

**PATIENT**

Willow Lies

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

6.3 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**

39030

**DATE**

6/23/22

**PRESENTING CLINICAL SIGNS**

Continued weight loss in face of normal bloodwork and urinalysis. Last CBC run 2-25-22, hx of elevated lymphocytes consistently since 2013, no other sf Gassy-feeling intestines but no vomiting or diarrhea. Not on any meds or supplements currently except Cosequin.

Abnormal PE/Chem/CBC/UA Results: Was here in May after ER visit for UTI, resolved on visit of 6-6-22, is on C/D dry and canned food. In past (~2013 to 2017) was on RC GI Hi Energy, then RC GI Mod Cal, switched over to C/D diet in May, 2022 due to urinary issues (marked struvite crystalluria diagnosed on 5-7-22, with rod bacteriuria, pH = 8, and pollakiuria/stranguria, at ER, was given Clavamox, Buprenorphine and Gabapentin, started on Cosequin and started diet transition to C/D. Urine was normal on recheck on 6-20-22 (pH = 6, normal usg, no crystals or WBCs). First TLI (2-24-22) done was 11.1, the second (done on 5-5-22) was 37. Last full bloodwork on 12-29-21.

**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 (3.81 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 (3.85 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 0.34 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 cystic and common bile ducts are normal/not visible.

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***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 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.) 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 is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***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**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderate 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan has relatively mild lesions. The pancreas appears somewhat prominent and mottled. Correlate with an fPLI level to see if there is further support for pancreatic disease. You could implement supportive care for possible pancreatitis. Additionally, there is some debris in the gallbladder. If there is no evidence of liver enzyme elevations, the significance of this is unclear, but continued monitoring is warranted,

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

Depending on the degree of lymphocytosis, you could consider having a CBC evaluated by a pathologist and consider flow cytometry or consultation with a veterinary oncologist. Additionally, consider if atypical Addison's disease is possible, as this could reflect lack of a stress leukogram.

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svsimagingmi@gmail.com



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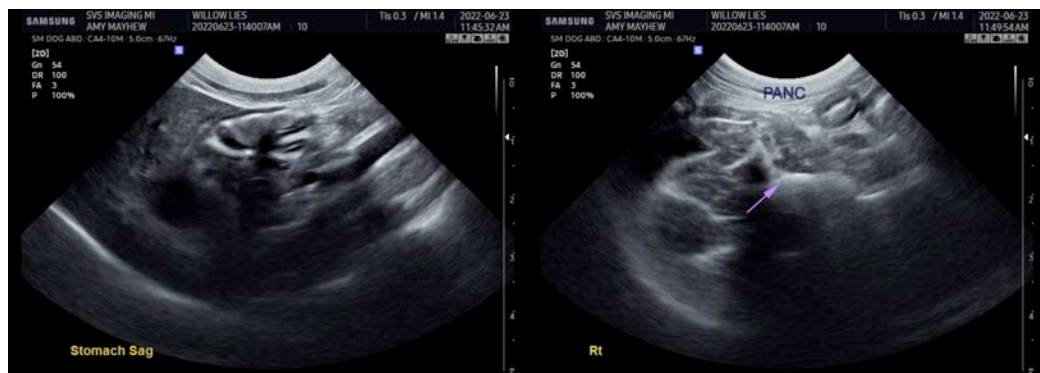
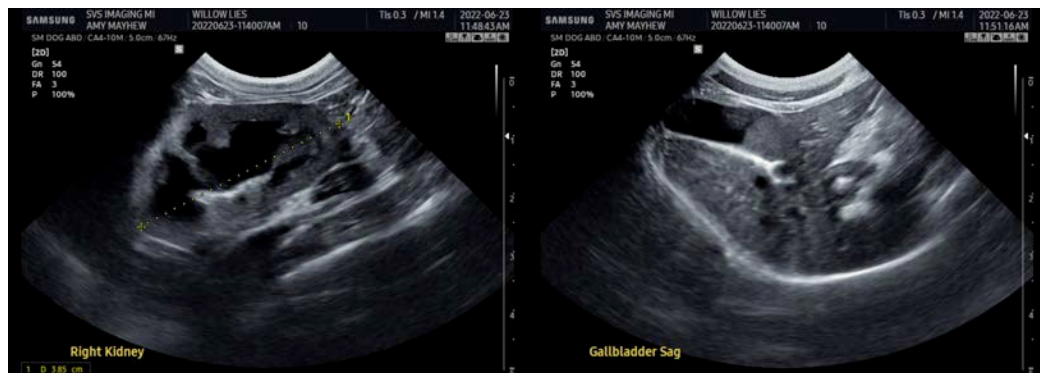
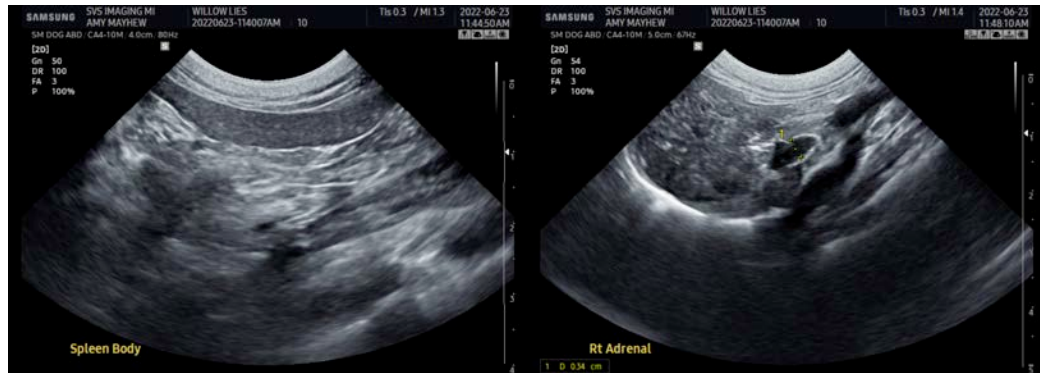
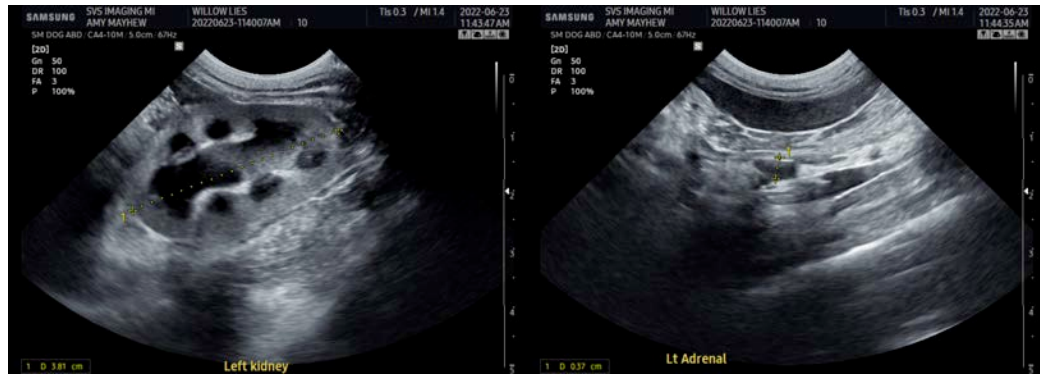
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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