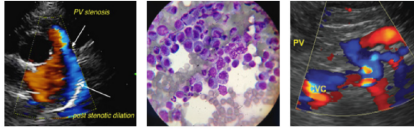
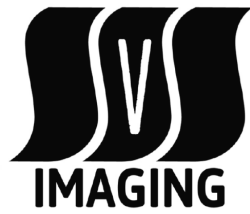


**IMAGING PERFORMED BY**

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

**PATIENT**

Samson Kassab

**SPECIES**

Feline

**BREED**

Exotic Shorthair

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

9.9 Pounds

**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**

Cat Care of Rochester

**INVOICE**

36075

**DATE**

3/10/22

**PRESENTING CLINICAL SIGNS**

Chronic vomiting for years/life-long not responsive to hypoallergenic limited ingredient RC diet trial. Cerenia has resolved his vomiting but if they skip too many doses, he vomits. Abnormal PE/Chem/CBC/UA Results: Normal blood work and fPL in past (last blood work a year ago though). Brachycephalic (nasal congestion). Otherwise nsf. Good body condition.

**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 (3.88 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 (3.95 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 0.46 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 0.40 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.

**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. There is a small hyperechoic nodule visualized measuring 0.74 cm x 0.89 cm on the periphery of the left side of the liver.

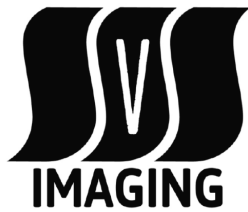
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**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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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. Jejunum wall measured 0.26 cm. Duodenum wall measured 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

#### **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.

### ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule visualized in the liver – There is a small focal nodule visualized in the periphery of the liver. This could be a benign or early neoplastic lesion. Consider a fine needle aspirate.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small hyperechoic lesion in the periphery of the liver. I do not suspect that this is related to the vomiting reported, but a fine needle aspirate could be considered, as this could be an early neoplastic lesion. No focal lesions are visualized associated with the GI tract to explain the chronic vomiting reported. There are many causes for vomiting, which cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes with current blood work, current thyroid levels, and a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

If metabolic disease is thought unlikely based on these test results, then consider primary GI causes. Possible differentials would include food allergy/dietary intolerance, GI parasitism, pancreatitis, IBD, and less likely intestinal neoplasia.

- You've currently employed a hypoallergenic diet, but if there has been no response to this, consider trying a different hypoallergenic or novel protein prescription diet.
- Recommend the above mentioned GI panel.
- Consider chronic probiotic therapy.
- Correlate with abdominal and thoracic radiographs.
- If symptoms persist despite taking these measures, then consider obtaining GI biopsies.

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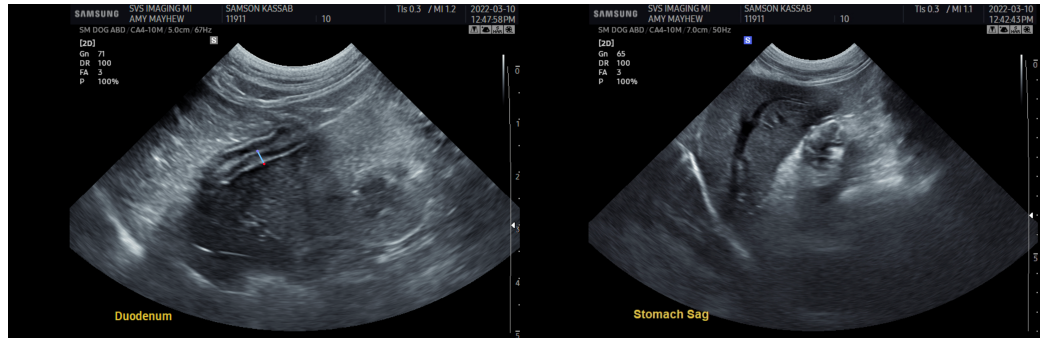
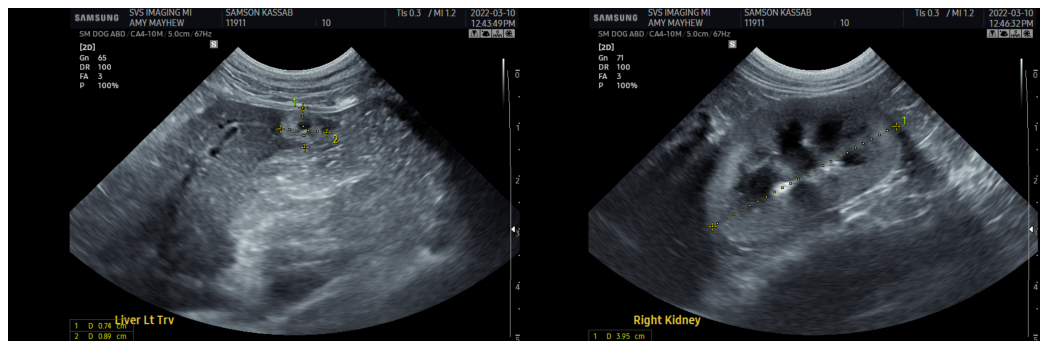
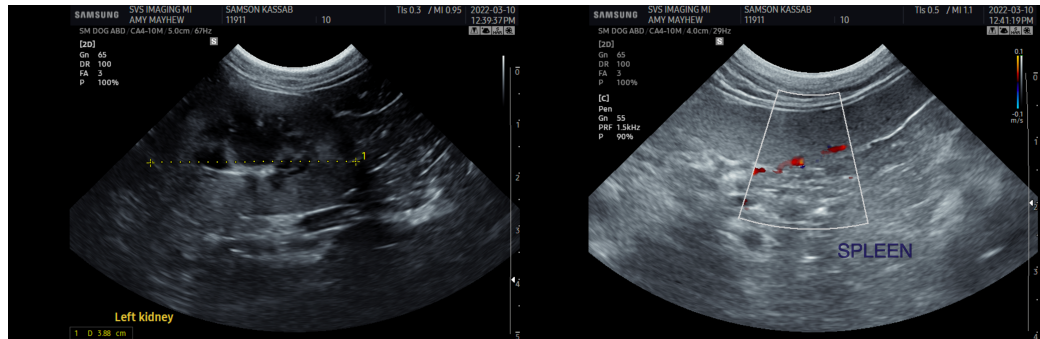
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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