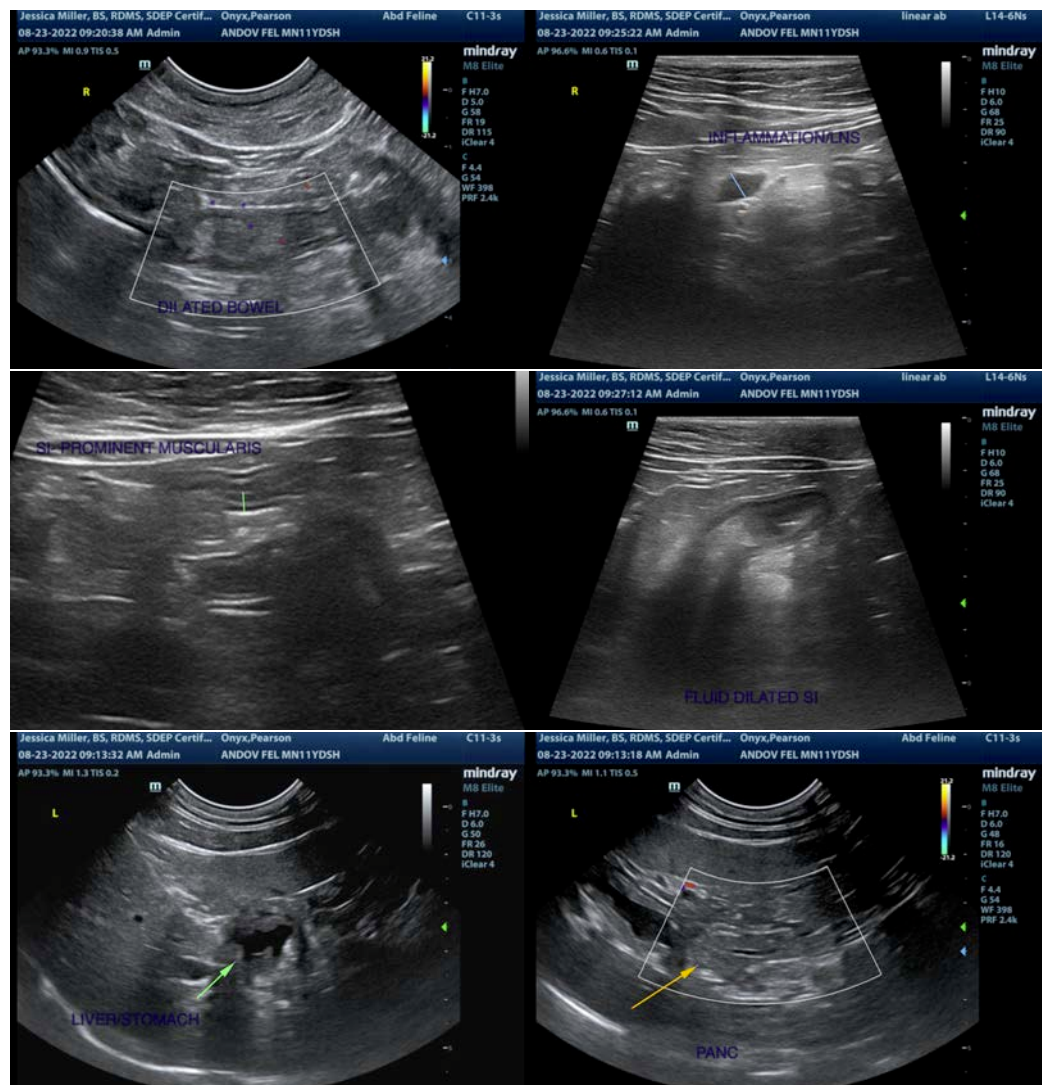
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In general, the small intestine appears somewhat “ropey” with prominent muscularis layer. Additionally, there are some focal areas of fluid dilation. An obvious focal area of obstruction is not observed. I suspect this is consistent with enteritis +/- pancreatitis, but moving ingested foreign material or partial obstructions are possible. Correlate these findings with abdominal radiographs. If there is concern for an obstructive process, you could consider a surgery and obtaining biopsies of the bowel and lymph nodes in addition to evaluating for foreign material.

Otherwise, I would treat supportively for gastroenteritis/pancreatitis with close monitoring and serial imaging (radiographs +/- ultrasound) to make sure these lesions don’t progress. I would be inclined to feel that this is more likely a gastrointestinal issue, but maintaining hydration will be very important in this patient to avoid an acute on chronic crisis.





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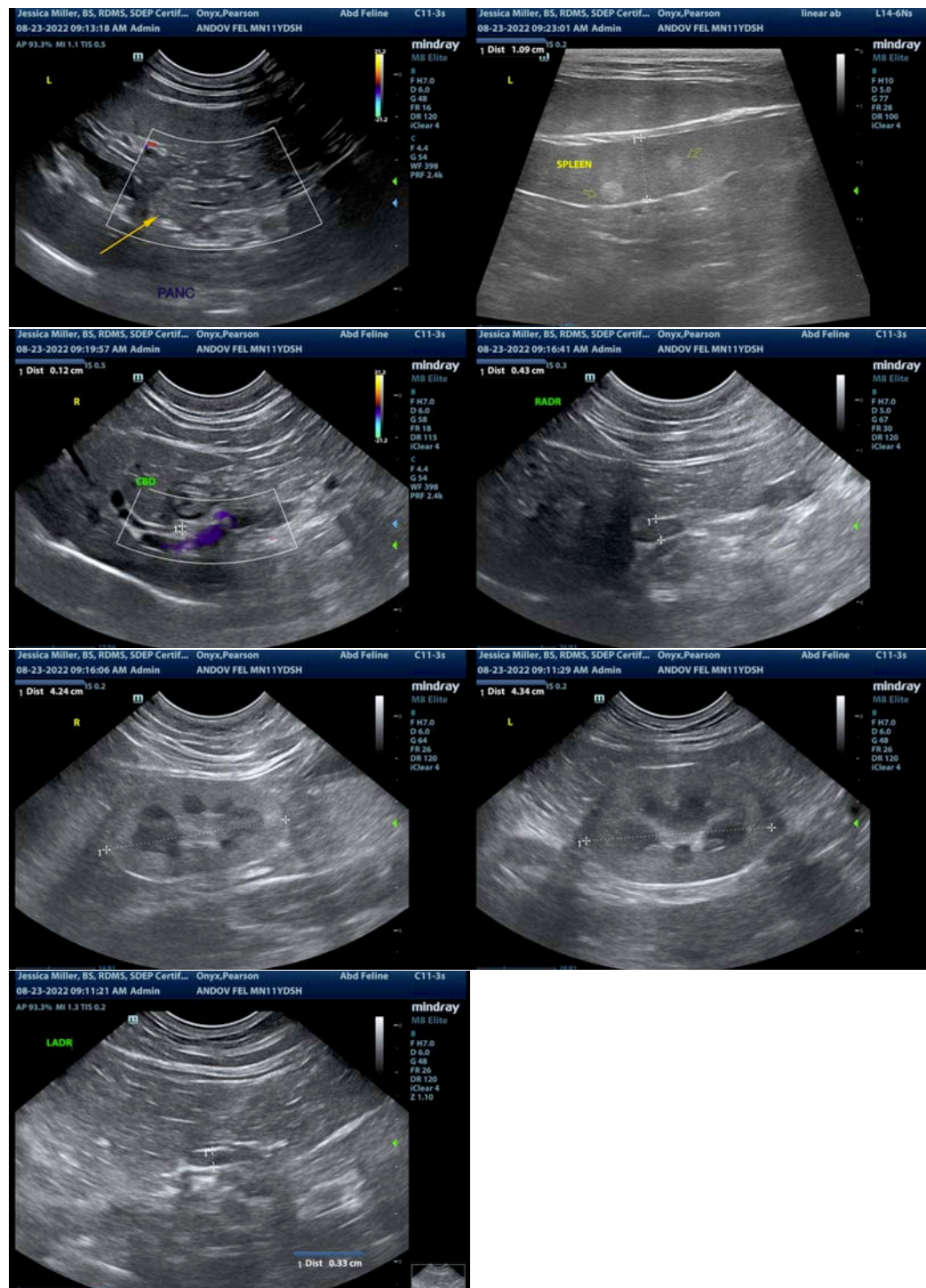
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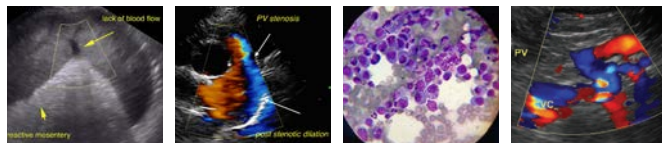
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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