



PATIENT

Sasha Scheiwe

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Any Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Cat Care of Rochester

INVOICE

14251

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Chronic vomiting/regurgitate
Abnormal PE/Chem/CBC/UA Results: Chronic, mildly elevated lymphocytes (7715 in Jan 2022; 6273 in Aug 2021; 9996 in Jan 2021; normal 850-5850) Approx 1.5# weight loss from 8-2021 to 2-2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (3.29 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed

Right kidney is normal in size (3.22 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed

Adrenal Glands

Left adrenal gland is normal in size (0.45 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.39 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged in size. The margins are smooth but round. It has a normal homogeneous echotexture. Parenchyma is diffusely mildly hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evident. Visible vasculature appears normal.

Gallbladder is only mildly distended in size but contains both anechoic bile as well as suspended and gravity dependent echogenic sediment. The wall is smooth without visible thickening. The cystic and common bile duct are tortuous and mildly distended with echogenic debris and fluid. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The pancreas is well visualized with normal smooth contour. Parenchyma is hypo echoic relative to surrounding tissue. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no appreciable lymphadenopathy or free fluid present in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary Findings

- Hypoechoic hepatomegaly with cholecystic debris and a tortuous cystic and common bile duct that is mildly distended. The bile duct is not considered overly distended for a cat and a tortuous bile duct can be normal in a cat, however, given the concurrent debris as well as this patient's young age and evidence of possible hepatopathy, both cholangiohepatitis as well as potential infiltrative disease, such as round cell neoplasia should be considered.
- A visible hypoechoic pancreas. Rule out normal patient variant versus low-grade chronic pancreatitis.

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Secondary Findings

- Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If not recently evaluated, urinalysis is recommended given the urinary bladder debris noted in these images, as is a chemistry panel with electrolytes for further evaluation of the liver enzymes and total bilirubin. A pathology review of the CBC could be considered, given the chronic lymphocytosis. A fine needle aspirate of the liver, if patient coagulation status is appropriate, could also be considered with the goal of ruling in/out lymphoma.

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In the meantime, especially if cholangiohepatitis is supported by the chemistry panel, medical management of cholangiohepatitis with gastrointestinal clinical signs support as well as broad spectrum antibiotics, etc. could be considered while waiting for cytology results. If cytology of the liver is not consistent with lymphoma and clinical signs don't resolve with medical management of possible cholangiohepatitis, further work up of the chronic vomiting could include a gastrointestinal malabsorption panel, including PLI, TLI, cobalamin and folate (sent to Texas A & M GI Laboratory) for further assessment of the GI tract and pancreas. Given the reported regurgitation, thoracic radiographs are also recommended, if not recently evaluated.

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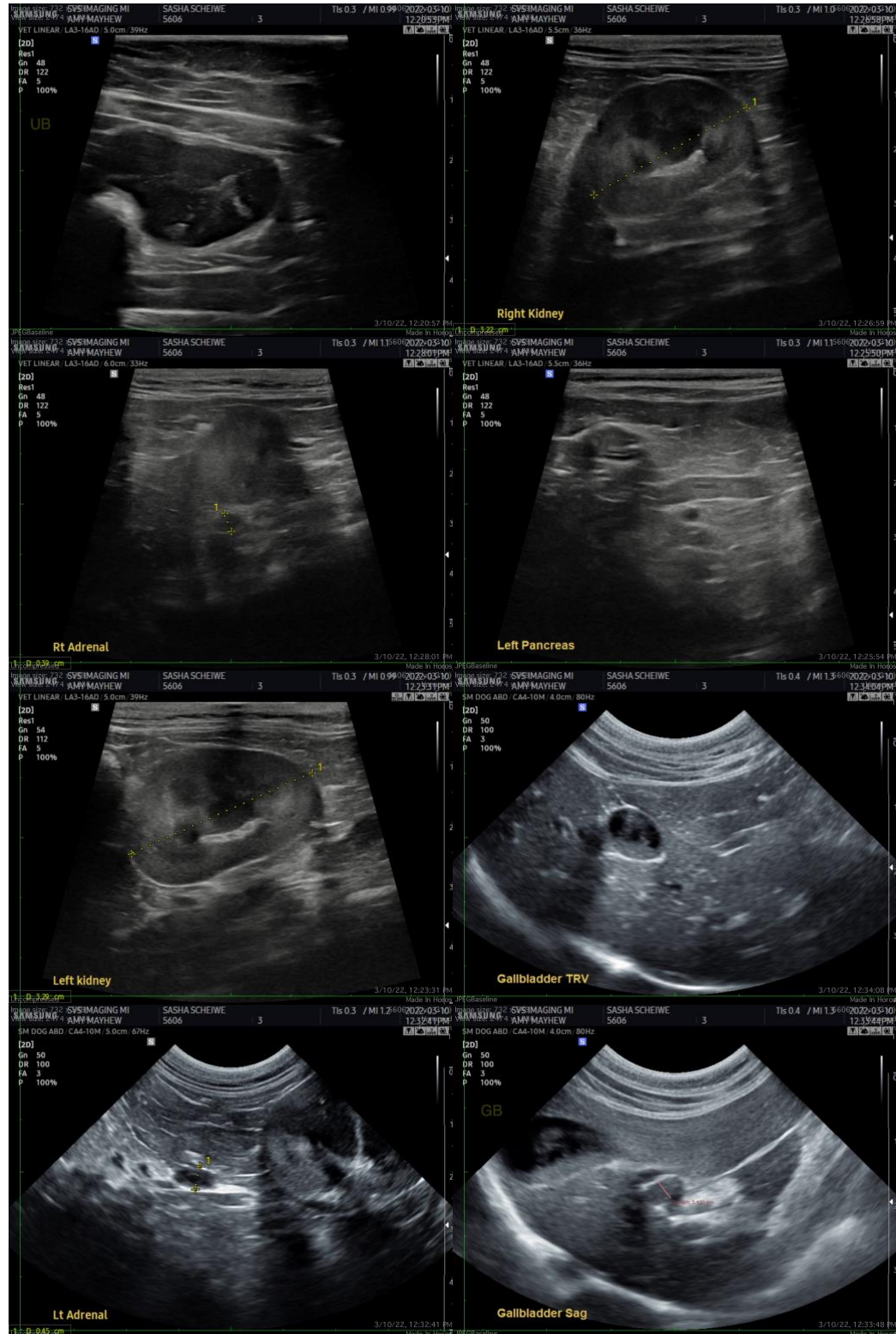
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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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