**PATIENT**Teeka Hawkins
52046A**SPECIES**

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year 6 Months

WEIGHT

4.46 kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

MVS - Dr. Graham

INVOICE

39395

DATE

7/12/22

PRESENTING CLINICAL SIGNS

Teeka presented on 7/11/22 for evaluation of vomiting, no BM for 1 day, and no interest in food since Sat pm. She first began to vomit on Saturday night. She vomited 4 times, and her owners described the consistency of the vomit as undigested food at the time. Teeka hasn't been interested in food and hasn't kept any food (aside from a few treats) down since she vomited Saturday pm. She continued to vomit ~4x/day yesterday into today as well. Today, her owners describe her vomit as a bile texture. Teeka also hasn't defecated since Sunday afternoon, but has still been urinating in her box normally. On 6/30, Teeka was seen at her primary to have her spay incision stapled shut, as it had opened and was "oozing". Today, the incision looks good, but owners are concerned about Teeka's lack of interest in food and her vomiting.

Abnormal PE/Chem/CBC/UA Results: BG- 80, 76 on recheck. Deemed low as patient appears stressed.

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 (3.74 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 (3.98 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 0.53 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 0.40 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 (0.84 cm in width 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, 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 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 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. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.22 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. Colon wall measured 0.11 cm.

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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 mild/moderate pancreatitis.

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Free Abdomen**INTERPRETED BY**Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

There is one area of scan free abdominal fluid. There is a diffuse mild mesenteric lymphadenopathy with lymph nodes varying in size from 0.3-0.6 cm. The omentum is generally of normal echogenicity, but is somewhat hyperechoic around some clusters of lymph nodes and in the area of the right limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS**IMAGING PERFORMED BY**

Tom McNeill

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic, prominent pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Mild mesenteric lymphadenopathy – 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

The pancreas appears prominent with a prominent pancreatic duct and inflammation in the cranial abdomen. Additionally, there is a diffuse mild mesenteric lymphadenopathy. This can sometimes be a normal finding in younger animals, or could be consistent with gastrointestinal inflammation, etc. Recommend treatment for acute pancreatitis and evaluation of an fPLI level. Correlate findings with abdominal radiographs. There is no evidence of an obstruction or foreign body, but continued vigilance is always warranted, and serial imaging is recommended if symptoms persist.

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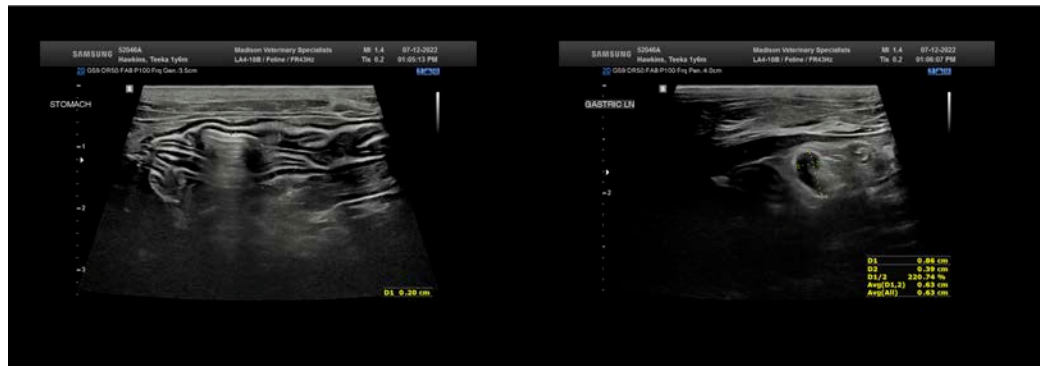
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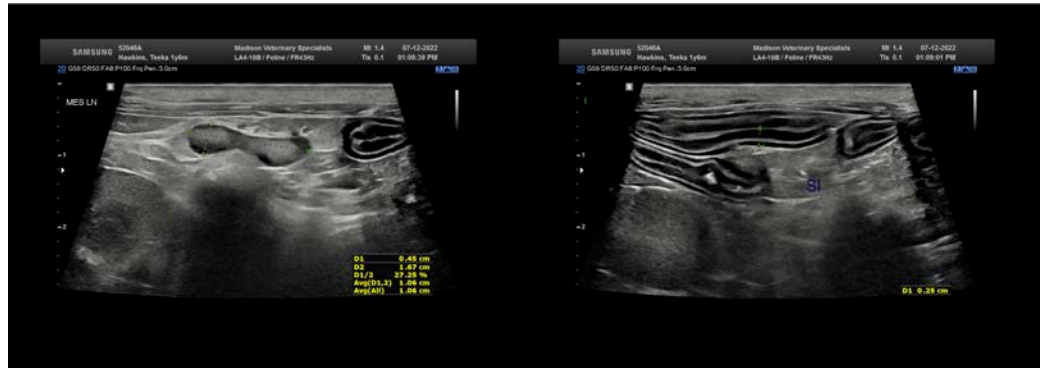
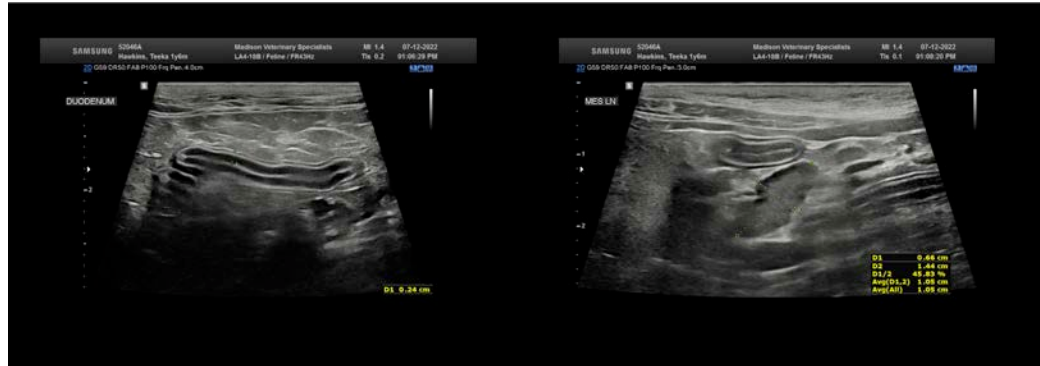
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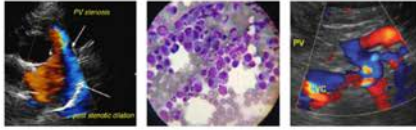
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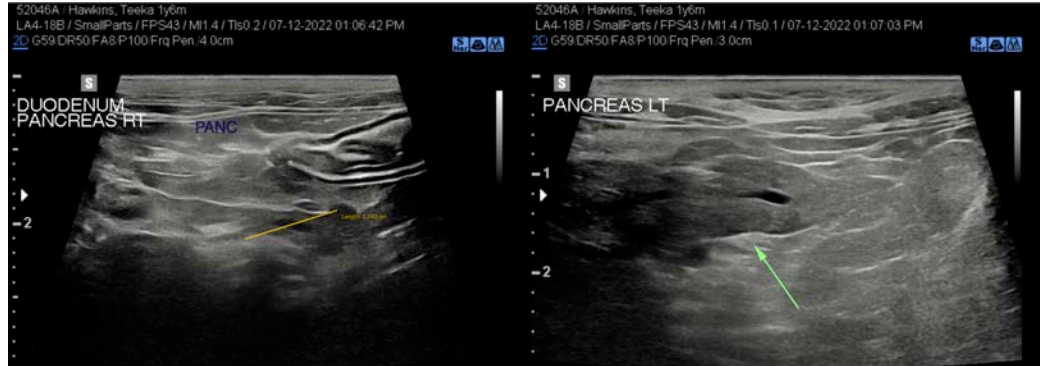
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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