



PATIENT

Cleopatra Brooks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Reese

INVOICE

92082

DATE

9/29/21

PRESENTING CLINICAL SIGNS

Evaluated at emergency clinic 2 weeks ago for lethargy, ataxia. Bloodwork at that time suggestive of pancreatitis. Hospitalized for supportive care and patient improved and discharged on gastrointestinal medications. Vomiting continued at home - recommend abdominal ultrasound as next diagnostic step. History of diabetes - currently in remission.
Abnormal PE/Chem/CBC/UA Results: Recent labwork not available from ER clinic. BG 178 day of U/S

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly, diffusely thickened, but the mucosa appears irregular and measures 0.34 cm in thickness. The trigone, ureteral papillae and proximal urethra (to a depth of 2cm) appear normal with no evidence of significant mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.52 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 (3.62 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. A 0.49 cm cystic structure was noted in the cortical region. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline large in size measuring 0.49 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/borderline large in size measuring 0.41 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/large in size and measured 0.97 cm. The 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.



PATIENT

Liver

Cleopatra Brooks

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.

SPECIES

Feline

BREED

Gastrointestinal

Domestic Shorthair

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

SEX

Spayed Female

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 and the jejunum measured as normal (0.2 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

15 years

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.

WEIGHT

10 lbs

INTERPRETED BY

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

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of regional mesenteric inflammation or fluid. There is a mass lesion caudal to the stomach measuring 1.9 x 1.66 cm. I suspect that this is mesenteric lymph node, but cannot rule out the possibility of a pancreatic nodule.

IMAGING PERFORMED BY

Dr. Reese

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mass lesion caudal to the stomach, which is somewhat irregular in shape and hypoechoic measuring 1.9 x 1.66 cm. This can be consistent with a lymph node or less likely a focal pancreatic mass. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

HOSPITAL NAME

Willow Run VC

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Reese

PRIMARY FINDINGS:

- Hypoechoic irregular mass caudal to the stomach. This is most consistent with an abnormal mesenteric lymph node or pancreatic nodule. I recommend FNA.
- Prominent, mottled pancreas. The pancreas is prominent and mottled 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.
- Borderline bilateral adrenomegaly.

INVOICE

92082

DATE

9/29/21



PATIENT

Cleopatra Brooks

SECONDARY FINDINGS:

- Mildly prominent urinary bladder wall. This could be due to lack of urine distension. Consider a urinalysis and culture to rule out cystitis.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an irregular mass effect caudal to the stomach, which I suspect is an abnormal lymph node, but I cannot rule out a mass of either pancreatic or bowel origin. I recommend FNA and cytology.

BREED

Domestic Shorthair

The pancreas appears somewhat mottled and prominent. Consider a quantitative fPLI to Texas A&M University with a B12 and folate level to further evaluate the GI tract.

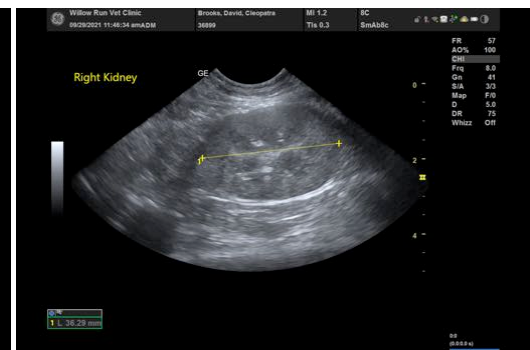
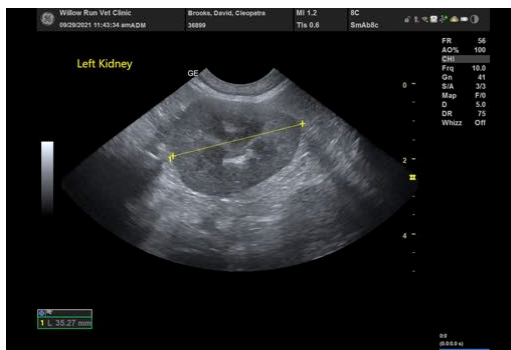
SEX

Spayed Female

Both adrenal glands are prominent and somewhat plump in size. Given the history of possible diabetes you can consider testing for acromegaly and/or Cushing's disease. I recommend three view thoracic radiographs.

AGE

15 years

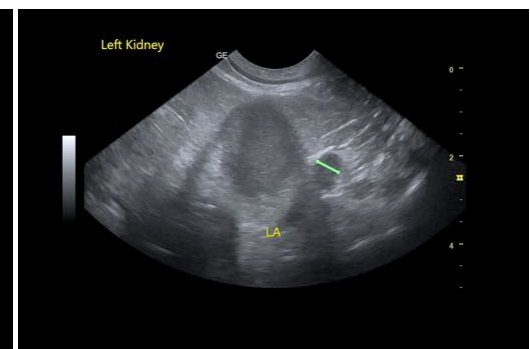


WEIGHT

10 lbs

INTERPRETED BY

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



IMAGING PERFORMED BY

Dr. Reese

HOSPITAL NAME

Willow Run VC



REFERRING VET

Dr. Reese

INVOICE

92082

DATE

9/29/21



PATIENT

Cleopatra Brooks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15 years

WEIGHT

10 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

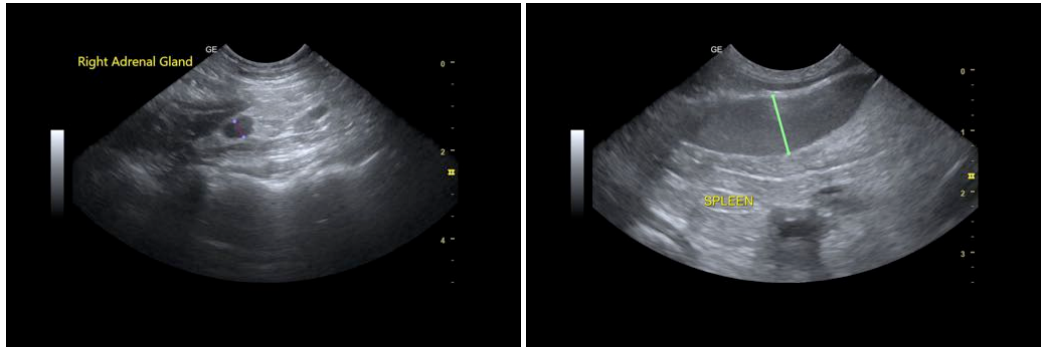
Dr. Reese

INVOICE

92082

DATE

9/29/21



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

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com