

**PATIENT**

Holly Nowakowski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

7.1 Pounds

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

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

43451

DATE

6/27/23

PRESENTING CLINICAL SIGNS

Presented for weight loss- down 3lbs in 3months. Decreased appetite, only interested in treats. Mild increase in clear eye discharge. 6/27/23 history - Barely eating over last 2 weeks. Will eat a kibble or two here or there. Jaundice noted today. Still defecating and urinating. No coughing or sneezing. Decreased energy. No improvement in last 2 weeks.

Abnormal PE/Chem/CBC/UA Results: Last exam done June 7, 2023 - at that time, P was alert and eating treats during visit. Did not mid abdominal pain during exam - P would not tolerate much handling/palpation there, otherwise great for exam. No known hx of vomiting, diarrhea noted, but no longer eating RC Urinary SO dry food, no urinary signs recently noted. Minimal changes on bloodwork (see attached). O tried feeding urinary canned food as alternative, has declined medications, appetite stimulant etc. Initially ate some canned food, but still decreased appetite noted. Also suspect underlying OA pain with chronic MS issues, stiff gait noted during exam. O also recently adopted new puppy that they are keeping separate, but clinical signs for P developed before new pet was brought into home. Today hard, irregular masses on mammary chain noted.

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 (3.55 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.37 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.32 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 (0.53 cm), 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.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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.

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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. Jejunum wall measures 0.25 cm. 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.

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Pancreas

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant mesenteric lymphadenopathy, but the iliac lymph nodes are enlarged and hypoechoic. The left measures 0.86 cm in diameter. The right measures 0.69 cm. The omentum is generally of normal echogenicity.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Large, rounded iliac lymph nodes – Findings could be consistent with reactive lymph nodes, early metastatic disease, etc.

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Amy Mayhew, LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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No focal mass lesions are visualized on today's exam to explain the decrease in appetite and weight loss reported. The liver appears somewhat hyperechoic. This could be due to early lipidosis, fat deposition, etc. Consider recheck in order to obtain a value for the bilirubin and confirm its elevation. A fine needle aspirate of the liver could be considered to rule out round cell neoplasia (provided coagulation parameters are normal).

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The iliac lymph nodes are large and rounded. These could represent reactive lymph nodes, metastatic lymph nodes, etc. Consider the mammary masses reported as a potential primary neoplasm. Consider a fine needle aspirate and/or biopsies. Additionally, recommend 3-view thoracic radiographs.

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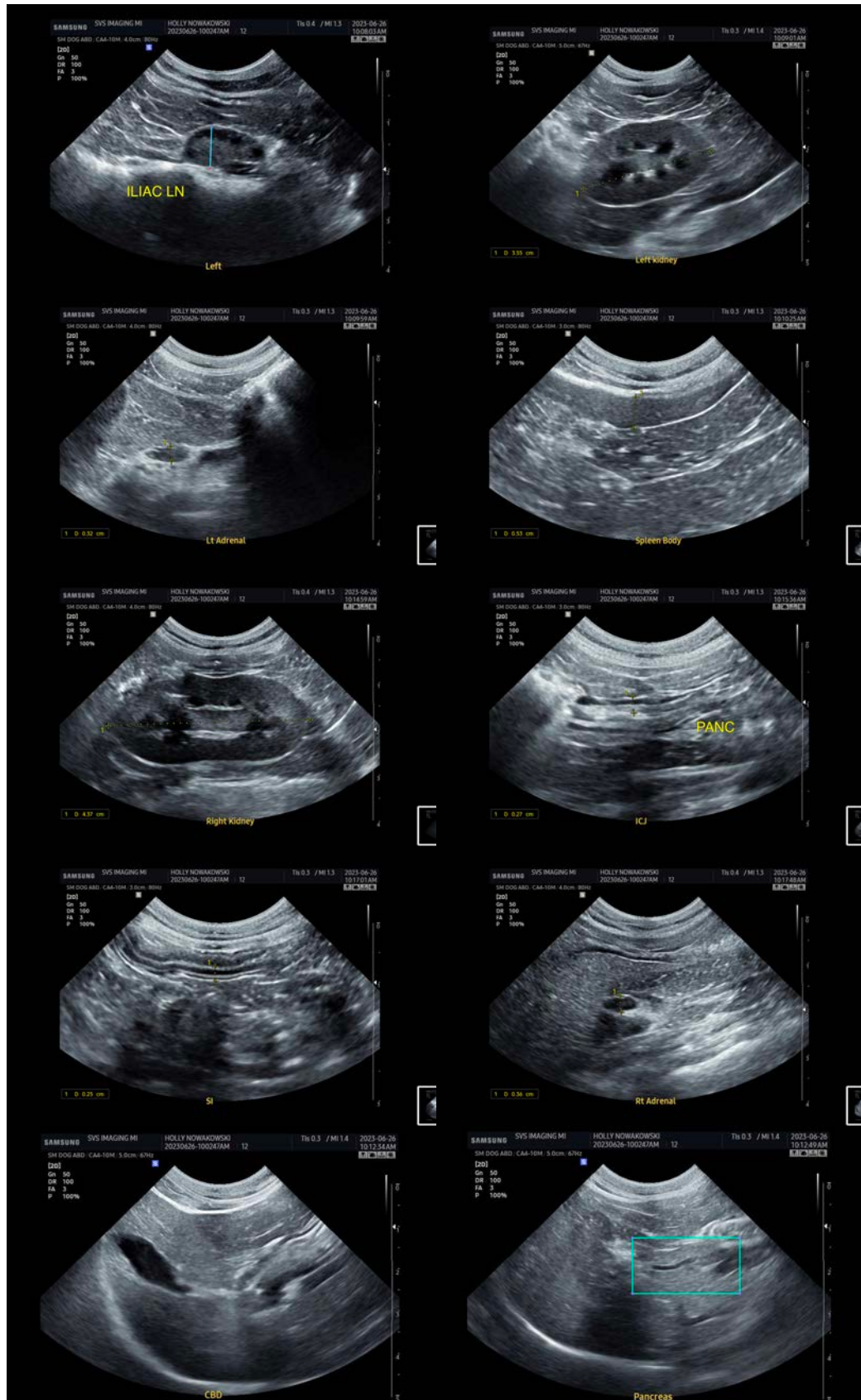
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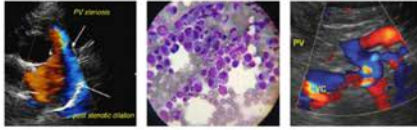
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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