

**PATIENT**

Shay Tringali

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 8 Months

WEIGHT

4.68 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

43590

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Presented most recently for inappetence, weight loss. Down 3lbs compared to last year. O currently offering variety of GI diets (dry and canned). Restarted Ursodiol 25mg 30days ago due to increasing liver values again and O feels that her appetite has improved a bit (eating dry food again). Occasionally will regurgitate up some canned food (maybe once a week) which O associates with a particular type of canned food, but O keeps offering as it is the diet P will eat most consistently. Hx of chronic liver (lymphoplasmacytic cholangiohepatitis and EMH from liver bx) and Toxoplasmosis (positive titers Jan and April 2021). Hx of chronically elevated liver values - was on steroids initially and had improved but has been off these for over a year now. Had also been on ursodiol and clindamycin long term, O discontinued meds in 2022., higher Tbili noted (see AUS done 6/21/22) and tried broad spec abx for possible suppurative cholangiohepatitis and cholecystitis. P did not tolerate meds well, O unsure how many doses she got. O has financial concerns for surgery, bile culture etc.

Abnormal PE/Chem/CBC/UA Results: Full BW/UA done May 2023. Recent liver panel done (run as a dilution due to historically high ALT levels) this week. Concern with steadily increasing Tbili (highest this has ever been for P)

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 (3.77 cm) with mild pyelectasia at 0.23 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.62 cm) with pyelectasia at 0.17 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 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 0.37 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 (1.1 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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 duct appear dilated and somewhat tortuous at .36cm with no evidence of an obstruction visualized.

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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.23 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

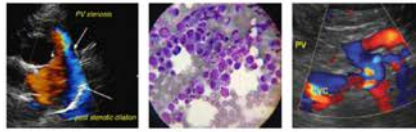
The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis. The pancreatic duct is prominent measuring 0.31 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes measuring 0.25 and 0.27 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The mesentery is diffusely hyperechoic, particularly around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, large, hypoechoic, irregular, mottled/nodular pancreas with surrounding reactive mesentery – The changes observed are most consistent with mild to moderate pancreatitis. The pancreas appears similar to the previous scan on 6/8/22.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia



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(less likely) or other hepatopathy.

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- Mild gallbladder debris with a tortuous/dilated bile duct– 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. No evidence of a bile duct obstruction is observed.

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- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

SEX

Spayed Female

- Hyperechoic mesentery, particularly in the cranial abdomen – Findings are suggestive of inflammation around the liver and pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today’s scan are relatively similar to those previously observed on 6/8/22.

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The liver is heterogeneous with surrounding hyperechoic mesentery, as is the pancreas. There are no new mass lesions observed. Findings are suggestive of pancreatic inflammation, possible cholangiohepatitis, and mildly thickened/prominent small intestine, possibly suggestive of Triaditis. These conditions are challenging because there is often an inflammatory component that must be managed, as well as infectious components, and over time fibrosis and chronic change. Unfortunately, these issues often can’t be cured, but only managed, and there are often flare ups.

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INTERPRETED BY

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

Recommend treatment for pancreatitis with pain medication, fluids, nausea medications, etc., as well as cholangiohepatitis with antibiotics if possible and Ursodiol. If this pet will tolerate a hypoallergenic diet and isn’t on one, consider that, and as a last resort consider an anti-inflammatory dose of steroids (0.5-1.0 mg/kg per day Prednisolone) with monitoring for response to therapy. Unfortunately, definitive recommendations would be made from bile cultures, biopsies of the small intestine, liver, pancreas, etc., which is not feasible to do on a recurring basis.

IMAGING PERFORMED BY

Amy Mayhew, LVT

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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IMAGING PERFORMED BY

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svsimagingmi@gmail.com



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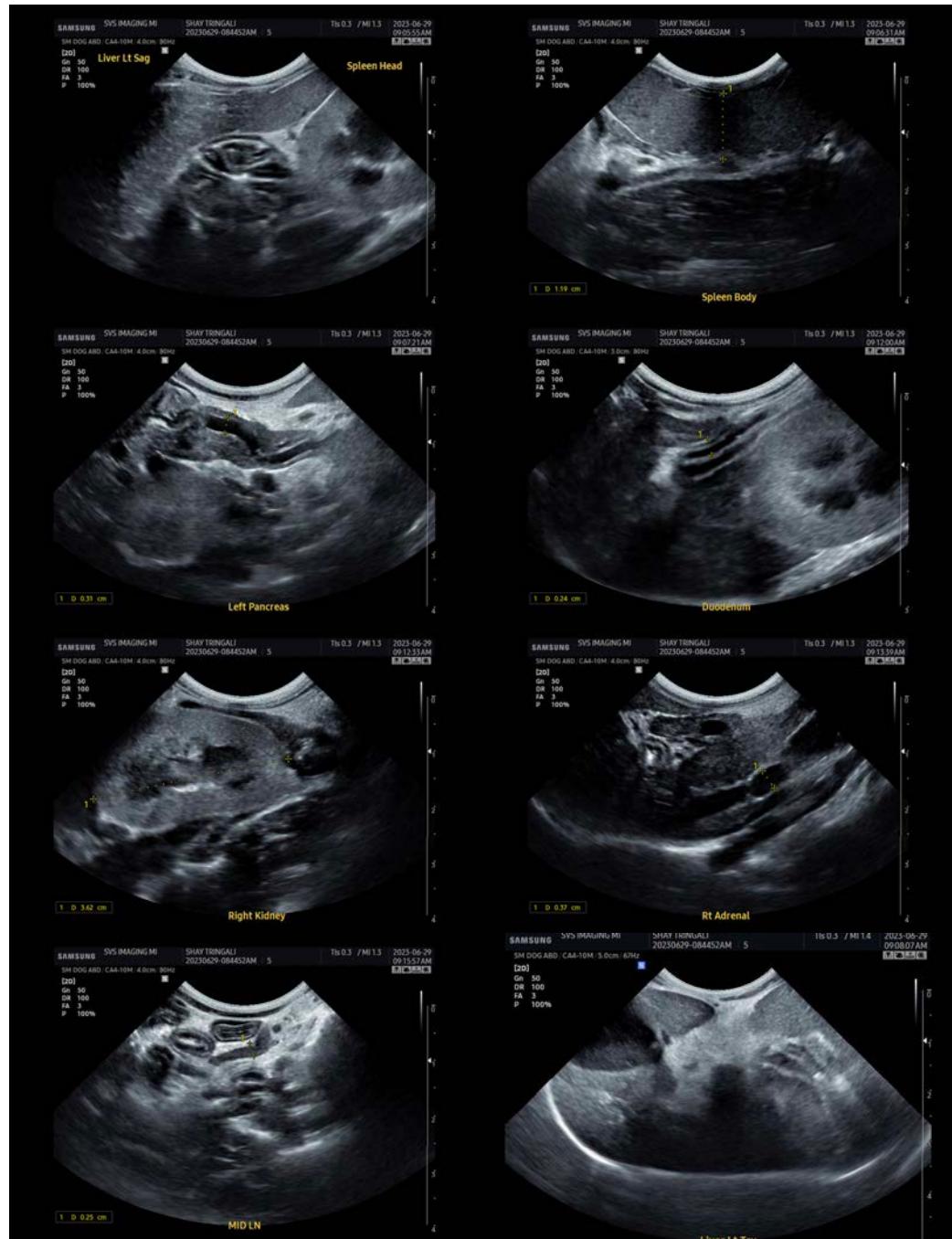
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com