

**PATIENT**

Steve Dolinshek

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.18 Pounds

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

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Cat Care of Rochester

INVOICE

34946

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Decreased appetite (not finishing his meals), weight loss, lethargy Exam findings and abnormal lab values: 2.38lb weight loss since July 2021. Palpable mid abdominal mass - acts uncomfortable on palpation. Mucous membranes light pink. Mass affect and loss of serosal detail on abdominal rads. Abnormal structure/mass and small pockets of ascites seen on FAST scan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.51 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 (4.78 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 0.54 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 0.46 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 in size, measuring 1.0 cm in width at the level of the hilus, 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.

Liver

The liver is large in size, and normal in 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 lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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.

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Some of the visualized areas of small intestine have a relatively uniform diameter with minimal fluid distension. Wall thickness is generally increased with many areas having distinct layering and a prominent muscularis layer. Duodenum wall measured 0.39 cm. Normal jejunum wall measured 0.36 cm. There are at least two large, discrete bowel masses visualized where there is focal expansion of the wall of the intestine, resulting in complete loss of layering and a severe mass effect. The first mass visualized measures 5.09 cm x 4.45 cm and the wall thickness is 1.4 cm. A 2nd similar mass is located more distally in the abdomen, measuring 3.62 cm x 3.66 cm with the wall of the intestine measuring 1.0 cm. There is free fluid surrounding these areas and hyperechoic mesentery.

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 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.

Free Abdomen

There is a moderate amount of echogenic free fluid. There is a moderate mesenteric lymphadenopathy present. The gastric lymph node is visualized and measures 0.71 cm. The omentum is generally of increased echogenicity.

PRIMARY FINDINGS

- Two focal areas of small intestine with complete loss of layering and severely thickened wall, creating a mass effect – Findings are most consistent with neoplastic masses (round cell neoplasia, less likely carcinoma, etc.).
- Moderate volume echogenic free abdominal fluid with surrounding hyperechoic mesentery – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture. If no bacteria are seen on fluid sampling, this is likely a sterile/neoplastic effusion.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving. Neoplastic infiltration is also a possibility.
- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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SECONDARY FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe abdominal inflammation, fluid, and two large small intestinal masses. Findings would be highly suggestive of round cell neoplasia, although other possibilities exist. Recommend a fine needle aspirate of the bowel masses. Additional sites for sampling if that is not diagnostic would be sampling of free abdominal fluid or fine needle aspirate of liver and/or spleen. Recommend 3-view thoracic radiographs.



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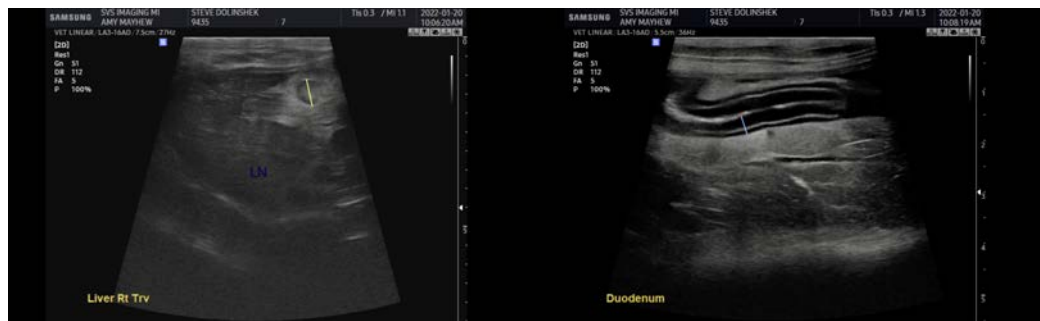
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EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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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