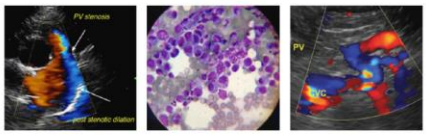
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



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

PATIENT
Peanut Alvin

SPECIES
Feline

BREED
DMH

SEX
MN

AGE
14 yr

WEIGHT
11.6 lb

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 Hills

INVOICE
10716ag

DATE
06/02/2022

PRESENTING CLINICAL SIGNS

History: Mild chronic anemia (since 12-18-21), occasional vomiting, occ urinary issues, occ UR noise, weight loss of 0.5 lb from end of April to June.

Abnormal PE/Chem/CBC/UA Results: RBCs 6.82, 6.86, 6.38 Hx of elevated pancreatic values on-off since 2016. Not currently on any meds.

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 at 4.13 cm in length. 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 at 3.76 cm in length. 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 0.38 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 0.38 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 at 0.76 cm at the level of the hilus, 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed

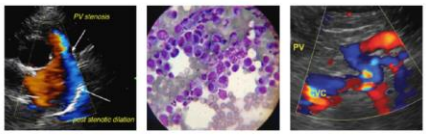
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The bile duct appears somewhat prominent and dilated measuring 0.24 cm proximal length.

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.

Most of the 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

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

Peanut Alvin

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

14 yr

WEIGHT

11.6 lb

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 Hills

INVOICE

10716ag

DATE

06/02/2022

with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.24 mm in diameter and the jejunum measured 0.22 mm in diameter. Visualized peristalsis appears appropriate. While no focal mass lesions were observed there were some areas of intestine that appeared somewhat fluid dilated with possible reduced motility?

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 to surrounding mesentery with prominent pancreatic duct. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is no free fluid. Occasional prominent mesenteric lymph nodes are visualized and the portal lymph node appears somewhat cystic and enlarged measuring 0.55 cm.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic prominent pancreas with prominent pancreatic duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Prominent muscularis layer of the small intestine with layers of fluid dilation and possible bowel stasis. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent cranial mesenteric lymph nodes. 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

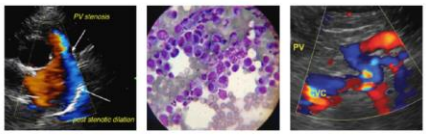
No focal large mass lesions are observed but there are changes associated with the GI tract which could result in nausea and weight loss. These include a prominent hypoechoic pancreas, prominent muscularis layer of the SI in addition to some fluid dilation/possible stasis?

- Consider a GI panel to Texas A&M for a qualitative fPLI/TLI/Cobalamin/Folate to further evaluate the pancreas and small intestine.
- Consider a hypoallergenic/novel protein diet
- Consider symptomatic treatment for pancreatitis
- If symptoms do not improve consider obtaining GI biopsies of the prominent lymph nodes (too small for FNA at this time)

Additionally, the liver appears somewhat hyperechoic. Correlate this with bloodwork findings. If liver enzyme elevations are not present this could be incidental or associated with early fatty liver.

Evaluate a full CBC with potentially a path review to better understand the anemia reported. Is this consistent with an anemia of chronic disease? Are additional diagnostics recommended such as evaluating for RBC parasites etc.? I suspect the anemia is secondary to the primary issue, but more information is needed.

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

Peanut Alvin

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

14 yr

WEIGHT

11.6 lb

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

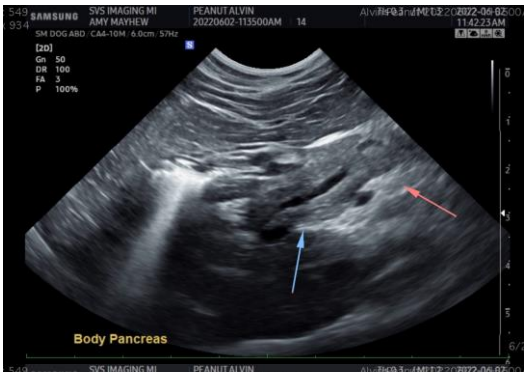
Cat Care of Rochester Hills

INVOICE

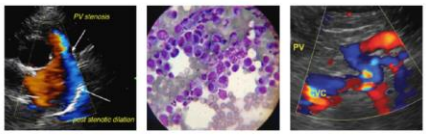
10716ag

DATE

06/02/2022



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

Peanut Alvin

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

14 yr

WEIGHT

11.6 lb

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

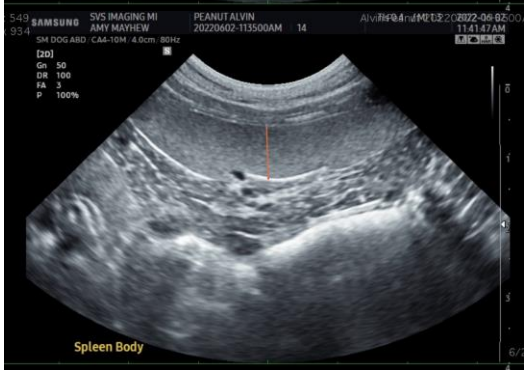
Cat Care of Rochester Hills

INVOICE

10716ag

DATE

06/02/2022



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