



**PATIENT**

Perseus Chon

**PRESENTING CLINICAL SIGNS**

History of weight loss and vomiting  
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/T4 – normal

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Persian

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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (3.85 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**

9 Years

The right kidney has a normal shape and size (3.98 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**

6.25 Pounds

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.47 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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
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The right adrenal gland is normal in size measuring 0.36 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 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.

**IMAGING PERFORMED BY**

Dr. Gudrun Gunther

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mild heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hyperechoic nodules visualized. One such nodule measures 0.39 cm.

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New Frontier AMC

**REFERRING VET**

Dr. Gudrun Gunther

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.

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**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

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and there is no impression of reduced peristaltic activity. No focal lesions are identified. The pyloric wall appears somewhat prominent at 0.50 cm, but has intact wall layering.

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Feline

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 0.21 cm. Duodenum wall measured 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Persian

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.

**SEX**

Neutered Male

***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy present with a large mesenteric lymph node visualized measuring 1.1 cm in diameter. Additional lymph nodes near the ileocecal junction measured 0.44 and 0.54 cm. The omentum is hyperechoic around the enlarged lymph nodes.

**AGE**

9 Years

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be consistent with 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.
- Mildly heterogeneous liver with an ill-defined hyperechoic nodule – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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Kathleen Sennello DVM,  
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Medicine)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is a significant mesenteric lymphadenopathy present. Samples were obtained during this ultrasound for cytology and PARR testing, which is an excellent plan.

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The changes in the small intestine were relatively mild with questionable pyloric thickening and mildly “ropey” bowel. Similarly, the changes in the liver were very mild. If there are no liver enzyme elevations present, the significance of these changes is uncertain. You could consider a liver function test and a fine needle aspirate of the liver if there is evidence of concurrent liver disease.

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There is suspended mild echogenic debris visualized in the urinary bladder. Recommend urinalysis and culture.

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

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If a cytologic diagnosis is not helpful, then you could consider a GI panel to Texas A&M for a qualitative



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fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine, as well as trying a novel protein/hydrolyzed protein prescription diet. If these measures are unsuccessful, GI biopsies may be necessary.

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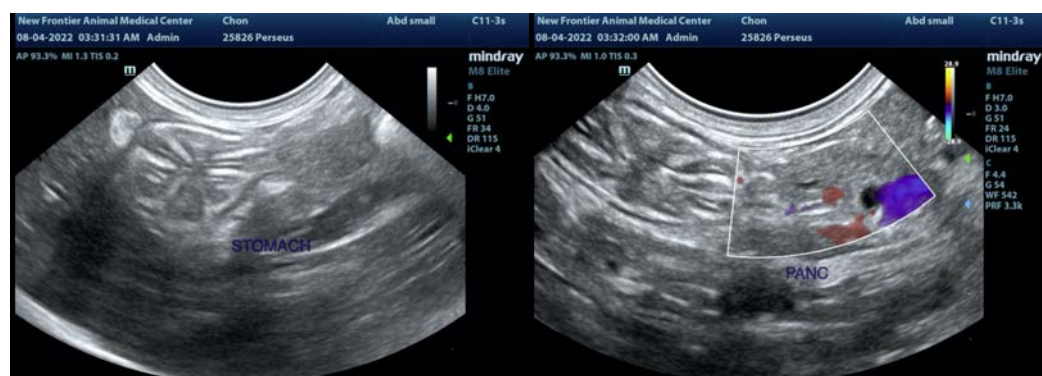
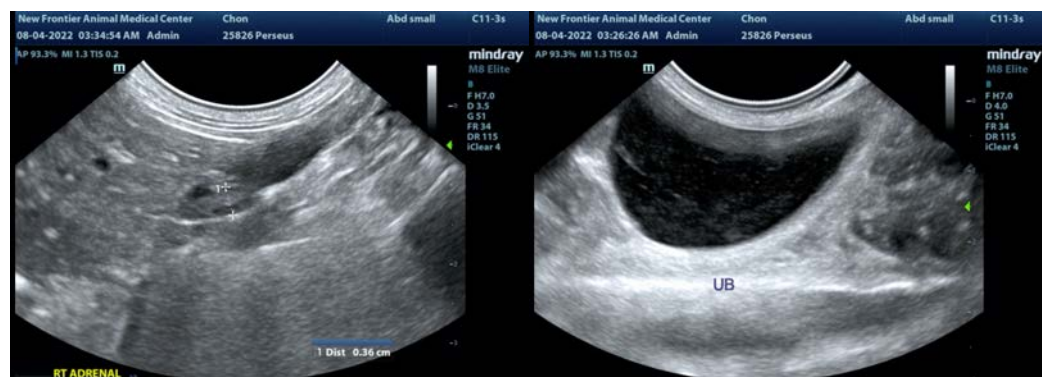
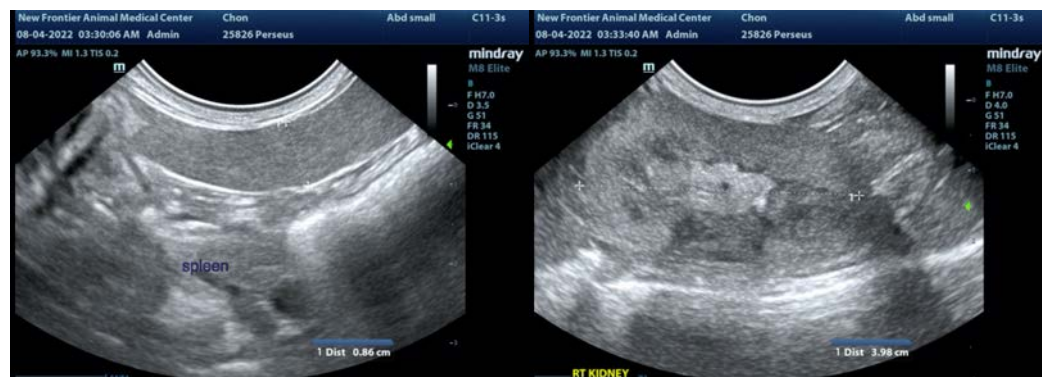
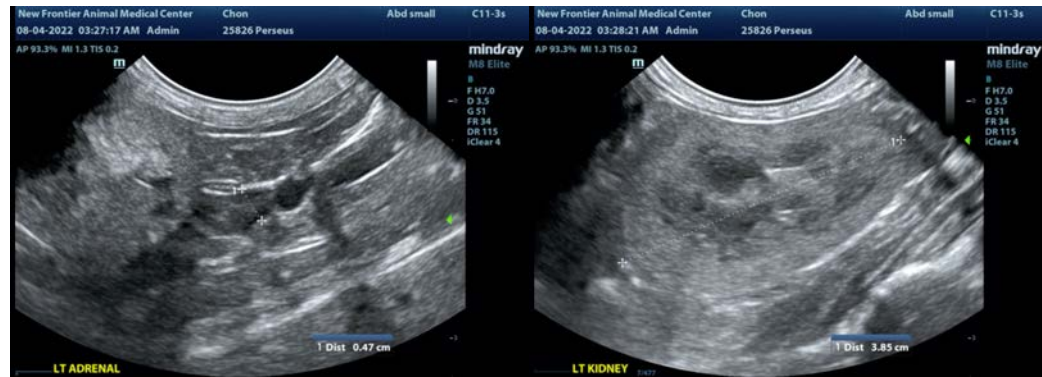
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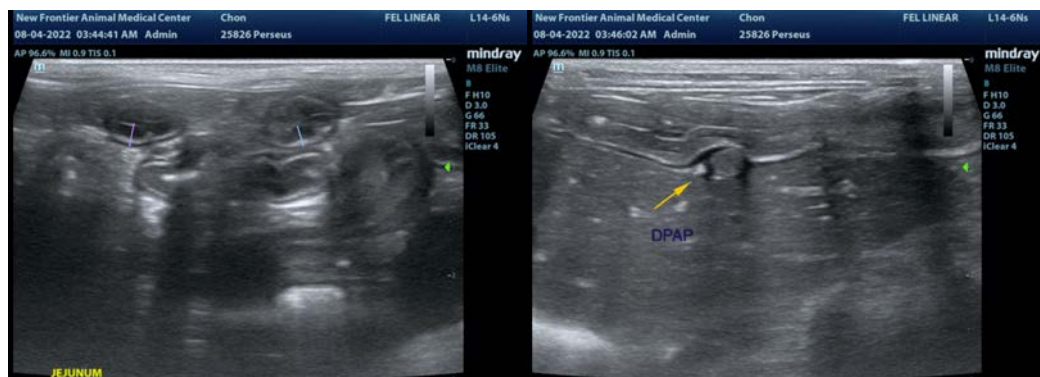
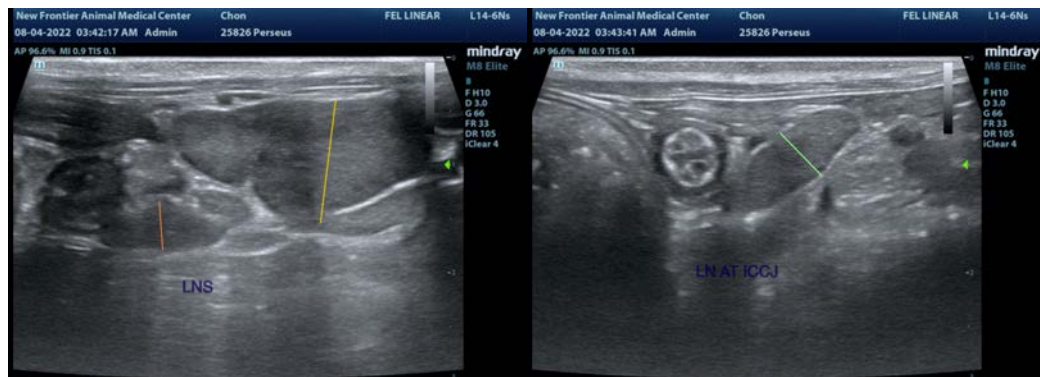
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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