

IMAGING PERFORMED BYSVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com**PATIENT**

Mittens Sisson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

5.88 Pounds

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

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Sloan

INVOICE

46980

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Chronic weight loss, vomiting

Abnormal PE/Chem/CBC/UA Results: Weight loss- 12/2020 6.32# 3-4-2022 #6.04# 4-22-23 5.88#
 Thickened intestines ALT 175 (see attached) PLI 25.8 TAMU panel pending. Currently on prednisolone
 TD 2.5 mg q 24 hrs - 2 days on, 1 day off; famotidine TD 2.5 mg TD q 24 hrs

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 (3.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.21 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 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 is visualized.

Spleen

The spleen is subjectively normal in size (0.59 cm), 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. 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 mild and 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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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. Colon wall measures 0.09 cm.

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Pancreas

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The left and right limbs of the pancreas are prominent and hypoechoic as compared to the surrounding isoechoic mesentery. Prominent pancreatic duct noted. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

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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

- Prominent, hypoechoic pancreas with prominent pancreatic duct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding on today's exam is a prominent, hypoechoic pancreas visualized both on the left and right limbs. There is minimal surrounding inflammation, but given the severe elevation in PLI level, active pancreatic inflammation must be considered. Recommend treatment for pancreatitis and continued monitoring. If values do not improve, you could consider a fine needle aspirate of the pancreas.

No focal lesions are visualized involving the gastrointestinal tract, and there is no evidence of severe diffuse thickening, but there is the possibility of underlying inflammation that is being somewhat controlled by the steroid use. If not already doing so, recommend a hypoallergenic diet. A GI panel is pending. This may be helping in further evaluation for underlying gastrointestinal disease. Additionally, you could consider chronic probiotic therapy. If weight loss persist, GI biopsies could be considered, ideally after tapering either off the steroids or to a physiologic dose so as to accurately assess the amount of inflammation present.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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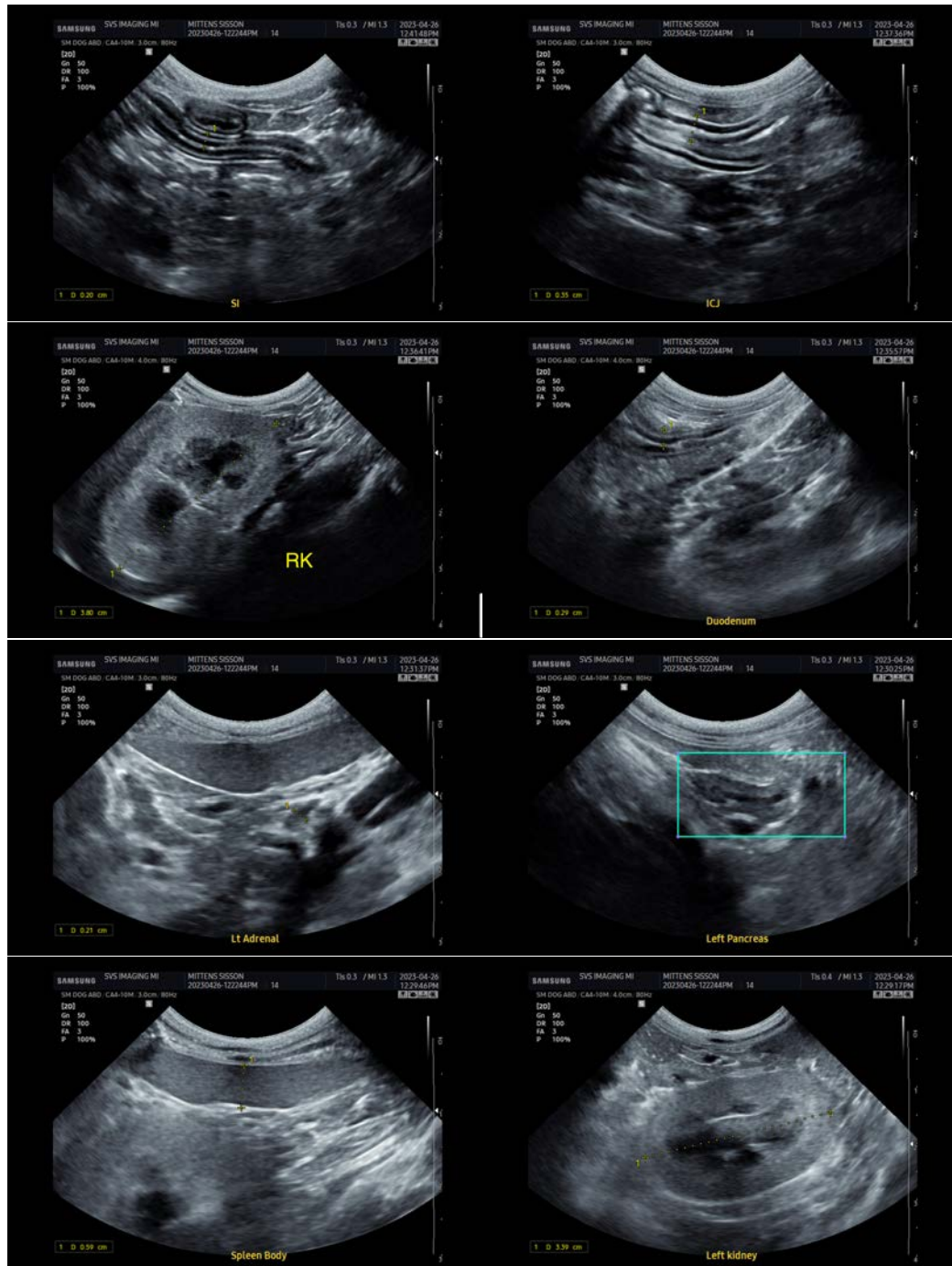
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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