



PATIENT PRESENTING CLINICAL SIGNS

Amy James P has had a history of decreased appetite, only drinking from shower, and not being steady on paws feet.

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdominal mass palpated during exam, BW done on 09/15/22
Feline BUN 91, BUN/CREAT Ratio 43, Calcium 14.4, Magnesium 3.1, and CPK 791. Also, Neutrophils 9,964, and Lymphocytes 318.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH 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, or masses. There is a very small hyperechoic foci in the dependent portion of the urinary bladder measuring 0.23 cm, most consistent with a small stone or small pile of mineralized debris.

SEX Spayed Female
AGE 12 Years
The left kidney has a normal shape and size (3.66 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT 8.8 Pounds
The right kidney has a normal shape and size (3.13 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY Adrenal Glands

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)
The left adrenal gland is normal in size measuring 0.20 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 0.37 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.

IMAGING PERFORMED BY Spleen
Marco Lichfield

HOSPITAL NAME The spleen was not clearly visualized.

Liver
Sova Animal Hospital

REFERRING VET 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.

Dr. Robert Sova
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.

INVOICE
41408

DATE
9/16/22



PATIENT

Amy James

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.

SPECIES

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 measures 0.17 cm.

BREED

DSH

Visualized peristalsis appears appropriate. There appears to be bowel involvement in the mass effect in the mid abdomen. There is a section that appears somewhat tubular with gas visualized in what appears to be a lumen. This mass lesion is 5.9 cm in diameter and the wall measures at 2.4 cm with a complete loss of layering.

SEX

Spayed Female

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.

AGE

12 Years

Pancreas

There is a large abdominal mass effect that encompasses the area of the pancreas. This is a hypoechoic, multilobulated, ill-defined mass effect surrounded by echogenic fluid (see other).

WEIGHT

8.8 Pounds

Free Abdomen

There is a large amount of echogenic free fluid. There is a large, irregular, ill-defined, hypoechoic mass effect in the mid abdomen. It is difficult to discern echogenic fluid from the actual tissue/mass effect. It appears to be multilobulated, possibly involving bowel, mesenteric lymph nodes, etc., and there is the possibility of pancreatic involvement. The omentum is severely inflamed.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Large, ill-defined, hypoechoic mass effect in the mid abdomen, possibly involving bowel and lymph nodes – Recommend a fine needle aspirate.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Small stone/mineralization in the dependent portion of the urinary bladder – Recommend urinalysis and culture.
- Large volume echogenic free fluid – Recommend cytology and fluid analysis.

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Robert Sova

It is difficult to discern the margins of this mass effect, as it is very hypoechoic and surrounded by echogenic free fluid. This lesion is ill-defined and irregular in appearance and lies in the area of the pancreas but is extensive. Additionally, there is a section that resembles a bowel mass, as there is what appears to be intraluminal gas. Recommend a fine needle aspirate of this lesion and fluid analysis and cytology on the effusion present. There appears to be severe peritonitis present as well. If cytologic diagnosis cannot be obtained, surgical exploration may be necessary.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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REFERRING VET

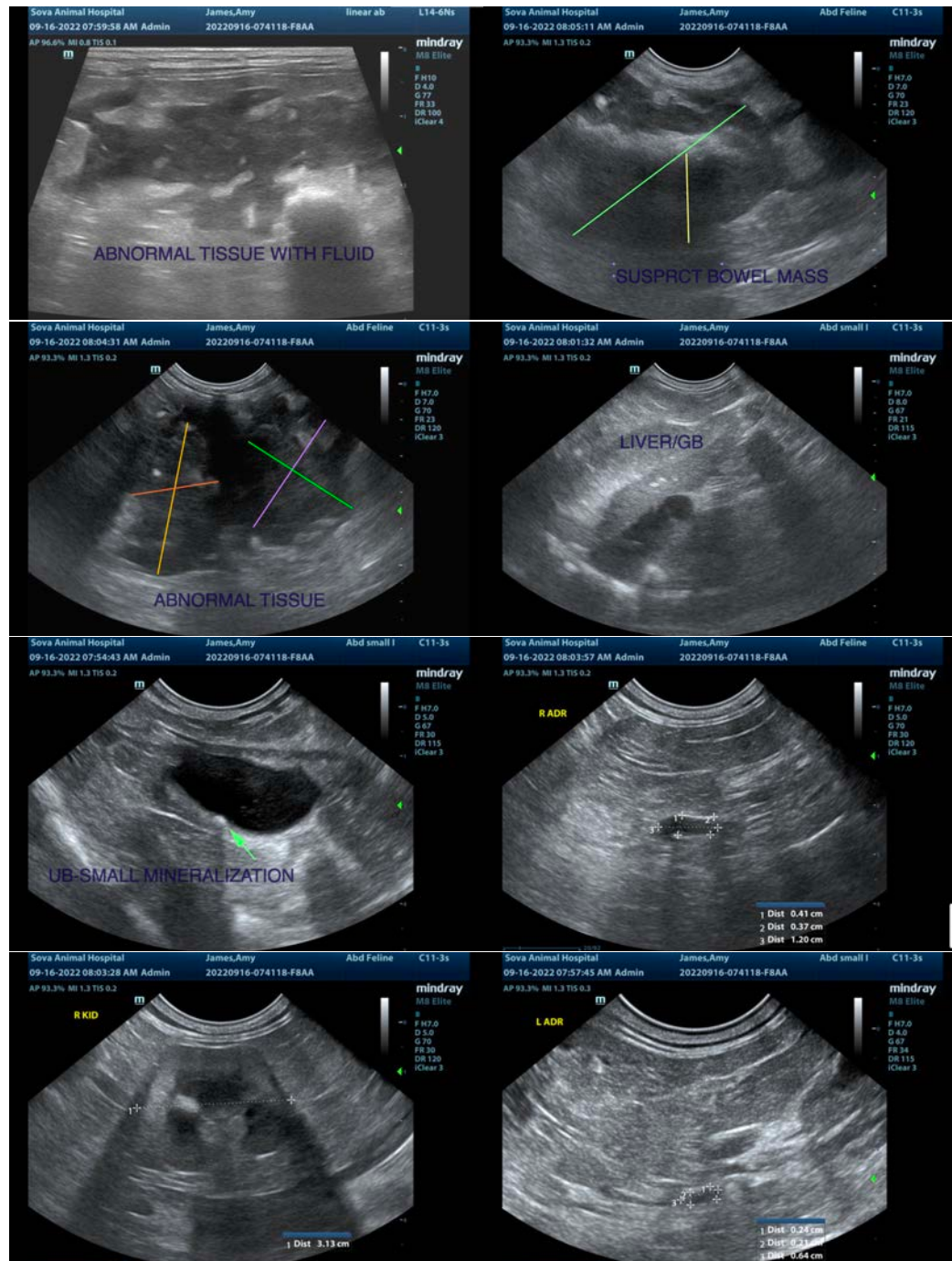
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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