



PATIENT

Muninn Sabol

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

6 Months

WEIGHT

4.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Peter Nelson

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

41690

DATE

9/27/22

PRESENTING CLINICAL SIGNS

Referral from another vet for u/s. They felt an abdominal mass and took radiographs that showed mid abdominal mass. Kitten was adopted with a littermate in August. Littermate is growing and this one is not. Had been treated for diarrhea while at the shelter, but the stools are formed. No vomiting. Has normal appetite.

Abnormal PE/Chem/CBC/UA Results: Palpable large abdominal mass. Small, but not underweight. Owner had declined bloodwork at vet office who referred patient for u/s. FeLV/FIV status is unknown, although the shelters in our area usually test for it; client did not provide any records from shelter.

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 (2.96 cm). 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 (3.63 cm). 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/borderline small in size measuring 0.20 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.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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.



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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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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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

Pancreas

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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

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There is a small to moderate amount of echogenic free fluid. There is a large mid abdominal mass/lymph node measuring 4.3 cm x 2.79 cm. It is of mixed echogenicity and is vascular. The omentum is hyperechoic around the abdominal mass.

ULTRASONOGRAPHIC FINDINGS

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- Large, irregular, mixed echogenic, vascular mid abdominal mass – This could be associated with the bowel or be an effaced/severely enlarged mesenteric lymph node.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mid abdominal mass visualized. This is most likely an enlarged/abnormal mesenteric lymph node, although I cannot rule out the possibility of this being associated with the gastrointestinal tract. Recommend a fine needle aspirate. Primary differentials would include round cell neoplasia, FIP, etc. Recommend evaluation of FELV/FIV status. Additionally, consider fluid analysis and cytology of a sample of the abdominal fluid.

REFERRING VET

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

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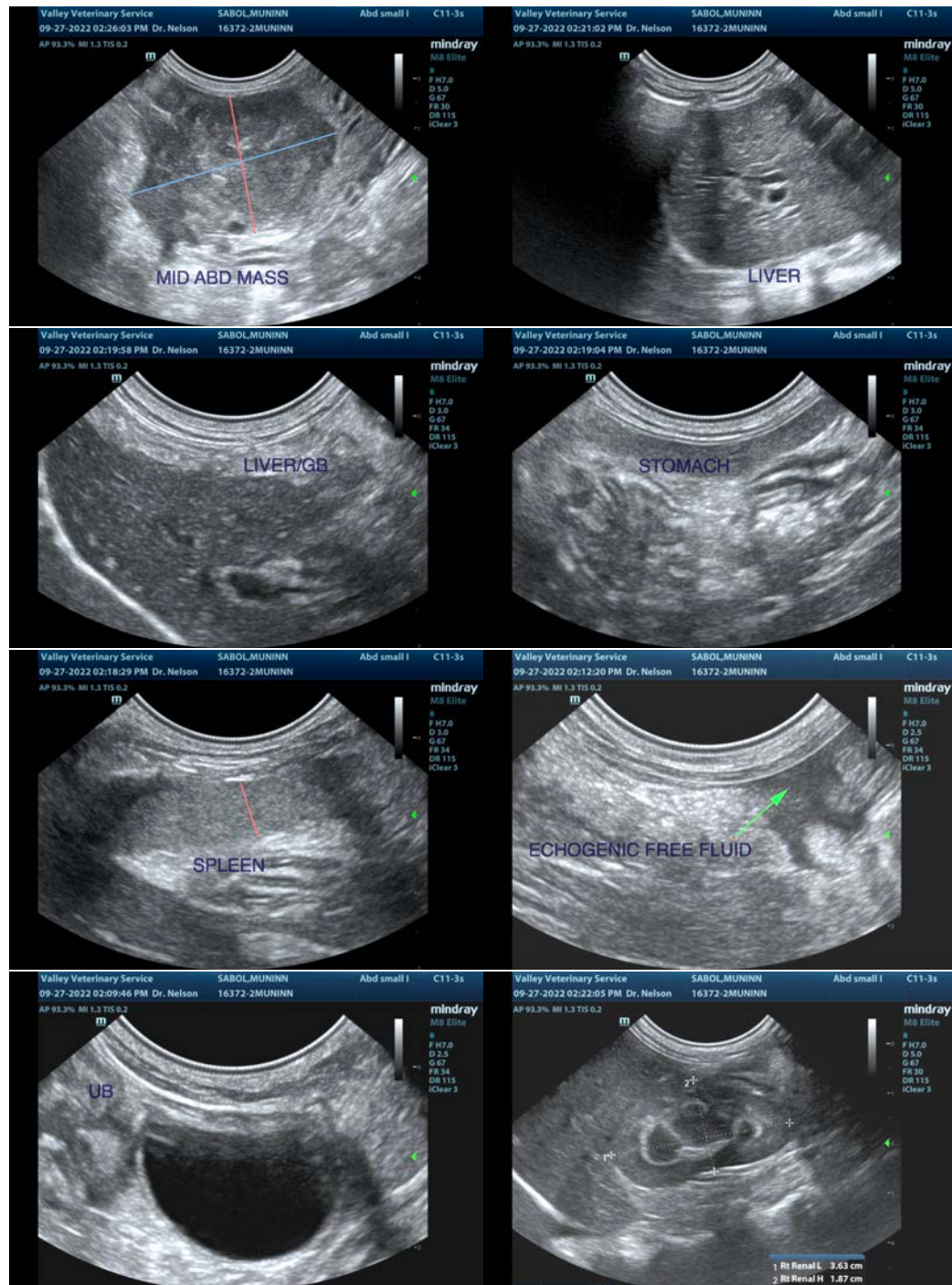
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com