



PATIENT

Zoey Cole-Calhoun

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

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

Union Lake VH

INVOICE

15147

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: Has been having a coughing/gagging when purring that started about 1.5 weeks ago. Also happens when eating, not sure if when drinking. e/d normal amount of her, doesn't eat well in general. No v/d. Will vomit occasional, not more than normal. No sneezing or nasal discharge. Indoor only. Gets Adequan injections, no other meds. Gives a glucosamine supplement as well.

Abnormal PE/Chem/CBC/UA Results: See attached BW.

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 (3.34 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 (3.31 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 0.37 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 0.39 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 large in size and irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous large cystic structures within the liver. Two smaller structures visualized towards the left side measure at 0.66 cm and 0.97 cm.

The gall bladder 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.

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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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.)

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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.

Pancreas

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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. Prominent pancreatic duct noted, measuring 0.32 cm.

Free Abdomen

WEIGHT

6 Pounds

In the right cranial abdomen, there is a very large cystic lesion, measuring at least 4.0 cm x 3.63 cm.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Large irregular liver with numerous large cystic lesions. These findings are most consistent with benign hepatic cysts, which are typically incidental, but as they become large, they can start to interfere due to their large size.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most prominent finding on today's scan were the large hepatic cysts visualized. These typically are incidental findings, although on occasion, they can become large enough to impinge on adjacent structures. It is possible that the large right cyst is causing discomfort while eating? This is unusual, but not impossible. You could consider draining this cyst percutaneously to see if there is a distinct improvement in how this pet is doing clinically. Typically, these cysts refill fairly quickly, but if clinical improvement is noted, then you could consider a contrast CT scan to try and determine if the cyst could be surgically removed.

Additionally, the pancreas is prominent and mottled. You could consider a quantitative fPLI to further evaluate the pancreas to determine if it could be a source of the clinical signs.

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The described coughing and gagging is not what I would typically associate with an abdominal problem, but possibly a nasopharyngeal issue or an issue with the throat, etc. A sedated oral exam and nasopharyngeal exam may be beneficial as well as a contrast CT scan of this region.

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



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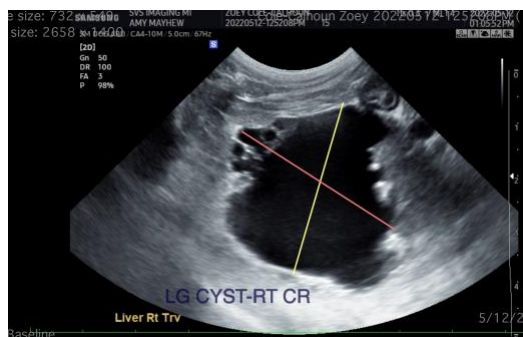
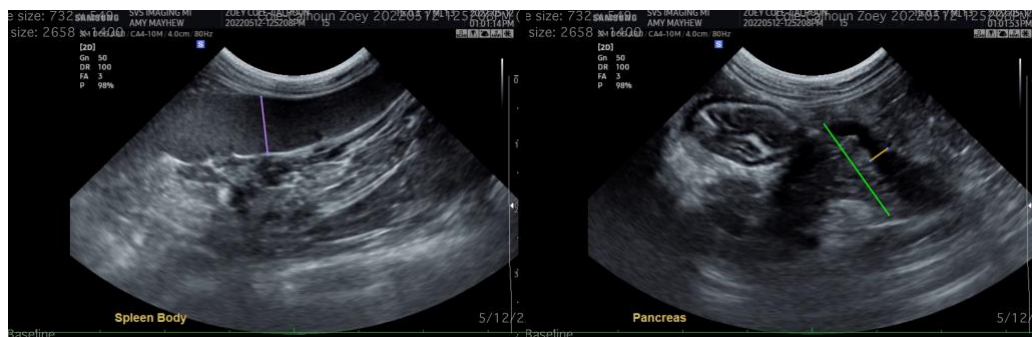
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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kathleen.sennello@sonopath.com

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