

**PATIENT**

Steve Brocone

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.94 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETCat Care of
Rochester Hills**INVOICE**

41155

DATE

9/8/22

PRESENTING CLINICAL SIGNS

Ongoing weight loss since 2018. No vomiting/diarrhea. Have been suspicious of IBD and treated with prednisolone since 2019. Continued weight loss. Hx of pancreatitis - chronic. IRIS stage 3 kidney disease. Recent leukocytosis - r/o lymphoproliferative neoplasia--as with a lymphocytic leukemia or secondary to a late-stage (stage V) lymphoma. 2/6 systolic heart murmur Treated with pred, K gluconate, Zeniquin, probiotics, Cobalequin, miralax

Abnormal PE/Chem/CBC/UA Results: Exam findings and abnormal lab values: BNP 6-2022 wnl 8-24-22: RBC 4.55 L as prev HCT 29.1 (was 27.7) HGB 8.3 L MCV 64 H MCH 18.2 H mild nonregenerative anemia as previous, stable WBC 26,500 H lymphocytes 14,045 H Monos 1,325 H "Unclassified" 1,325 Clin path review pending: Did not appreciate a monocytosis Moderate lymphocytosis "A lymphocytosis to this degree can be seen with several causes including a reactive lymphoid population secondary to antigenic stimulation, with hyperthyroidism, or with lymphoproliferative neoplasia--as with a lymphocytic leukemia or secondary to a late-stage (stage V) lymphoma. Primary suspicion in this case is for a neoplastic proliferation given the prominent expansion in intermediate cells and presence of some larger lymphocytes with nucleoli in an older patient, and checking for any lymphadenopathy, organomegaly, or mass lesions is recommended if not already done." Chem: SDMA 35 H (20) Creat 3.3 H (3.0) BUN 48 H (54) Na 160 H (154) K 3.5 L - r/o maldigestion, renal - consider supplementation T4:1.9 - wnl, not hyperthyroid fPL: 24.7 (18.5, 8.2, 6.7, 4.2) - chronic pancreatitis, increasing over time. R/o neoplasia, infection

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 is normal in size (3.14 cm) but irregular, likely due to previous infarcts, with pyelectasia at 0.24 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 nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.15 cm) but irregular, likely due to previous infarcts, with pyelectasia at 0.19 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 nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal 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 in size measuring 0.49 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 and hyperechoic with scalloped edges, measuring 1.3 cm at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**PATIENT**

Steve Brocone

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.94 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETCat Care of
Rochester Hills**INVOICE**

41155

DATE

9/8/22

Liver

The liver is large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a 0.71 cm, multiloculated cystic lesion visualized within the liver.

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 bile duct appears prominent, tortuous and dilated, measuring 0.25 cm in diameter.

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. Duodenum wall measures 0.80 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears corrugated and somewhat inflamed, possibly consistent with focal enteritis.

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 a hypoechoic nodule visualized associated with the pancreas measuring 0.42 cm. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

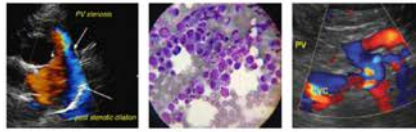
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic spleen with scalloped edges – Findings could be consistent with infiltrative disease. Consider fine needle aspirate.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia and irregular contours – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, hypoechoic, irregular pancreas with a hypoechoic nodule – Findings are consistent with mild pancreatitis. The hypoechoic lesion could represent a small cyst, a lymphoid nodule, or an early neoplastic lesion. Recommend continued monitoring.
- Large, hyperechoic liver with cystic structure – Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The cystic structure likely represents a benign cyst.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Steve Brocone

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.94 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Cat Care of
Rochester Hills

INVOICE

41155

DATE

9/8/22

- Prominent, tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Prominent, subjectively thickened small intestine with prominent muscularis layer and duodenal corrugation – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs. The focal corrugation in the duodenum could be secondary to pancreatitis or focal enteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and spleen appear large and hyperechoic. Given the history, neoplastic infiltration could be a differential. Consider a fine needle aspirate provided coagulation parameters are normal.

The pancreas is hypoechoic and very prominent with a hypoechoic nodule. This could represent inflammation, infiltrative disease, etc. Consider symptomatic treatment for pancreatitis, and if cytology of the liver and spleen is not helpful, you could consider a fine needle aspirate of the pancreas.

Both kidneys are irregular with decreased corticomedullary distinction and pyelectasia. Recommend a blood pressure evaluation, urinalysis and culture. Findings are most consistent with chronic progressive renal disease.

Some areas of the small intestine appear subjectively thickened with prominent muscularis layer, and there is proximal duodenal corrugation. The significance is not 100% clear, but could be consistent with enteritis, possibly secondary to pancreatitis.

Pending full cytologic evaluation, consider consultation with a veterinary oncologist regarding diagnostic and treatment strategies as well as prognosis.

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



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Steve Brocone

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.94 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

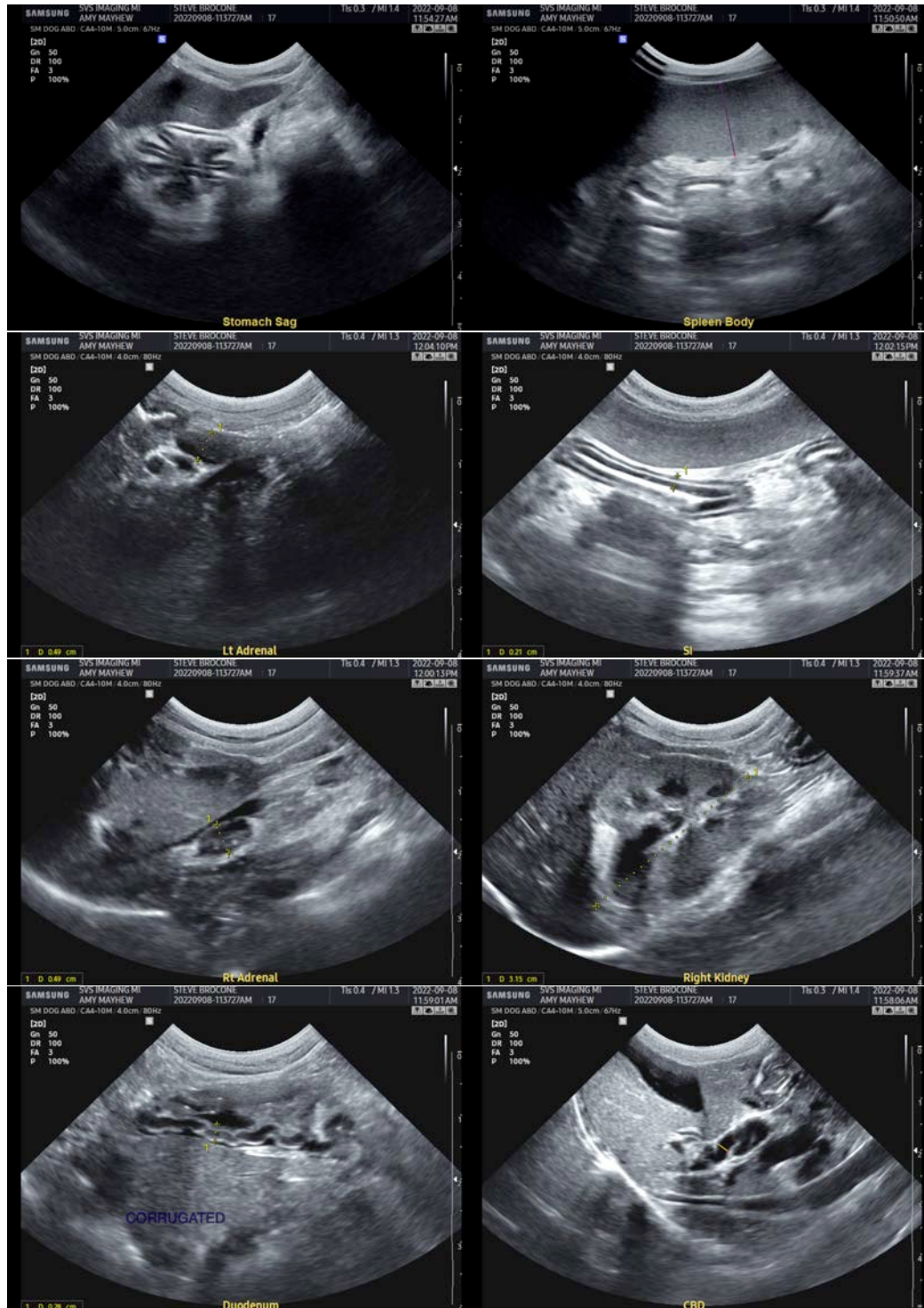
Cat Care of
Rochester Hills

INVOICE

41155

DATE

9/8/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Steve Brocone

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.94 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

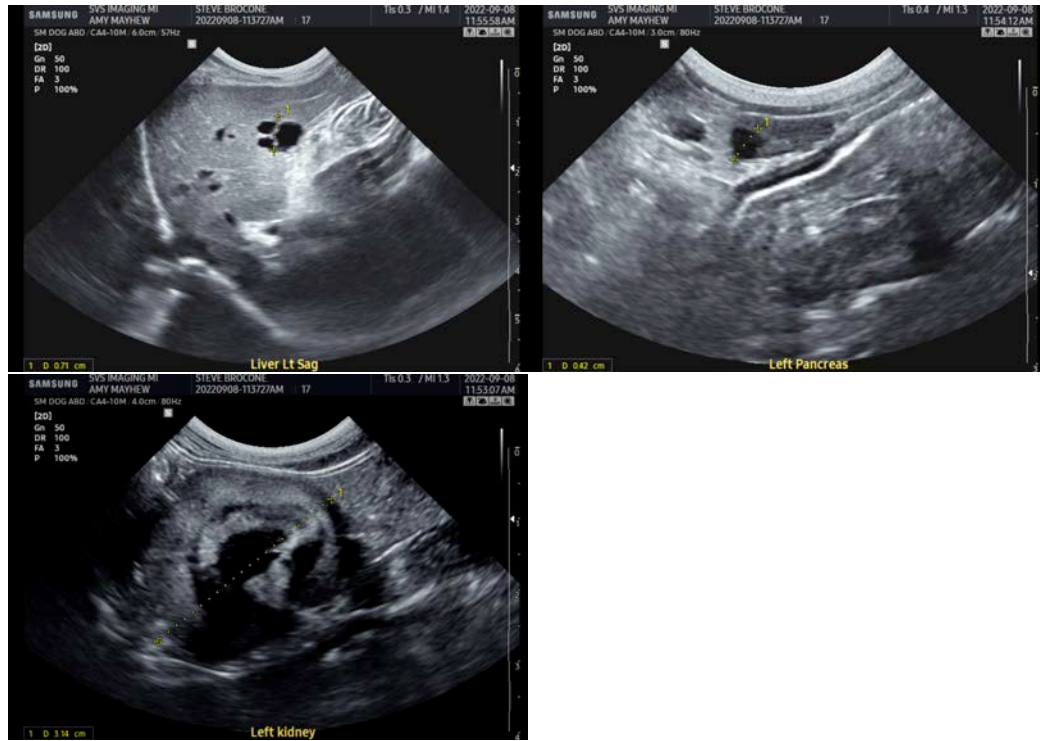
Cat Care of
Rochester Hills

INVOICE

41155

DATE

9/8/22



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