



PATIENT PRESENTING CLINICAL SIGNS

Mittens Ameduri
vomiting blood, hx of azotemia; wt loss
Abnormal PE/Chem/CBC/UA Results: WBC 20.9 with incr lymphocytes; HCT 23.8, BUN 43.8, glucose 148. USPG 1.028, UA sed cocci +2

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.67 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia noted at 0.17 cm, and numerous non-obstructive stones. Additionally, there is a 0.18 cm stone visualized in the renal pelvis. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

AGE

15 Years

The right kidney is large in size, measuring 4.67 cm. Overall echogenicity is normal with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a large, hypoechoic, irregular mass effect near the cranial pole of the kidney, measuring 1.73 cm x 1.8 cm. There is significant pyelectasia at 0.48 cm and rare non-obstructive nephroliths. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7 Pounds

Adrenal Glands

INTERPRETED BY

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

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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Diane McFadden, RVT

Spleen

The spleen is large in size, measuring 1.36 cm in width at the level of the hilus. The spleen echotexture is heterogenous and mildly mottled, 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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a 2.5 cm hypoechoic mass effect visualized in the parenchyma.

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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

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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. In addition to generalized small intestinal thickening and increased muscularis layer, there are focal areas of bowel with significantly reduced layering. In some areas, the combination of thickening and reduced layering is most consistent with a mass effect. In one of these areas the bowel wall measures 0.5 cm with an absence of wall layering for approximately 2.0 cm. No obstruction is observed.

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

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymphadenopathy. All of the abdominal lymph nodes appear prominent and enlarged. Mesenteric lymph nodes measure 0.68, 0.33, 0.4 cm. The gastric lymph node measures 0.5 cm. The splenic lymph node measures 0.73 cm. The omentum is generally of increased echogenicity around the enlarged lymph nodes and abnormal areas of bowel.

PRIMARY FINDINGS

- Mildly heterogeneous liver with hypoechoic mass effect – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Hypoechoic, irregular mass near the cranial pole of the right kidney – differentials include benign or cancerous lesion, abscess, granuloma, other.
- Focal areas of small intestine with severe wall thickening and complete loss of 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.
- Severe mesenteric lymphadenopathy – 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 born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.



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- Splenomegaly – The spleen is mildly mottled and enlarged. 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.

SPECIES

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- Hypoechoic pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

BREED

DSH

SECONDARY FINDINGS

SEX

Spayed Female

- Decreased corticomedullary distinction of both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years

A relatively large, hypoechoic mass effect is visualized in the liver, right kidney and bowel. These could be multiple different types of cancer, or they could more likely be metastatic lesions. Recommend fine needle aspirate of the liver mass, renal mass, and a mesenteric lymph node or thickened area of bowel. A primary concern would be round cell neoplasia, but other possibilities exist. If a cytologic diagnosis cannot be obtained, surgical exploratory could be considered for biopsies and further evaluation. Recommend 3-view thoracic radiographs, supportive care for generalized gastroenteritis, pancreatitis until cytology results return, and urinalysis and culture in addition to blood pressure to further assess the renal disease present.

WEIGHT

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Medicine)

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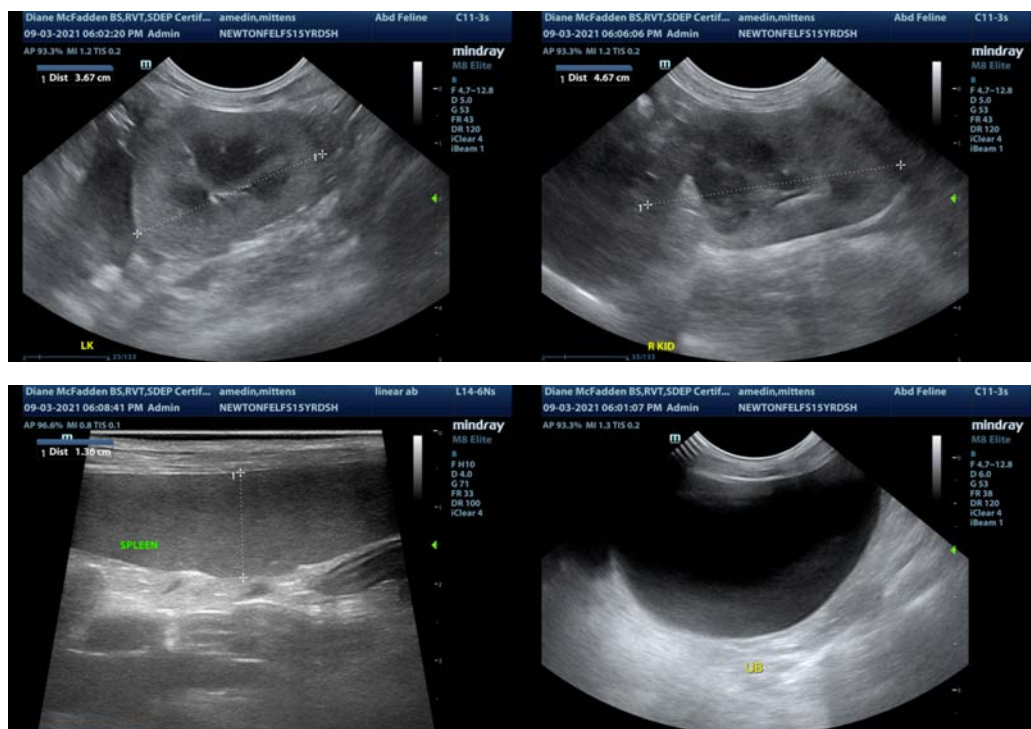
Dr. Pierson

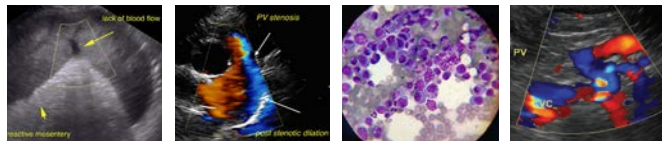
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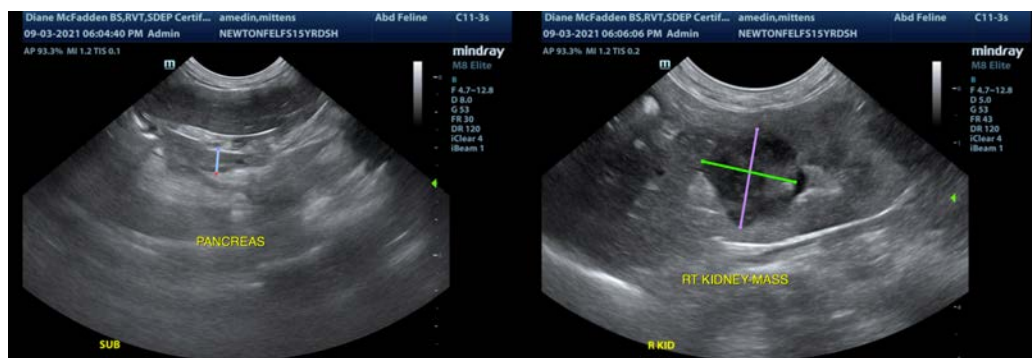
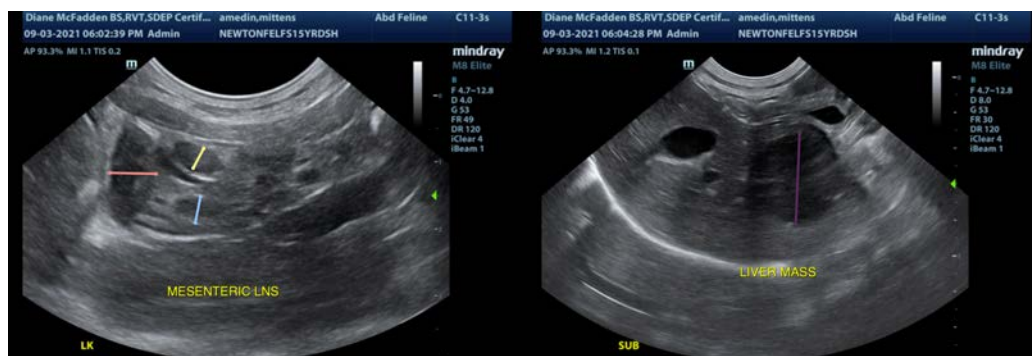
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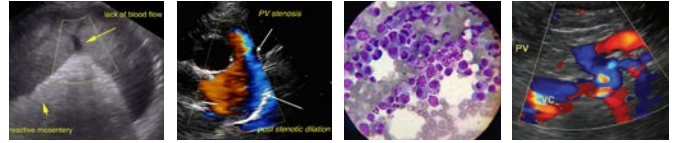
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

BREED

DSH

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

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