



**PATIENT**

Allie Maxwell

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

16 years

**WEIGHT**

10.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Parsippany Troy Hills

**REFERRING VET**

Dr. Dulude

**INVOICE**

95258

**DATE**

1/14/22

**PRESENTING CLINICAL SIGNS**

Vomiting, not eating 4 days, then started eating again. R/O Pancreatitis +/- hepatic lipidosis vs Neoplasia vs other. No current meds.

Abnormal PE/Chem/CBC/UA Results: Neut 17766 (H15170), ALT 448(H158), AST 194(H67), ALP 159(H59), GGT 7(H6), TBili 9.8, U-Bili 2.8, C-Bili 7.0. USG 1.033, Spec FPL 4.4(H3.5).

**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 (3.41 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. Rare non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has an irregular shape (most consistent with previous infarcts) and measured (2.77 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. Rare, non-obstructive nephroliths were noted. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.44 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 0.55 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 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 0.94 cm at the level of the hilus.

**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. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate 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 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. The duodenum 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**

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The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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 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.

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**Heart**

A brief view of the heart was submitted. No pericardial effusion was seen.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Parsippany Troy Hills

**PRIMARY FINDINGS:**

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

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**SECONDARY FINDINGS:**

- Mildly irregular kidneys with rare, non-obstructive nephroliths. The bilateral renal findings are consistent with age-related change.

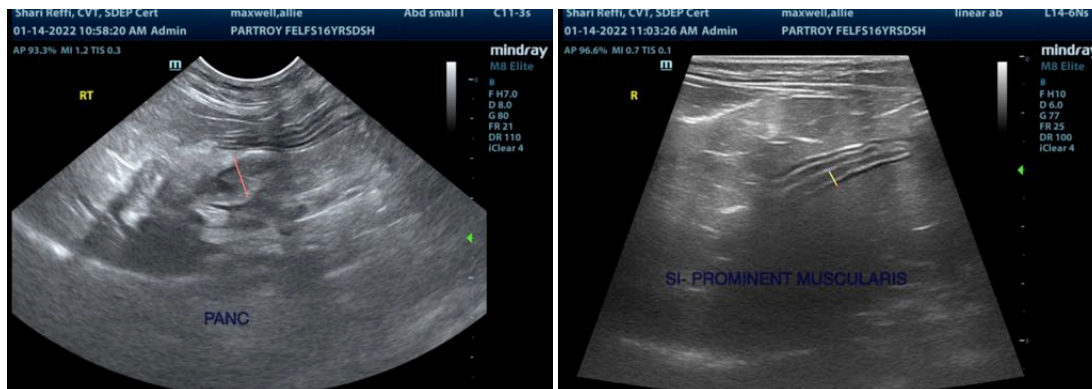
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

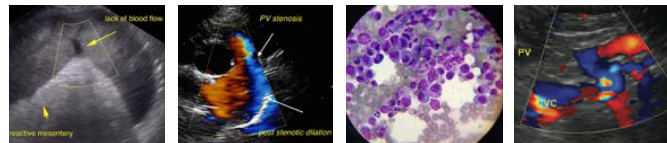
The changes observed in the liver and biliary tract were relatively mild. Based on the lab work changes provided I was expecting more dramatic changes. Consider the possibility of concurrent hemolysis (?) contributing to the bilirubin level. There are no focal lesions visualized in the parenchyma, yet a primary hepatopathy seems most likely. Consider such differentials such as lipidosis, cholangiohepatitis or lymphoma despite the relatively normal appearance to the liver. There is some mild sludge in the biliary tract and the bile duct is a little prominent, but I am unable to follow it indicating that it is not likely severely infected.

- Consider a FNA of the liver provided coagulation parameters are ok to try and obtain more information regarding the nature of the liver disease present.
- I recommend serial monitoring of the gallbladder and bile duct for possible progressive dilation.
- Consider a GI panel to Texas A&M with qualitative PLI, TLI, cobalamin and folate to get more information about the pancreas and the small intestinal changes observed as it is possible that a post hepatic obstructive component could be present.

I recommend empirical treatment for cholangiohepatitis with antibiotics, Denamarin, Ursodiol and if not eating nutritional supplementation with a feeding tube.

If symptoms continue to progress despite treatment and cytology is not helpful you may need to consider placement of long term feeding tube and biopsies of the liver +/- surgical evaluation of the biliary tract.





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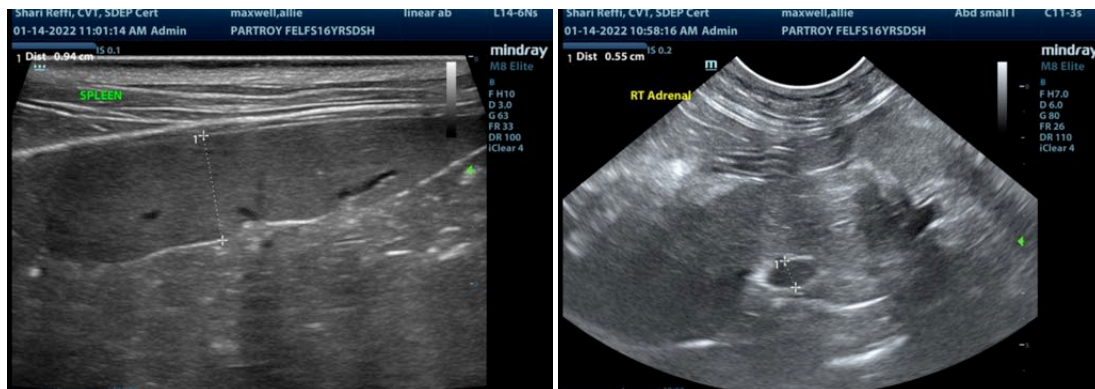
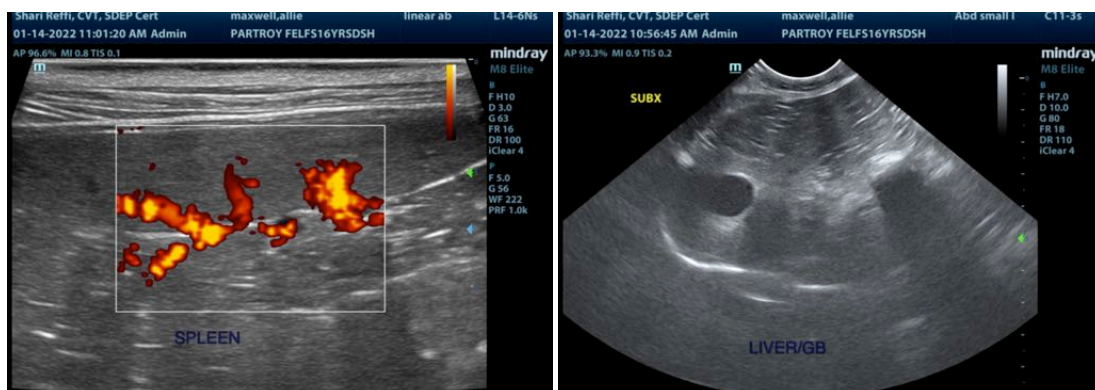
Dr. Dulude

**INVOICE**

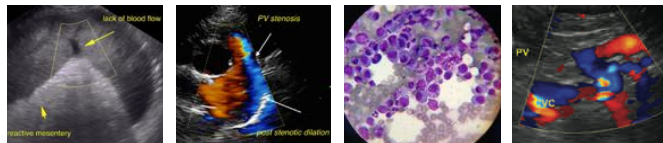
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The information and recommendations provided are based on the images presented by the referring



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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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