



**PATIENT**

Dexter Ferrante

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

13.2

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Maria Cruz

**INVOICE**

25171

**DATE**

9/3/21

**PRESENTING CLINICAL SIGNS**

R/O Liver Disease. Pet is anorexic, vomiting and weight loss Current Meds: Cerenia Injection, Mirtazapine and A/D Food

Abnormal PE/Chem/CBC/UA Results: Alk. Phos. = 369 ; Total Bili. = 3.1 ; CBC = WNL ; T4 = WNL  
Urinalysis = Not Done

**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 (4.45 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 (4.2 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 0.38 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 0.30 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 large 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. The spleen measures 1.1 cm (anything >1.0 cm is considered large).

**Liver**

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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. Jejunum wall measured 0.22, 0.18 cm. 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.

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***Pancreas***

The area of 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.

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***Free Abdomen***

Evaluation of the peritoneal cavity revealed a small amount of anechoic free fluid. There is a mild/moderate lymphadenopathy present. Mesenteric lymph nodes measured 0.54, 0.86, 0.51, 0.74 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. Mesentery is of normal echogenicity generally, but is hyperechoic around the enlarged mesenteric lymph nodes.

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**PRIMARY FINDINGS**

- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Enlarged mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Small amount of free abdominal fluid – this could be reactive due to inflammation or due to portal hypertension.

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**SECONDARY FINDINGS**

- Prominent spleen – The spleen appears relatively normal, but is large, measuring 1.1 cm (abnormal is >1.0).
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions were observed associated with the liver or biliary tract. This makes a primary hepatopathy the most likely cause for the elevated bilirubin level. The liver is large and bright, making differentials such as hepatic lipidosis and lymphoma more likely. Consider fine needle aspirate of the liver if coagulation parameters permit. You could consider a fine needle aspirate of the spleen at the

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same time, as it is prominent, and if the lymph nodes are accessible, fine needle aspirate of the lymph nodes would additionally be helpful. Consider placing a feeding tube while waiting for test results. If a diagnosis cannot be obtained by cytology, surgical biopsies of the liver, lymph nodes and possible GI tract may be necessary.

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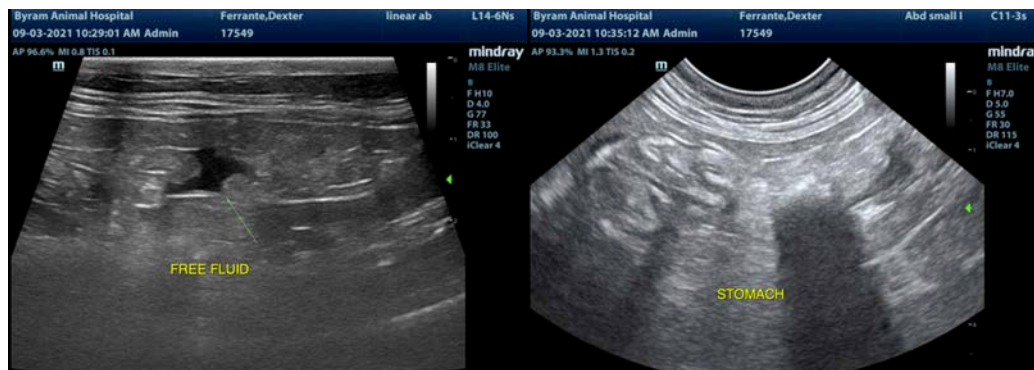
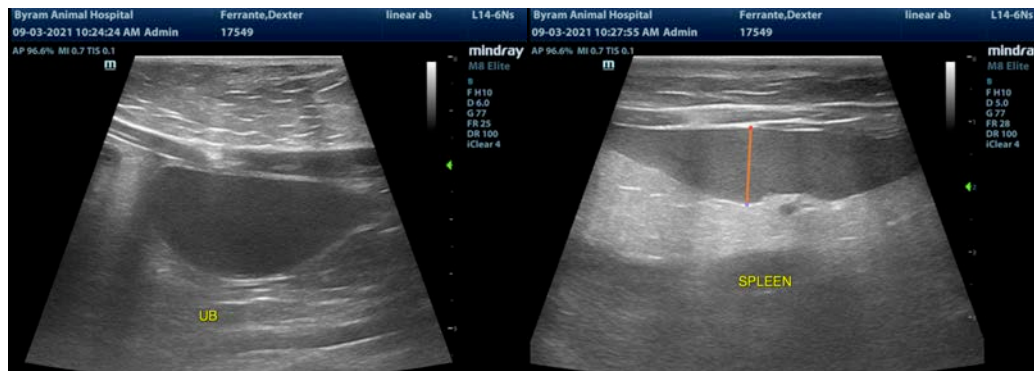
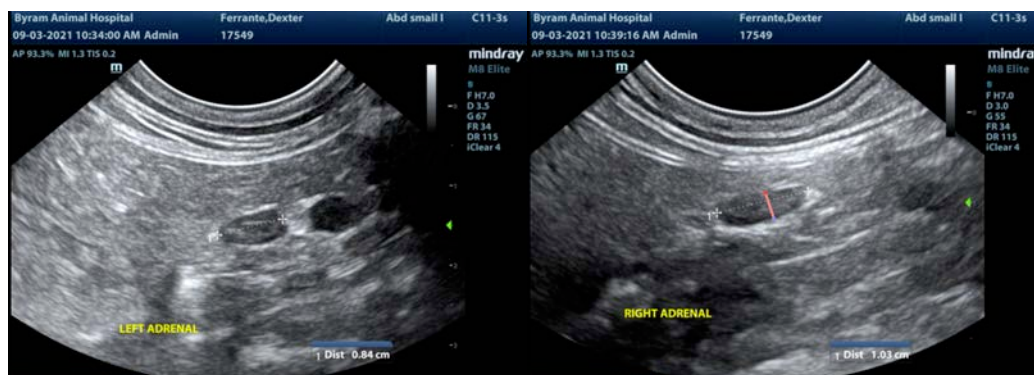
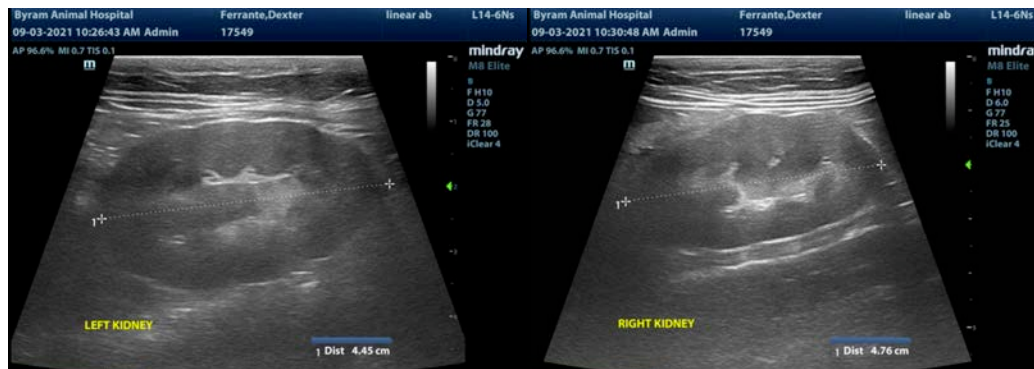
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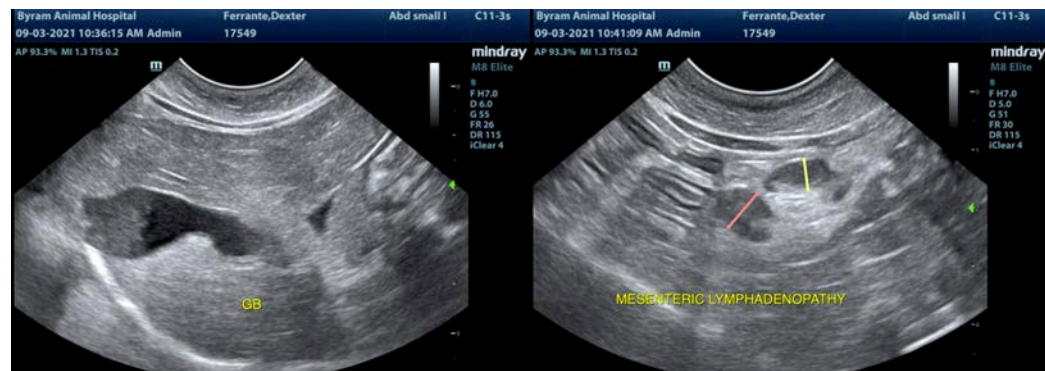
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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