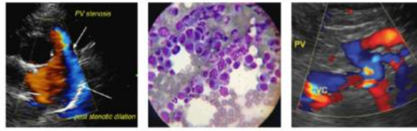
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rumi Wahl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

3.14 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Maller- Madison VS

INVOICE

20371

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Rumi resented to the MVS Emergency Service on Jan 05, 2023, at 10:35am, for evaluation of anorexia. Rumi has had a hx of IBD for his whole life. Over the past couple years, he will go through periods of anorexia for a couple days, but this usually resolves on its own. Since September, these anorexic periods have gotten worse, and Rumi has been experiencing fluctuations of weight gain/loss. Over the past two weeks Rumi has been having some diarrhea. He has not eaten since last Thursday (12/29), has been lethargic, and has not been drinking much since this time as well. Owner expressed interest in AUS and concern for tumors in the abdomen. Current medications: Chlorambucil, last dose 12/17/2022 Prednisone BID, last dose at 9:30am Famotidine BID, last dose at 9:30am Vitamin B12 SID, last dose at 9:30am

Abnormal PE/Chem/CBC/UA Results: EENT: Clear OU/AU; pale mucous membranes with slight icterus along base of ears Abdomen: Distended, dough abdomen; no obvious palpable masses AFAST: Mild amount of free fluid present fBNP SNAP: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape, size (3.46 cm) and slightly irregular shape (likely due to a previous infarct). There is a 0.26 cm cortical cyst near the caudal pole. The left kidney is hyperechoic 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 (3.84 cm). The right kidney is hyperechoic 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

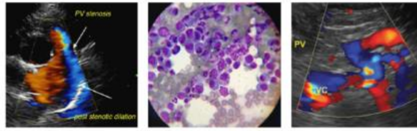
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is normal in size (0.56 cm in width at the level of the hilus), echotexture is hypoechoic and 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 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.



PATIENT
Rumi Wahl

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered Male

AGE
8 Years 11 Months

WEIGHT
3.14 kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Maller- Madison VS

INVOICE
20371

DATE
1/5/23

The gall bladder lumen is moderately distended. The wall of the gall bladder 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.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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.

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 (0.3 cm in wall thickness), and the jejunum measured as normal (0.19 cm – 0.23 cm) Visualized peristalsis appears appropriate. There is a focal section of jejunum, which appears somewhat fluid dilated with subjectively reduced motility. Additionally, the proximal duodenum is mildly corrugated, and fluid dilated.

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. The wall measured 0.12 cm.

Pancreas

The pancreas is prominent and mottled 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 free abdominal fluid. No lymphadenopathy is noted, but the omentum is diffusely hyperechoic.

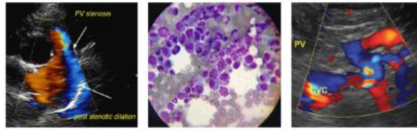
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prominent mottled pancreas- The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogenous liver- Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Focal areas of mild fluid dilation and stasis- Findings are most consistent with multifocal ileus
- Moderate amount of free abdominal fluid and diffusely hyperechoic mesentery- Findings are suggestive of peritonitis (likely sterile +/- bacterial).

Secondary Findings

- Subjectively hypoechoic spleen- This could be artifact secondary to the hyperechoic mesentery. Consider a fine needle aspirate.



PATIENT

Rumi Wahl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

3.14 kg

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Maller- Madison VS

INVOICE

20371

DATE

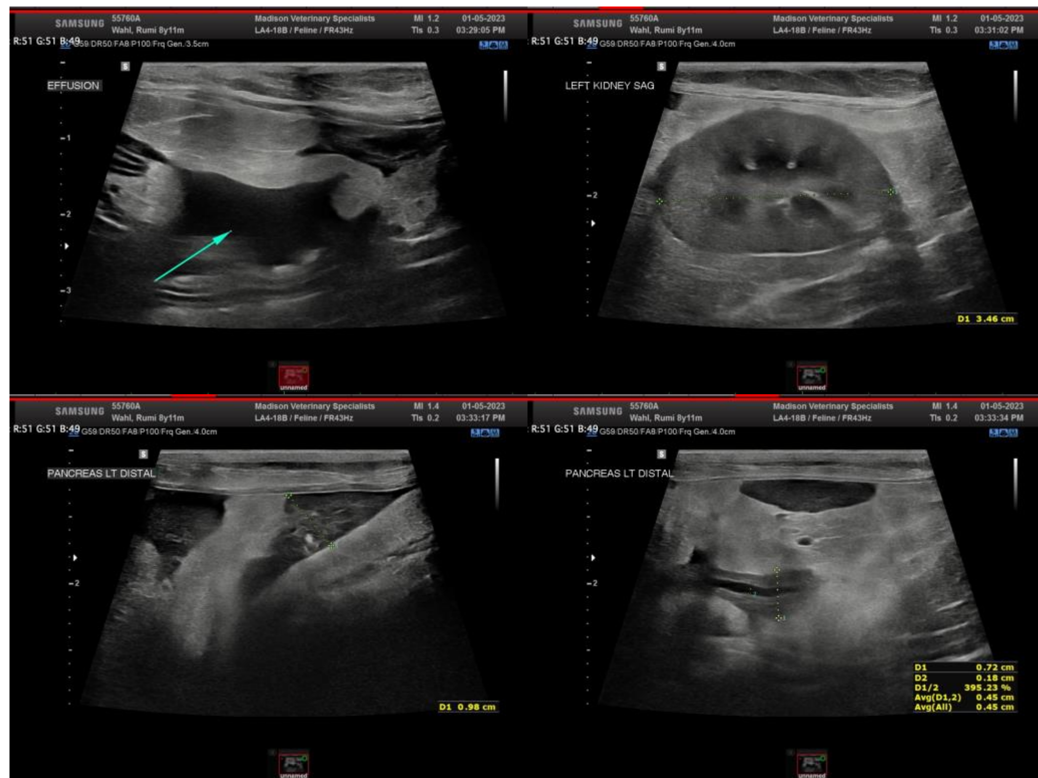
1/5/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The general impression of this abdomen is that of a highly inflamed hyperechoic mesentery. No focal lesions are identified to explain the fluid observed and many of the changes noted may be a result of, or artifact due to the fluid present.

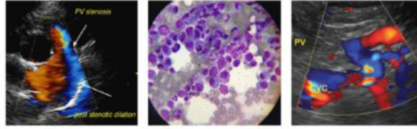
The pancreas is mottled and prominent and it may be mildly inflamed but the degree of pancreatic inflammation seems minimal as compared to the general abdominal inflammation noted. Correlate these findings with blood work findings. Recommend a sampling of the abdominal fluid for fluid analysis, cytology and culture (aerobic and anaerobic). This patient is somewhat immunocompromised, so sepsis would be a differential. Additionally, you could consider a liver function test to look for evidence of underlying liver disease, evaluation of albumin levels, three view thoracic radiographs, and possibly an echocardiogram.

Unfortunately, additional diagnostics will be necessary to try and determine the cause for this cats illness. Based on today's findings, the likelihood of a large mass effect or portal thrombosis is much lower.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rumi Wahl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

3.14 kg

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Maller- Madison VS

INVOICE

20371

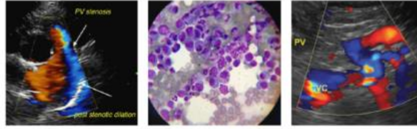
DATE

1/5/23

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.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Rumi Wahl

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

3.14 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Maller- Madison VS

INVOICE

20371

DATE

1/5/23

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