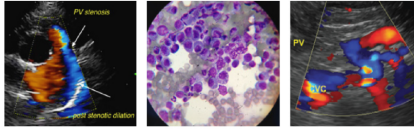
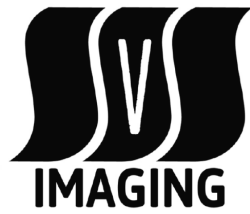


**IMAGING PERFORMED BY**

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

**PATIENT**

Harley Flag  
(Kammers)

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

14.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Cat Care of Rochester

**INVOICE**

36888

**DATE**

4/14/22

**PRESENTING CLINICAL SIGNS**

History of severe constipation and multiple enemas. Continuous weight loss since 7-2021. 2.7lb weight loss since 3-14-22. Owner associates low appetite with introduction of Cisapride 5mg BID in March. Abnormal PE/Chem/CBC/UA Results: Doughy abdomen but no palpable masses. Dehydrated, severe muscle atrophy. Light pink mm. Repeating blood work today but blood work (CBC, Chem, T4, fPL) 3-2022 was overall normal with exception of SDMA of 17.

**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 is normal in size at 3.72 cm, but irregular in shape. It is hyperechoic with mildly reduced corticomedullary distinction. 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 is normal in size at 3.23 cm, but irregular in shape. It is hyperechoic with mildly reduced corticomedullary distinction. 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 0.44 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 0.42 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 normal to borderline large 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. There are numerous hyperechoic, discrete, expansile nodules visualized within the splenic parenchyma, disrupting the capsule, creating an irregular/nodular profile. The nodules vary in size from 0.25-1.0 cm.

**Liver**

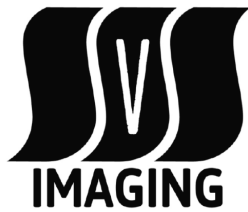
The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a section of liver caudally that appears irregular and somewhat hypoechoic with two small cystic structures within it. This is consistent with a focal area of irregularity within the liver, measuring 2.9 cm x 4.4 cm. Additionally, there is a hypoechoic nodule visualized with a diameter of 0.86 cm.

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**

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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.

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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is an extensive, but focal area of small intestine with severely thickened wall measuring 0.45 cm, and a complete loss of layering.

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. Prominent pancreatic duct noted.

### *Free Abdomen*

There is a small amount of free abdominal fluid, particularly in the caudal abdomen. There is mesenteric lymphadenopathy visualized, particularly around the ileocecal junction, with lymph nodes measuring 0.41 cm and 0.51 cm. The omentum is generally of increased echogenicity, particularly around the ileocecal junction.

### ULTRASONOGRAPHIC FINDINGS

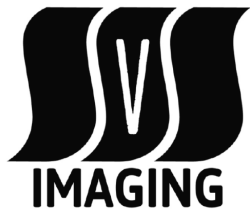
- Bilaterally hyperechoic kidneys with decreased corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Irregular, nodular spleen with expansile hyperechoic nodules – Recommend fine needle aspirate. Typically, hyperechoic nodules have a more benign tendency, but these nodules are very discrete and pronounced.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly hyperechoic liver with focal irregular, heterogeneous region – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The focal lesions most likely represents a liver mass, which could either be benign or cancerous in nature.
- Focal area of thickened small intestine with loss of layering – Findings are very concerning for possible neoplastic process. Other infiltrative processes are possible.
- Prominent mesenteric lymph nodes, particularly around the ileocecal junction – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is generalized bowel thickening with a prominent muscularis layer, but there is a particular area

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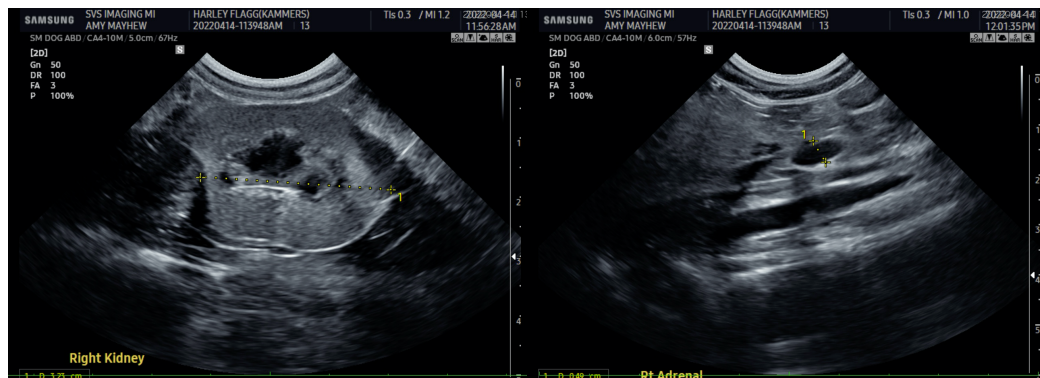
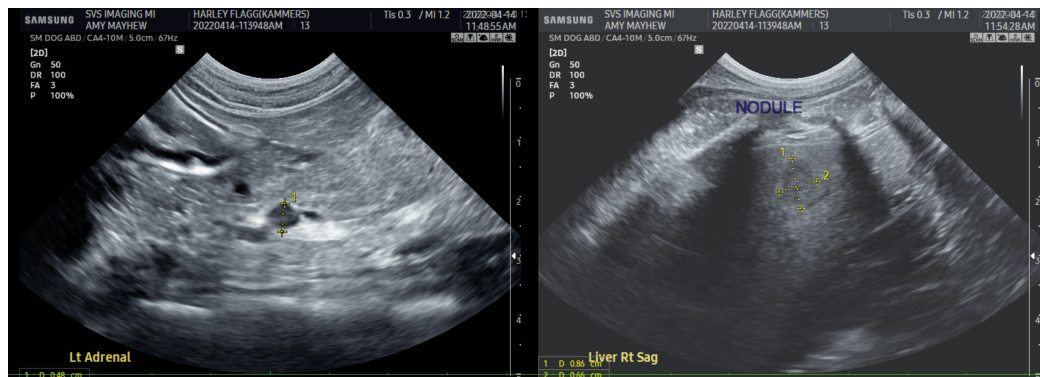
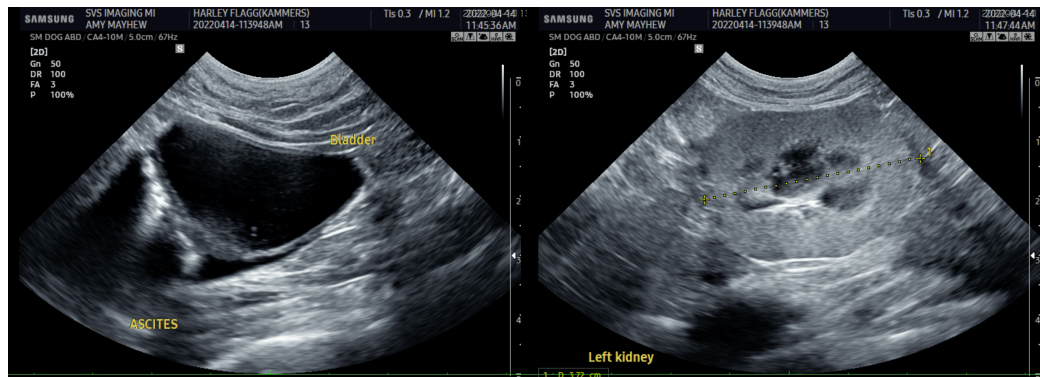
14.6 Pounds

of small intestine that appears dramatically thickened with a complete loss of layering and a hypoechoic wall. This area is concerning for a possible underlying neoplastic process. Recommend a fine needle aspirate of the wall of the small intestine in this region. Additionally, there are some discrete hyperechoic nodules deforming the spleen. Recommend a fine needle aspirate of these lesions.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

The pancreas is prominent and hypoechoic. This could be consistent with chronic current pancreatic inflammation, or previous episodes of inflammation. Additionally, there is an irregular area of the liver. If a cytologic diagnosis cannot be obtained based on a bowel and splenic aspirate, then aspirate of the abnormal section of liver could be considered.

Lastly, if there is continued difficulty in obtaining a diagnosis, then surgical biopsies of the GI tract, spleen, pancreas, and mesenteric lymph nodes could be considered.



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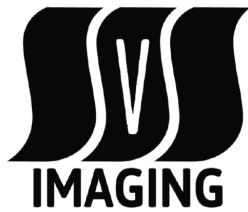
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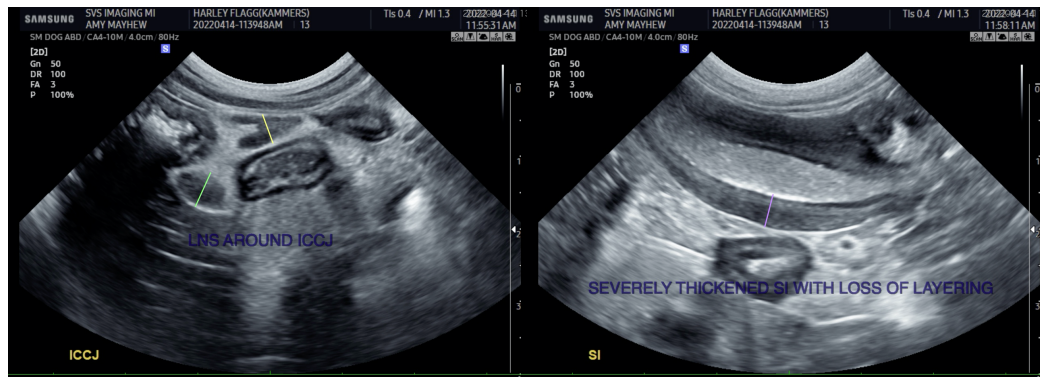
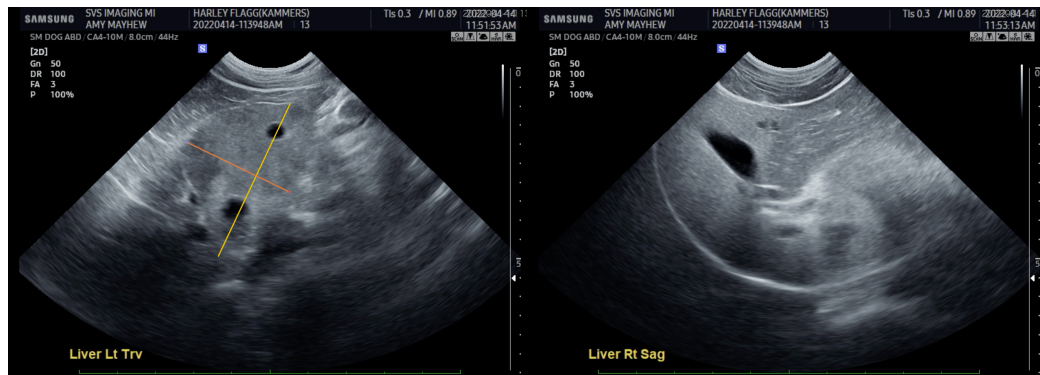
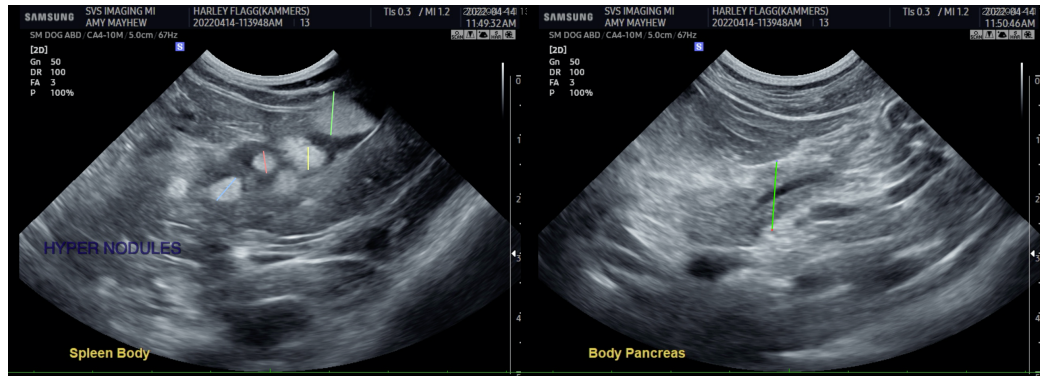
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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