

**PATIENT**Henrietta Knutson
51602A**SPECIES**

Feline

BREED

DMH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.75 kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Kellr-Madison VS

INVOICE

16209

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Henrietta, a 11 years old FS Domestic Medium Hair was presented to the MVS Emergency Service on Jun 22, 2022 for evaluation of inappetance and vomiting. Henrietta has not eaten or drank much since Saturday evening. Sunday vomited digested food and a hairball - continued to vomit 9 more times, mostly foam. Energy levels decreased and she started hiding. Indoor cat, no known dietary indiscretion. Seen at pcDVM Monday, SQ Cerenia was given - per owners bloodwork, FPLI, and radiographs were all normal. No interest in food even with Elura on board, no noted production in litterbox so they returned to pcDVM Tuesday. They gave SQ fluids and injectable ondansetron. She did urinate last night. Vomiting started again this morning, has been bile.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.32 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, infarcts or hydroureter. Renal vasculature is normal. Rare punctate cortical mineralizations were present.

The right kidney has a normal shape and size (3.73 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, infarcts or hydroureter. Renal vasculature is normal. Rare punctate cortical mineralizations were present.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31cm 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 0.34cm 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. The spleen measured 0.77 cm in width at the level of the hilus.

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.

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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 mild amount of non-organized echogenic debris. 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.

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. The jejunum measured 0.4 cm in diameter. 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/region of the pancreas) is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant anechoic free fluid present. There are occasional prominent mesenteric lymph nodes, one is visualized measuring 0.16 cm. The ileocolic lymph node is measured at 0.64 cm.

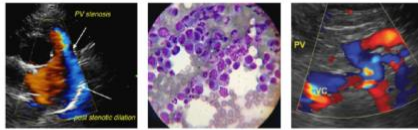
The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Occasional punctate mineralizations within the corticomedullary junction. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Mild gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Mildly prominent muscularis layer in the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma
- Scant free abdominal fluid

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- Occasional prominent mesenteric lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for a slightly older cat. No focal lesions are visualized to explain the decrease in appetite and vomiting reported.

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- Consider metabolic causes for vomiting, including hyperthyroidism, Addisons disease, etc.

If metabolic disease is thought unlikely based on test results, then consider primary GI causes, such as food allergy/dietary intolerance, GI parasitism, pancreatitis, IBD and less likely intestinal neoplasia.

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- Consider a novel protein/hydrolyzed protein prescription diet
- Consider a GI panel (to Texas A & M) for a qualitative fPLI, TLI, cobalamin and folate to look for evidence of pancreatic and small intestinal disease.

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- Recommend symptomatic treatment for gastroenteritis/pancreatitis

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- If symptoms persist, then consider obtaining GI biopsies

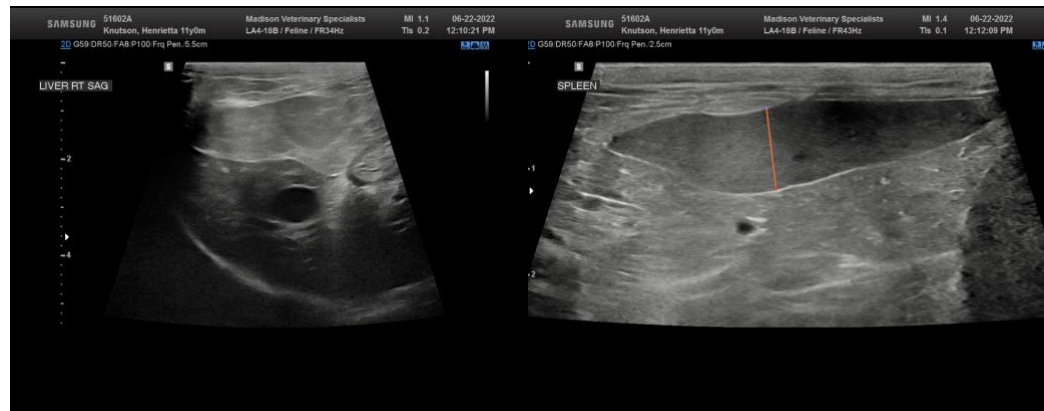
Consider a urinalysis and culture to further evaluate the echogenic debris in the urinary bladder.

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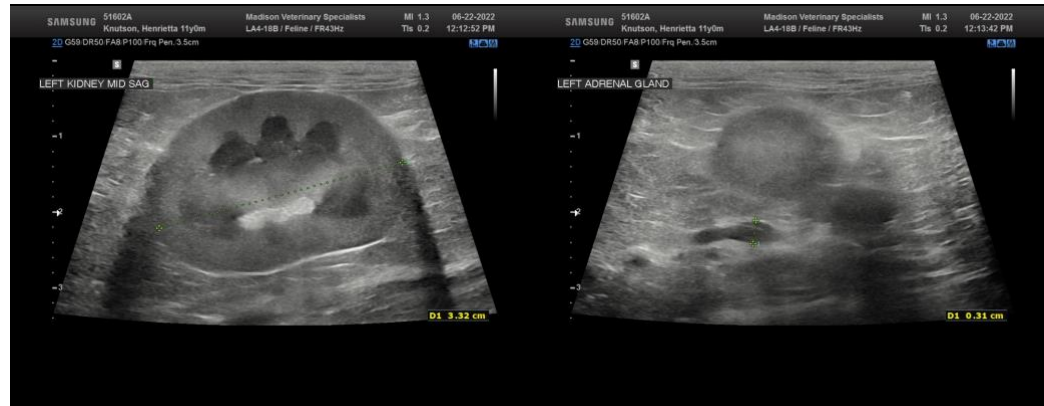


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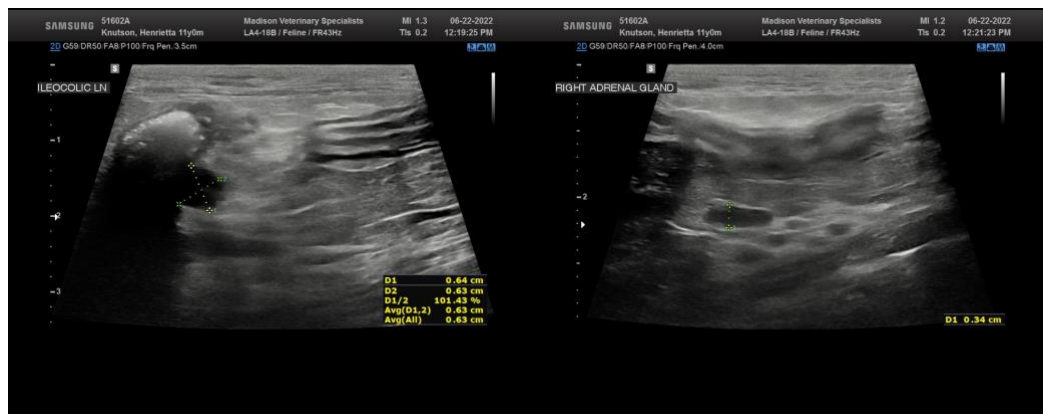
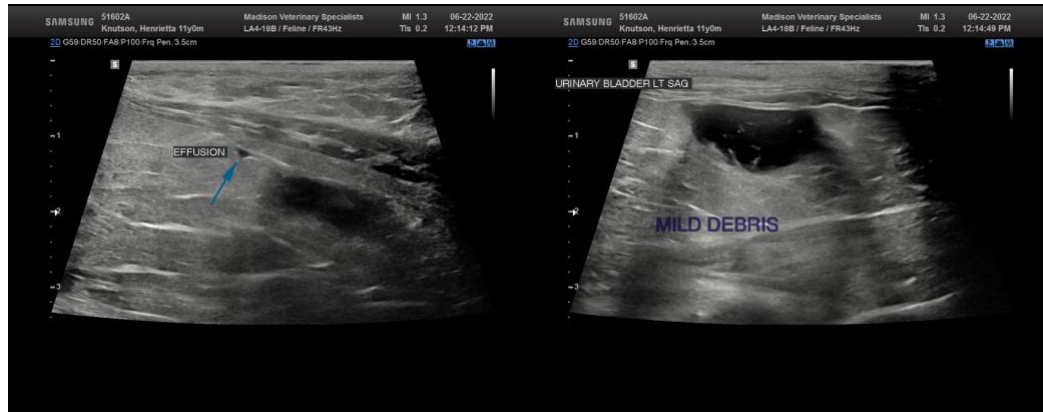
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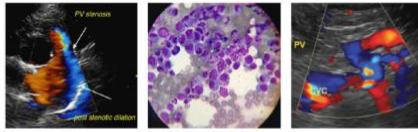
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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