



PATIENT

Boudica Orndorff

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

7 years

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

91863

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: Six months of progressive weight loss despite good appetite. No vomiting, diarrhea or PU/PD. CBC / Chem / T4 / U/A unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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 (3.58 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.

The right kidney has a normal shape and size (3.96 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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 0.31 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 normal/borderline large in size, hypoechoic, mottled and prominent. 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. 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

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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.

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Some of the areas visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid distension. Wall thickness is generally increased. The duodenum measured 0.28 cm and the jejunum measured 0.24 cm. Some areas are more thickened and have reduced detail of wall layering. The jejunum in these areas approaches 0.37 cm and areas of the duodenum have reduced detail and fluid dilation. Visualized peristalsis appears appropriate. There are no discrete mass effects, but the bowel is generally abnormal.

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is severe lymphadenomegaly present. The mesenteric lymph nodes measured 1.7 cm, 1.29 cm and 1.1 cm. A splenic lymph node measured 0.36 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of increased echogenicity around the enlarged lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

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- Thickened areas of small intestine with reduced detail of wall layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Severely enlarged mesenteric lymph nodes. The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick borne disease- such as bartonella, fungal infections, FIP (cats) etc.. A fine needle aspirate with cytology is recommended for further evaluation.

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- Large, mottled hypoechoic spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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SECONDARY FINDINGS:

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the severe mesenteric lymphadenopathy and the thick small intestine with reduced wall layering is very concerning for a possible neoplastic process. I recommend FNA of mesenteric lymph node. Consider a GI panel to further evaluate for a quantitative fPLI, B12 and folate levels to evaluate for small intestinal dysbiosis/cobalamin deficiency. If cytology is not diagnostic consider surgical biopsies of the small intestine, lymph node and possibly pancreas. I recommend three view thoracic radiographs.

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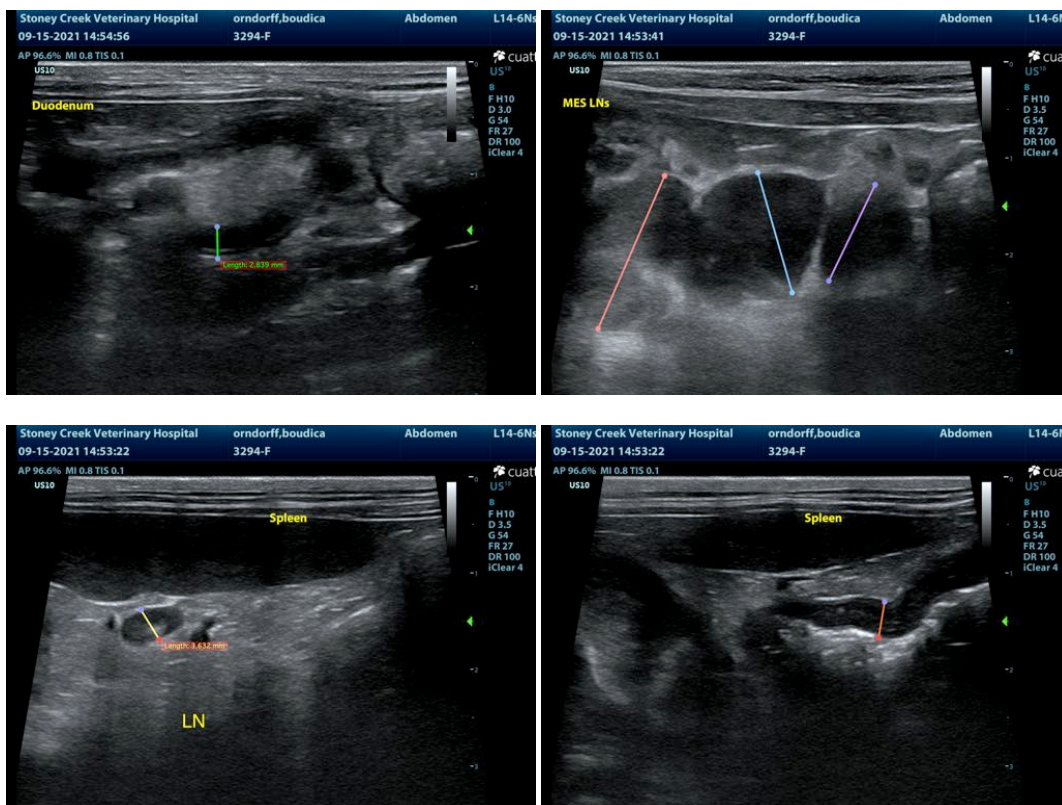
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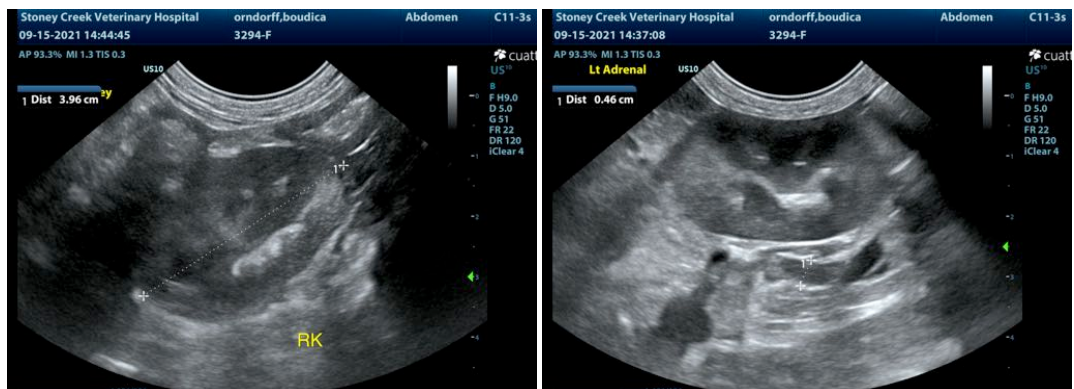
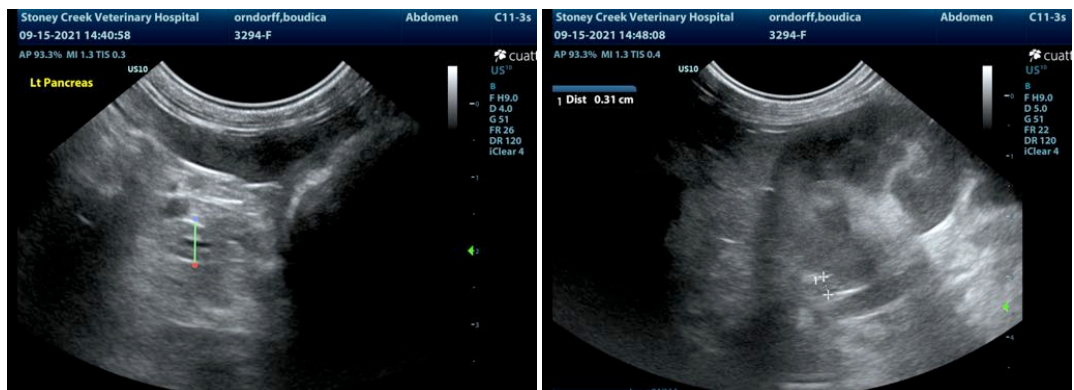
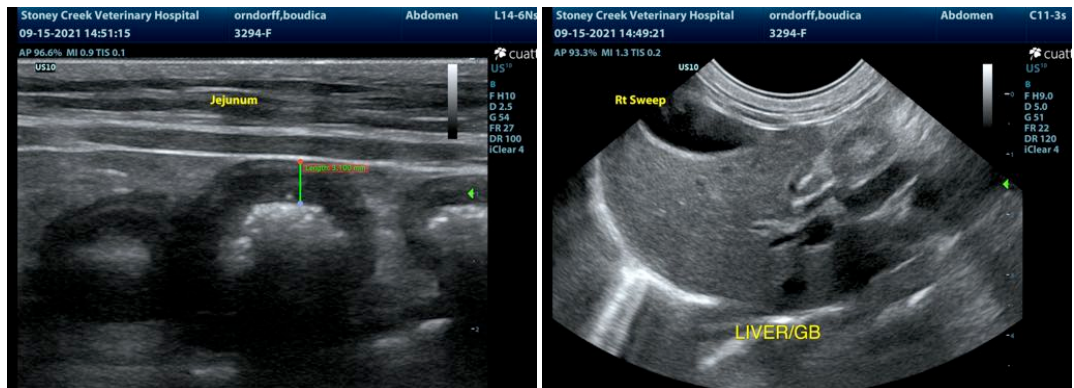
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The information and recommendations provided are based on the images presented by the referring



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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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kathleen.sennello@sonopath.com

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