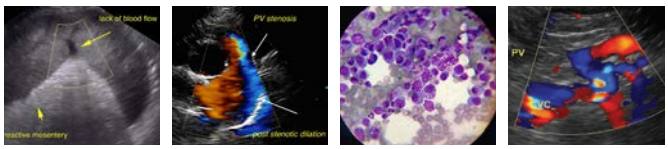
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Sylvie Martin

SPECIES
Feline

BREED
Himalayan X

SEX
Spayed Female

AGE
8 Years

WEIGHT
7.5 Pounds

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

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Meghan Myers

INVOICE
41295

DATE
9/14/22

PRESENTING CLINICAL SIGNS

Pet had a cutaneous mast cell tumor removed from top of head 1 month ago- clean margins, low mitotic count. Owner noticed hematuria at home so when under anesthesia- did ultrasound of bladder- noted bladder stones started c/d food to hopefully dissolve. Pet also has history of chronic vomiting. Pet here today for recheck and full abdominal ultrasound to recheck bladder stones, check for causes of chronic vomiting. Stones that were present 1 month ago appear to be dissolved.

Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4- wnl

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 (3.3 cm) with diffuse pinpoint mineralizations. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.6 cm) with subtle pinpoint mineralizations throughout the parenchyma. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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.

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.

Spleen

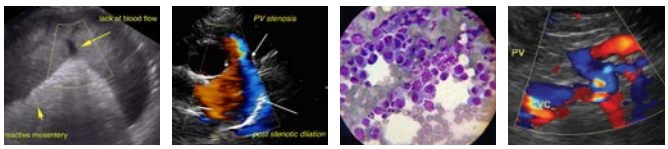
The spleen is subjectively normal in size (0.57 cm at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are subtle focal hyperechoic foci throughout the spleen, most consistent with benign lesions.

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com™
1-800-838-4268 info@sonopath.com



PATIENT
Sylvie Martin

SPECIES
Feline

BREED
Himalayan X

SEX
Spayed Female

AGE
8 Years

WEIGHT
7.5 Pounds

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

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Meghan Myers

INVOICE
41295

DATE
9/14/22

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.

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. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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.

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.

ULTRASONOGRAPHIC FINDINGS

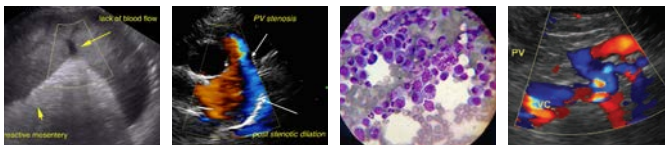
- Subtle hyperechoic lesions within the splenic parenchyma – The significance of these is unclear. A benign etiology is suspected.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions on today's exam are mild. No stones were visualized in the urinary bladder or proximal urethra. Abdominal radiographs could be taken to confirm this.

No significant focal lesions are visualized associated with the gastrointestinal tract. The muscularis layer of the small intestine appears somewhat prominent in some areas. This can be an indicator of underlying GI disease or can be a normal finding in some older cats. Additionally, the pancreas is visible/prominent in some regions, particularly in the left limb.

There are subtle hyperechoic foci throughout the spleen, which I suspect are benign lesions. If concern arises, consider a fine needle aspirate. If bloodwork (including T4) is normal, then consider primary causes of vomiting such as food allergy/dietary intolerance, chronic pancreatitis, IBD, and less likely intestinal neoplasia.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sylvie Martin

SPECIES

Feline

BREED

Himalayan X

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

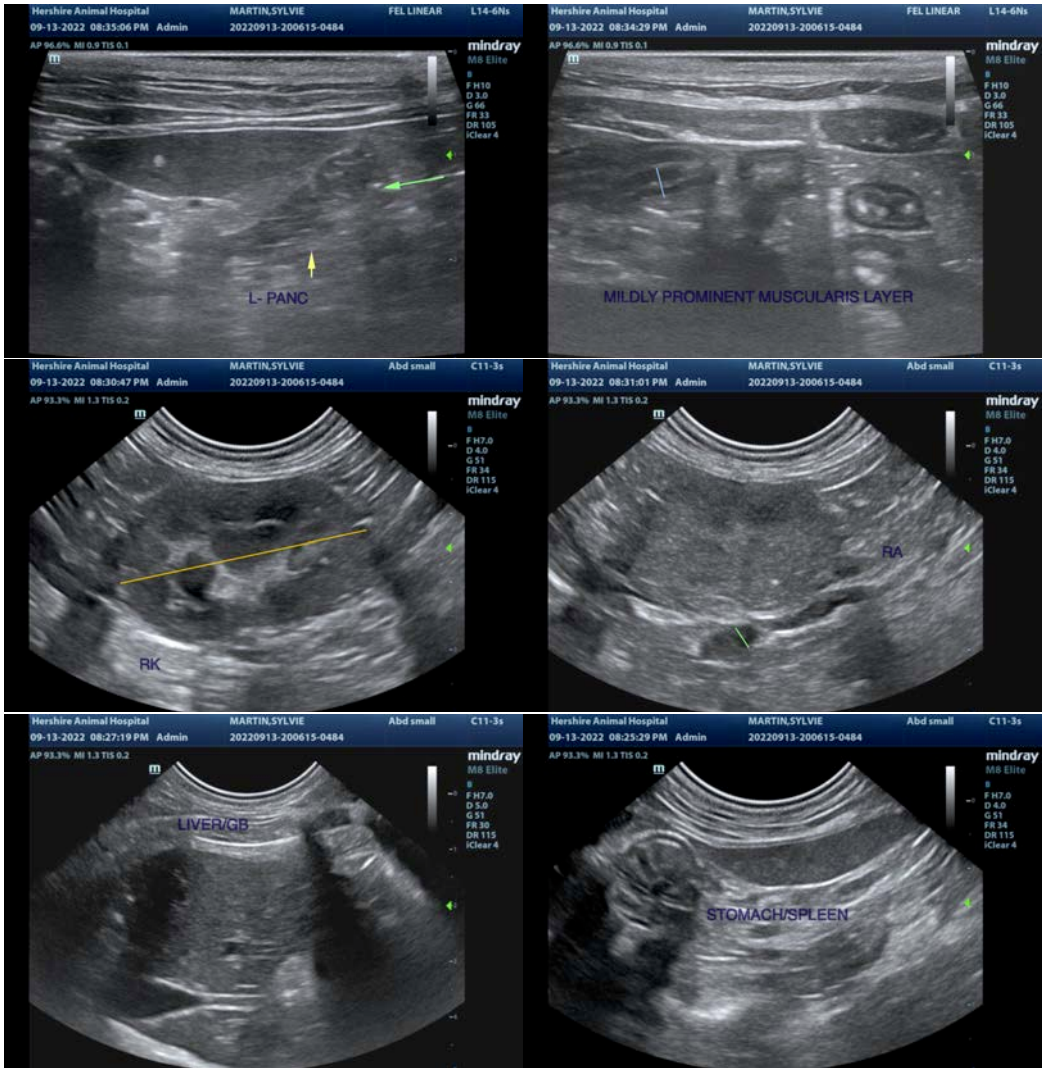
INVOICE

41295

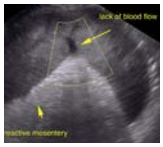
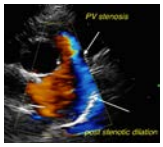
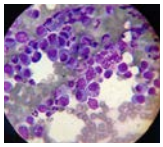
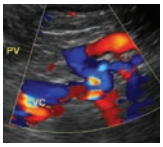
DATE

9/14/22

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- If chronic vomiting persists, consider obtaining GI biopsies.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sylvie Martin

SPECIES

Feline

BREED

Himalayan X

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

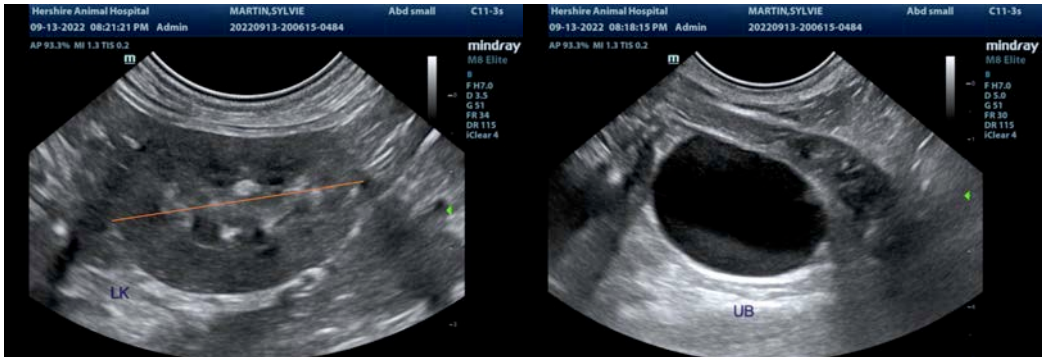
Dr. Meghan Myers

INVOICE

41295

DATE

9/14/22



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.

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

kathleen.sennello@sonopath.com