



PATIENT

Sweetie Hamilton

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

19 years

WEIGHT

5.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

30597

DATE

5/20/22

PRESENTING CLINICAL SIGNS

History: Sweetie was straining then passed large amount of frank bloody diarrhea. also reported PU/PD O noticed that Sweetie is just not "right". BCS 7/9, no significant findings on PE, along with rectal exam abdominal palpation revealed "bunched" intestines but could be due to fat
Abnormal PE/Chem/CBC/UA Results: Please see attached BW, FeLV/FIV neg

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 (3.97 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size 3(.85 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. There is no evidence of infarcts or hydroureter. Renal vasculature is normal. The right kidney revealed mild pyelectasia that measured 0.29 cm and a stone in the pelvis measuring 0.45 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 0.38 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/borderline 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 measured 1.11 cm.

Liver

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.



PATIENT	The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.
Sweetie Hamilton	
SPECIES	Gastrointestinal
Feline	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.
BREED	
Domestic Longhair	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.
SEX	
Spayed Female	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.
AGE	
19 years	
WEIGHT	Pancreas
5.4 kg	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.
INTERPRETED BY	Free Abdomen
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Kelly Reshny, RVT	PRIMARY FINDINGS:
HOSPITAL NAME	<ul style="list-style-type: none"> • Decreased corticomedullary distinction in both kidneys with right-sided nephrolith and mild pyelectasia. The bilateral renal findings are consistent with age-related change. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. There is a small nephrolith visualized in the renal pelvis. Continued monitoring is warranted. • Borderline large spleen. The spleen is slightly large in measurement, but appears relatively normal. Correlate with the size of the cat. Other differentials include congestion or infiltrative disease.
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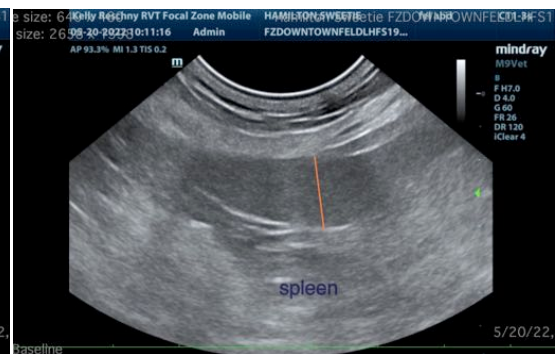
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for this 19 year old cat. There are age related renal changes as well as a right-sided small nephrolith. This should be monitored for progressive, renal pelvic dilation. Urinalysis, culture and blood pressure measurements should be considered.

The spleen is somewhat large, but this is a larger cat so this could be normal for this individual or if there is concern for underlying round cell neoplasia you can consider FNA.

It is not unusual to have relatively few ultrasonographic changes with large bowel disease. Consider a novel protein/hydrolyzed protein prescription diet, PCR testing for diseases, fecal testing and empirical therapy for large bowel parasites. If symptoms persist a colonoscopy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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Sweetie Hamilton

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.

SPECIES

Feline

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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kathleen.sennello@sonopath.com

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