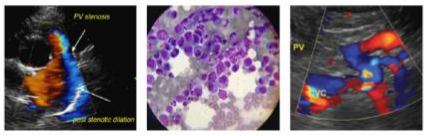
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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

PATIENT

Lilly Dolinshek

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.34 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 Hills

INVOICE

37781

DATE

5/19/22

PRESENTING CLINICAL SIGNS

Chronic weight loss, vomits 2-3 times a week. Used to be 15.5 lb cat 10-2020 and now owner struggles to get her to eat consistently. Chronic pancreatitis. History of severe pancreatitis 2020. IRIS stage 3
Abnormal PE/Chem/CBC/UA Results: Mild dehydration, gassy intestines, significant dental disease Rad 5-10-22: Intestines looked subjectively thickened, possible decreased motility (large amount of ingesta in stomach despite not eating well that day). Mild hepatomegaly. 5-10-22 fPL - 12. 8, creat 3.3, SDMA 17, RBC 6.77 L - mild anemia, Monocytes 836 H UA USG 1.020, rest nsf.

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 (2.95 cm) with mild pyelectasia at 0.20 cm. Overall echogenicity is slightly hyperechoic with poor 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 (3.29 cm) with mild pyelectasia at 0.18 cm. Overall echogenicity is slightly hyperechoic with poor 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 0.42 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 0.36 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.

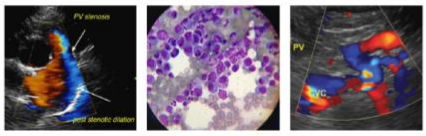
Liver

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. No focal nodules or cystic lesions are observed.

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 bile duct appears dilated and somewhat irregular, measuring 0.40 cm. The bile duct abuts the duodenal papilla and appears somewhat dilated distally. There is a pancreatic mass effect at the level of the duodenal papilla, which could be causing a partial obstruction.

Gastrointestinal

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



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

PATIENT

Lilly Dolinshek

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.34 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 Hills

INVOICE

37781

DATE

5/19/22

The stomach contains moderate fluid. 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 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 measured 0.28 cm. Jejunum wall measured 0.19 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 pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There are too numerous to count, ill-defined, hypoechoic nodules visualized throughout the pancreatic parenchyma. On the left side, there are nodules measuring 0.54 cm and 0.30 cm. Throughout the body, there are additional nodules measuring 0.70, 0.49, 0.36, 0.38 cm. In the right limb, at the area of the duodenal papilla, there is a hypoechoic region measuring 0.94 cm. There is minimal to mild surrounding peripancreatic inflammation.

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.

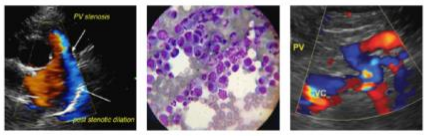
ULTRASONOGRAPHIC FINDINGS

- Large, prominent, mottled pancreas with ill-defined hypoechoic nodules – could be consistent with moderate pancreatitis +/- lymphoid hyperplasia/metastatic neoplasia. Recommend a fine needle aspirate.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Moderate to mild bile duct dilation – The bile duct appears somewhat dilated. There is concern for a possible partial obstruction at the level of the duodenal papilla due to a pancreatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is diffusely abnormal in this patient. It is prominent and nodular. These lesions could represent metastatic neoplasia or benign nodular hyperplasia. Recommend a fine needle aspirate of the hypoechoic lesions. There is concern that one of these hypoechoic lesions is in the region of the duodenal papilla, where the bile duct is somewhat dilated. This could represent a partial biliary obstruction. Correlate these findings with liver values. If there is no elevation in liver values or bilirubin, then this could be an incidental finding. Recommend continued monitoring for progressive bile duct dilation. Additionally, a GI panel to Texas A&M with a qualitative fPLI, TLI, cobalamin and folate may be helpful for obtaining quantitative pancreatic values, which can be followed over time in addition to providing more information about the small intestine.

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



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

PATIENT

Lilly Dolinshek

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.34 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 Hills

INVOICE

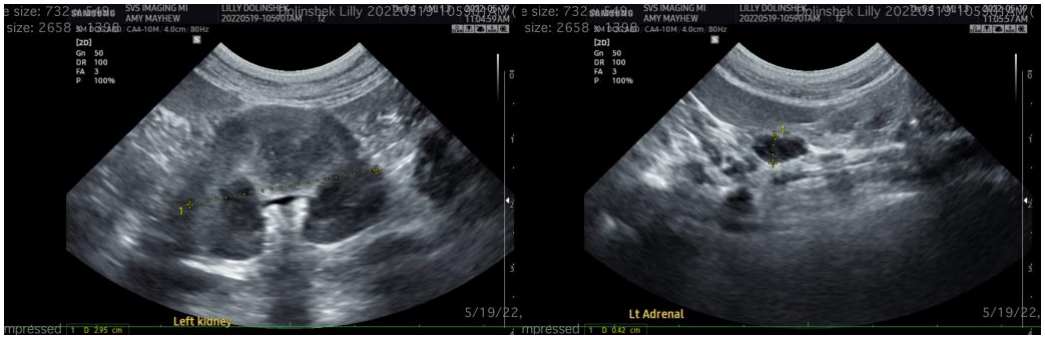
37781

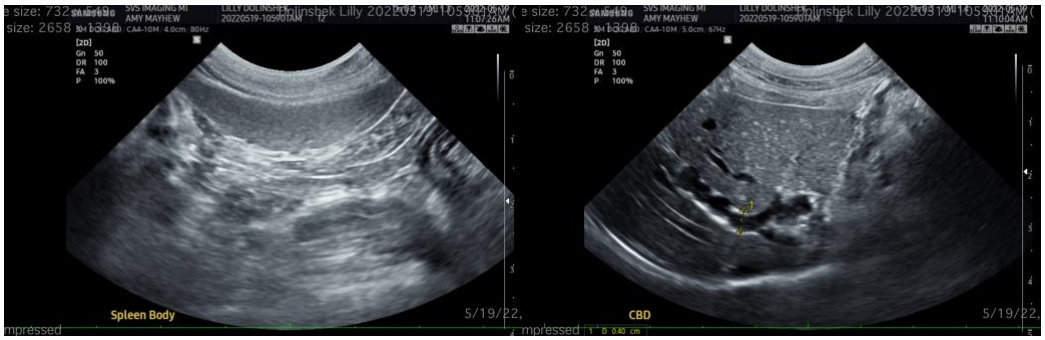
DATE

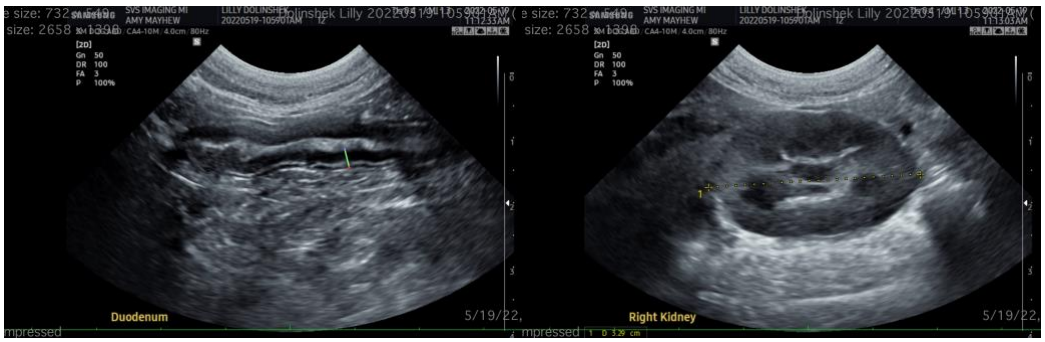
5/19/22

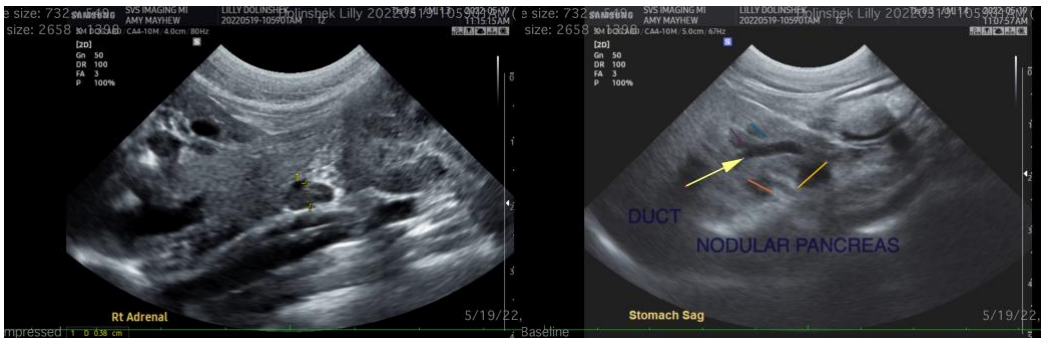
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

The changes observed in the kidneys are most consistent with chronic progressive renal disease. Recommend blood pressure evaluation, urinalysis and culture.



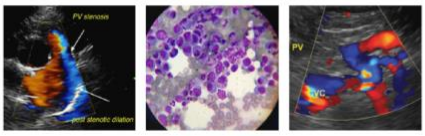






IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

SVS IMAGING



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

PATIENT

Lilly Dolinshek

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.34 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

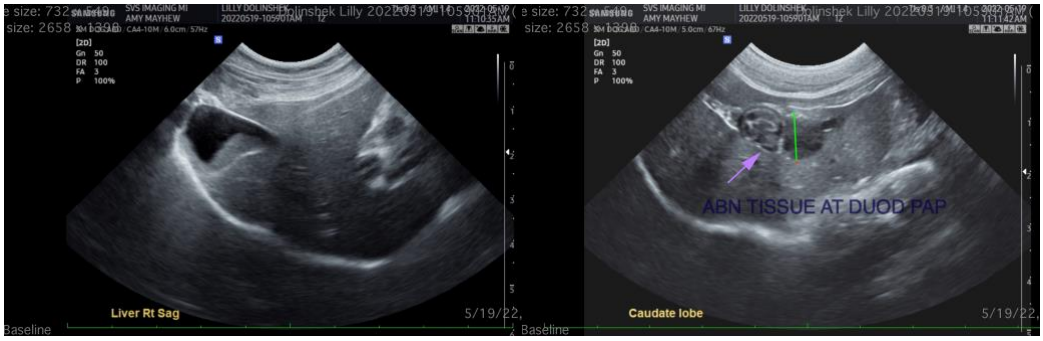
Cat Care of Rochester Hills

INVOICE

37781

DATE

5/19/22



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