

**PATIENT**

Shay Tringali

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

4 years

WEIGHT

8.4 lbs

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

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

95327

DATE

1/18/22

PRESENTING CLINICAL SIGNS

Oct 2020 elevated liver enzymes, liver bx in Dec 2020 returned lymphoplasmacytic cholangiohepatitis and EMH. Also diagnosed with toxoplasmosis Jan 2021. Was treated with Prednisone and Ursodiol most of last year. Has now been off all medications past month. Returned for recheck BW and aus. No clinical signs.

Abnormal PE/Chem/CBC/UA Results: Today: ALT 857 (0-100) ALP 310 (0-90) T.B. 1.0 (0-0.5) Last performed Sept 2021 ALT 586 ALP 200 T.B. WNL

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

The right kidney has a normal shape and size (3.37 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 0.34 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 0.87 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder is moderately to significantly distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The proximal cystic duct is

**PATIENT**

Shay Tringali

somewhat prominent, but appears to taper and there is no evidence of a significant distal dilation of the common bile duct.

SPECIES

Feline

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.

BREED

Domestic Shorthair

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

AGE

4 years

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.

WEIGHT

8.4 lbs

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. The pancreatic duct is dilated and measured 0.18 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amy Mayhew, LVT

ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

SVS Imaging Michigan

PRIMARY FINDINGS:

- Mildly heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

REFERRING VET

Family Pet Practice

SECONDARY FINDINGS:

- Large distended gallbladder with prominent cystic duct. There is no significant debris visualized in the gallbladder and the common bile duct appears relatively normal, so the significance of this is unclear.

INVOICE

95327

DATE

1/18/22



PATIENT

Shay Tringali

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

4 years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

95327

DATE

1/18/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are observed in the liver and while the gallbladder is prominent and mildly distended there is no evidence of primary gallbladder disease.

The pancreas is somewhat prominent. This can be consistent with current mild inflammation or a previous episode of inflammation.

The difficulty is that these findings could be consistent with a relapse of the cholangiohepatitis +/- pancreatitis, but they can also be consistent with the Toxoplasmosis previously diagnosed. If this was diagnosed based on serology, etc. and titers dropped with treatment then you can consider repeat serology or testing to determine the status of the Toxoplasmosis. If organisms were found on biopsy then it is possible that FNA could be helpful. I think the only definitive way to differentiate would be to consider a repeat liver biopsy and testing for Toxoplasmosis. Alternatively you can consider retesting for Toxoplasmosis combined with treatment and an anti-inflammatory dose of steroids (0.5 mg/kg/day) along with Ursodiol to try and cover both bases. However, this can be challenging as the steroids could induce Toxoplasmosis relapse, but if this is cholangiohepatitis then steroid therapy may be indicated.

Additionally, correlate with other symptoms i.e. neurologic signs, uveitis, etc. i.e. things that could be consistent with Toxoplasmosis infection. I recommend three view thoracic radiographs to look for possible concurrent intrathoracic disease.



IMAGING PERFORMED BY

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



PATIENT

Shay Tringali

SPECIES

Feline

BREED

Domestic Shorthair

SEX

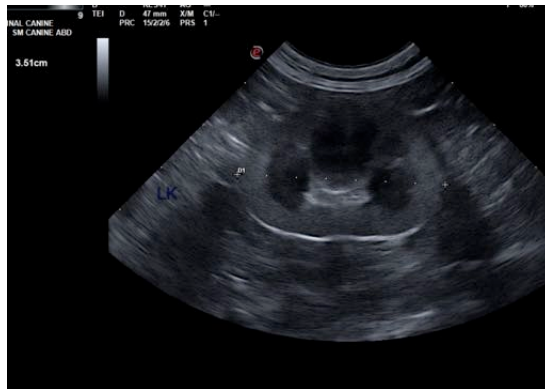
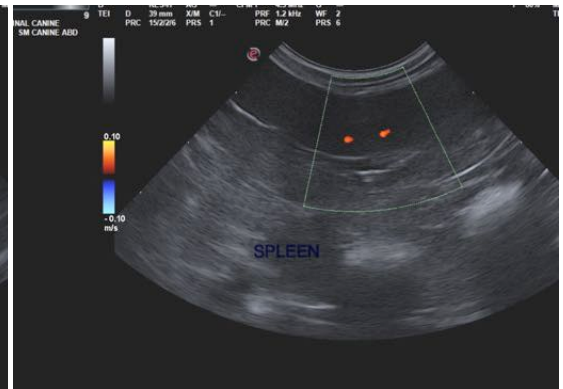
Spayed Female

AGE

4 years

WEIGHT

8.4 lbs



INTERPRETED BY

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

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.

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.

IMAGING PERFORMED BY

Amy Mayhew, LVT

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

kathleen.sennello@sonopath.com

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

95327

DATE

1/18/22