



**PATIENT PRESENTING CLINICAL SIGNS**

Cat Goldberg

P presented for weight loss, intermittent vomiting. P has a hx of HM and possible retained roots. Abnormal PE/Chem/CBC/UA Results: 8/21: CBC: NSF, Chem: BUN: 37, creat: 1.9, Phos: 3.5, K: 4.9, T4: 2.3, UA: 1.026, 2+ prot, hematuria (sampling), C/S: no growth. bp: 156/120, MAP: 127, HR: 196bpm, UPC: pending 7/20: CBC: WNL, Chem: BUN: 38, creat: 1.9, phos: 4.1, K: 4.5, T4: 2.5, UA: SG: 1.024, trace prot, quiet sediment

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DMH

**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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (3.08 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.

**AGE**

16 Years

The right kidney has a normal shape and size (3.09 cm). Overall echogenicity is slightly hyperechoic with slightly decreased 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**

6.0

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.21 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 0.15 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Cassells-Conway

**HOSPITAL NAME**

Central Broward AH

**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.

**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. Janeen Lezcano

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 is visualized as prominent and mildly tortuous, measuring 0.25 cm in diameter.

**INVOICE**

25004

**Gastrointestinal**

**DATE**

8/27/21

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.



**PATIENT**

Cat Goldberg

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. Jejunum wall measured 0.17 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SPECIES**

Feline

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.

**BREED**

DMH

***Pancreas***

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.

**SEX**

Spayed Female

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

**AGE**

16 Years

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

**WEIGHT**

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Prominent, tortuous 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). An obstruction is not visualized, and this appears relatively mild. This can be seen in some normal older cats.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Central Broward AH

The ultrasonographic changes observed on today's scan are relatively mild and many could be consistent with age related change. The renal changes are consistent with chronic renal disease, and if liver values are normal, bile duct changes are likely an incidental finding. Although the bowel appears normal on ultrasound, I would not rule out intestinal disease as a possible differential for the weight loss. Recommend a GI panel to evaluate a quantitative PLI level, B12 and folate to see if there is more evidence of pancreatic and small intestinal disease. Recommend symptomatic therapy with anti-nausea medications, appetite stimulants, etc. while awaiting additional test results. Recommend full body radiographs to help evaluate further for intrathoracic disease or any evidence of foreign material in this GI tract.

**REFERRING VET**

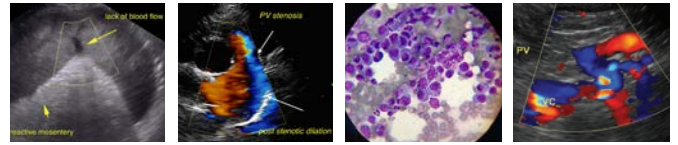
Dr. Janeen Lezcano

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**PATIENT**

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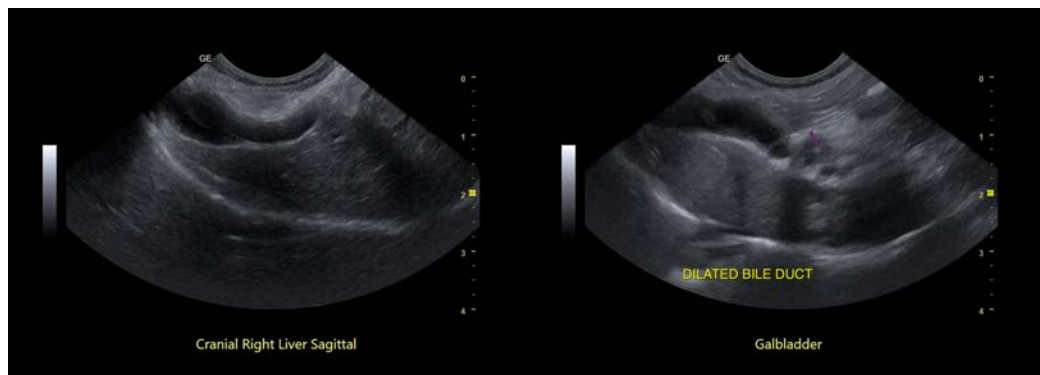
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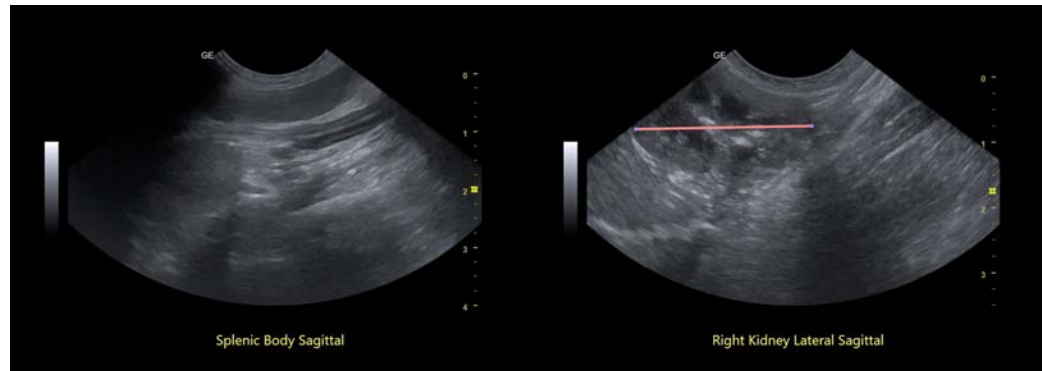
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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