

**PATIENT**

Maggie Osowski

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.4 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

Rochester Vet Hospital

INVOICE

39278

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Weight loss, vomiting, GI issues.

Abnormal PE/Chem/CBC/UA Results: See attached BW. New blood work submitted today.

Abnormal spot in the stomach area noted on previous x-rays.

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 (3.31 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 (3.31 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 0.36 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, 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 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 bile duct appears tortuous and dilated, measuring at 0.41 cm. No obvious point of obstruction or stone is 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.

**PATIENT**

Maggie Osowski

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.4 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

Rochester Vet Hospital

INVOICE

39278

DATE

7/7/22

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. Jejunum wall measured 0.29 cm. Duodenum wall measured 0.34 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. Some areas of the pancreas appear very mottled and irregular with cystic regions. There is no evidence of regional fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a diffuse moderate/mild mesenteric lymphadenopathy present. Gastric lymph nodes are prominent measuring at 0.41 cm. Cranial mesenteric lymph node is visualized at 0.45 cm. Numerous mesenteric lymph nodes are visualized around the ileocecal junction, measuring at 0.44, 0.40, and 0.46 cm. The omentum appears diffusely increased in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic and cystic pancreas – The pancreatic changes are most consistent with mild 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.
- Prominent muscularis layer to 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.
- Diffuse moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of inflammation in the abdomen with subjectively thickened small intestine with prominent muscularis layer as well as numerous prominent hypoechoic mesenteric lymph nodes. The pancreas appears prominent and somewhat cystic, and some areas of the GI tract, particularly the proximal duodenum and possibly the pylorus, have some mild fluid dilation. These findings are most consistent with primary gastrointestinal disease, which correlates with the low B12 levels reported. Likely differentials include food allergy/dietary hypersensitivity, IBD, and intestinal neoplasia. GI biopsies would be very helpful in differentiating.

In the meantime, consider:

- Recommend a hydrolyzed protein/novel protein diet.
- Recommend chronic probiotic therapy.
- Recommend symptomatic therapy for pancreatitis.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- Recommend B12 supplementation.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Maggie Osowski

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.4 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

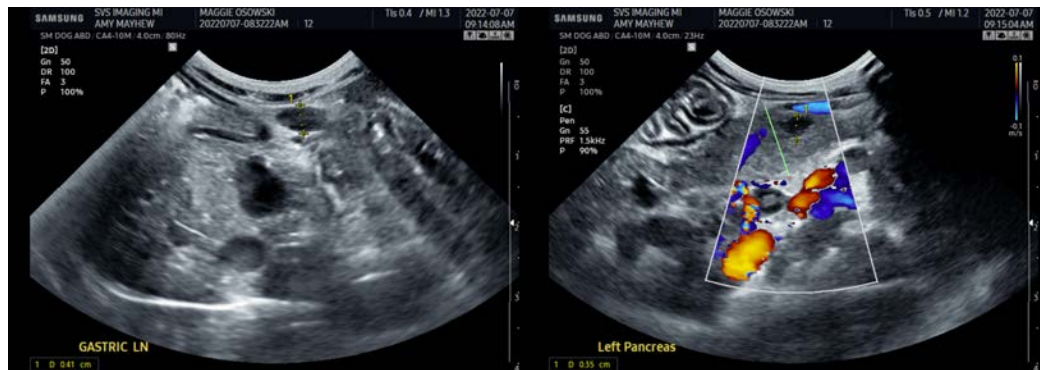
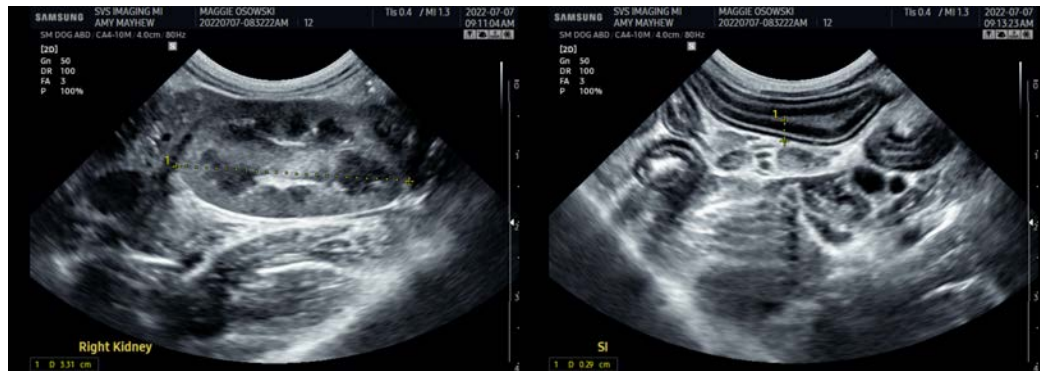
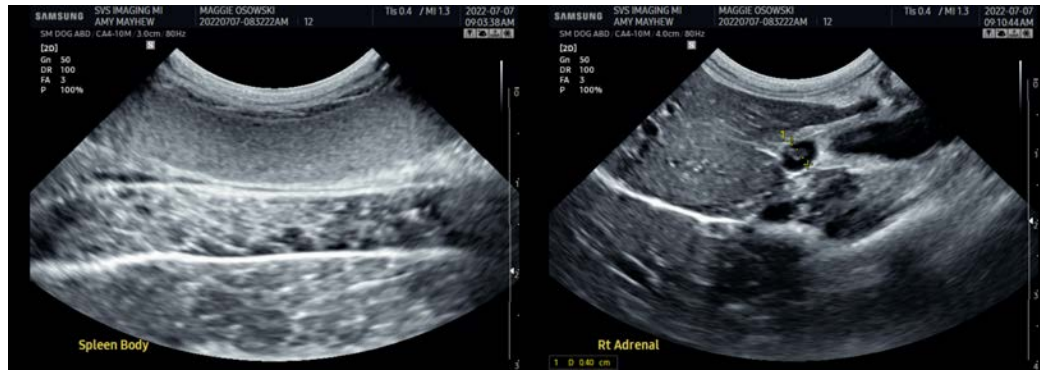
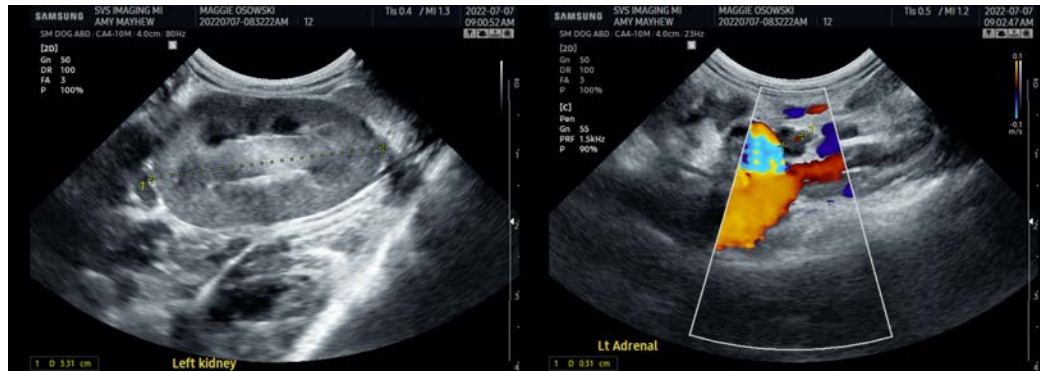
Rochester Vet Hospital

INVOICE

39278

DATE

7/7/22



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Maggie Osowski

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.4 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

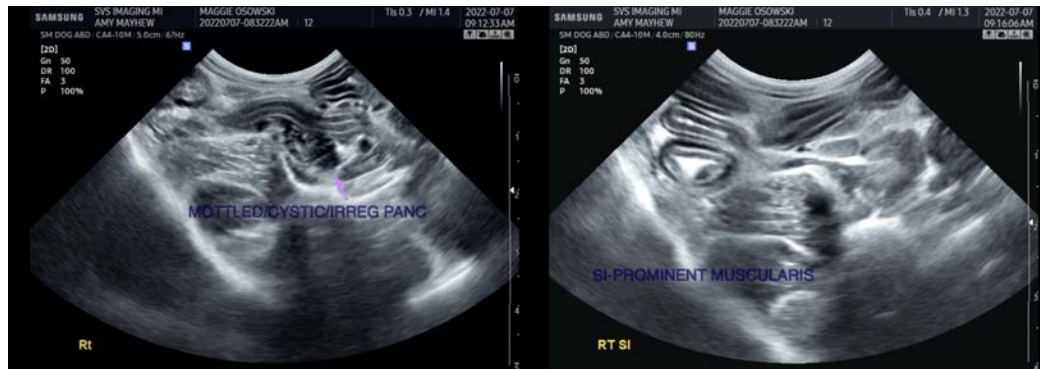
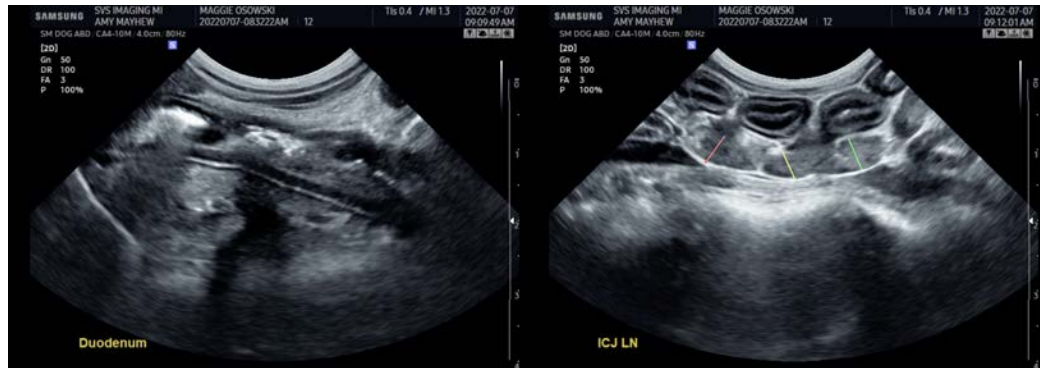
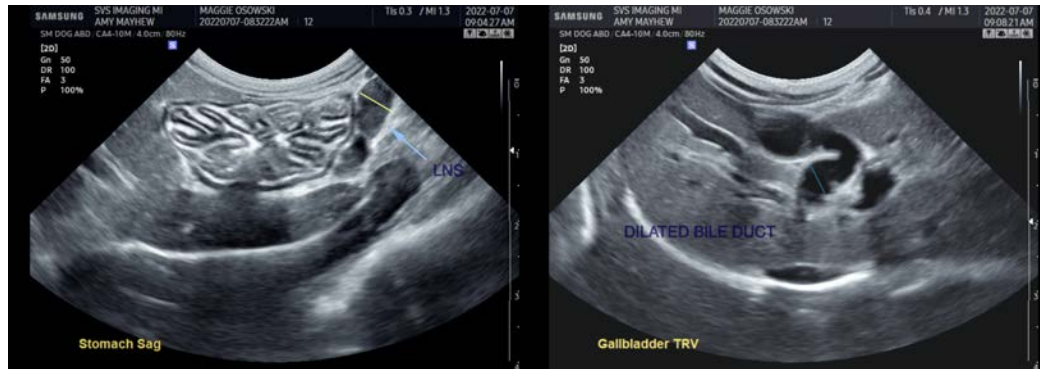
Rochester Vet Hospital

INVOICE

39278

DATE

7/7/22



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