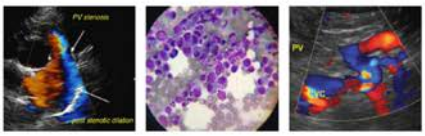
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Roux Furnanek
53023A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 6 Months

WEIGHT

6.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS
Dr. Graham

INVOICE

40715

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Roux presents on ER on 8/23/22 for evaluation of vomiting. Roux had never vomited until 10 days ago. Since then she has been vomiting regularly. Her vomit ranges from clear liquid, to bile, to undigested kibble. She has been seen by their RDVM, Citywide, where they did a Barium study last Thursday into Friday. They had done radiographs that showed a region of decreased contrast in the abdomen as well as what appeared to be some intestinal stacking. Lab work was reported to be normal with a slight decrease in K+. fPLi was negative. (PCV - 54% and TS - 7.2). Owners explained that the barium moved through as it should. Her appetite and energy dipped this weekend, as she was hiding, but has since normalized. She is still drinking water and eating her kibble. Owners mentioned that Roux does have a history of eating string. He defecated twice today, normal large feces.

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 (3.57 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 (3.61 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 0.38 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 0.40 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

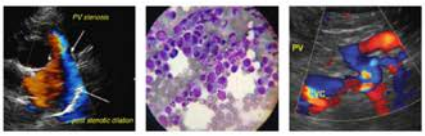
The spleen is borderline large in size (1.0 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The splenic size is likely within normal limits for a larger cat.

Liver

The liver is subjectively normal in size, and hypoechoic 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 gallbladder lumen is mildly distended. The wall of the gall bladder appears slightly prominent, measuring 0.19 cm in width, but has a smooth mucosal surface. Luminal contents are primarily anechoic.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



PATIENT

Roux Furnanek
53023A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 6 Months

WEIGHT

6.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS
Dr. Graham

INVOICE

40715

DATE

8/24/22

The gallbladder neck is somewhat prominent, and the proximal bile duct appears milldy dilated at 0.24 cm. There is a large amount of inflammation in the region of the gallbladder and bile duct.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering 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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.17 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 mild pancreatitis.

Free Abdomen

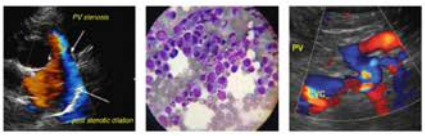
There is a scant amount of free abdominal fluid. There is a cluster of hypoechoic rounded lymph nodes surrounded by hyperechoic mesentery, with a lymph node measuring approximately 0.53 cm x 1.74 cm. Additionally, the gastric lymph node is visualized and prominent.

There is a significant amount of inflammation in the cranial abdomen around the liver lobes, area of the pancreas, and bile duct.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas with prominent pancreatic duct and a large amount of inflammation in the region of the pancreas – The pancreatic changes are most consistent with 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.
- Hypoechoic, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mildly thickened gallbladder wall and dilated bile duct with surrounding inflammation – The significance of this is unclear. This could be secondary to pancreatic inflammation or due to primary cholecystitis. Correlate with bloodwork findings.
- Moderate dilation of the stomach with fluid and ingesta – correlate with feeding history. If the patient was adequately fasted, the consider delayed gastric emptying or gastric outflow obstruction (none observed).
- Moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Roux Furnanek
53023A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 6 Months

WEIGHT

6.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS
Dr. Graham

INVOICE

40715

DATE

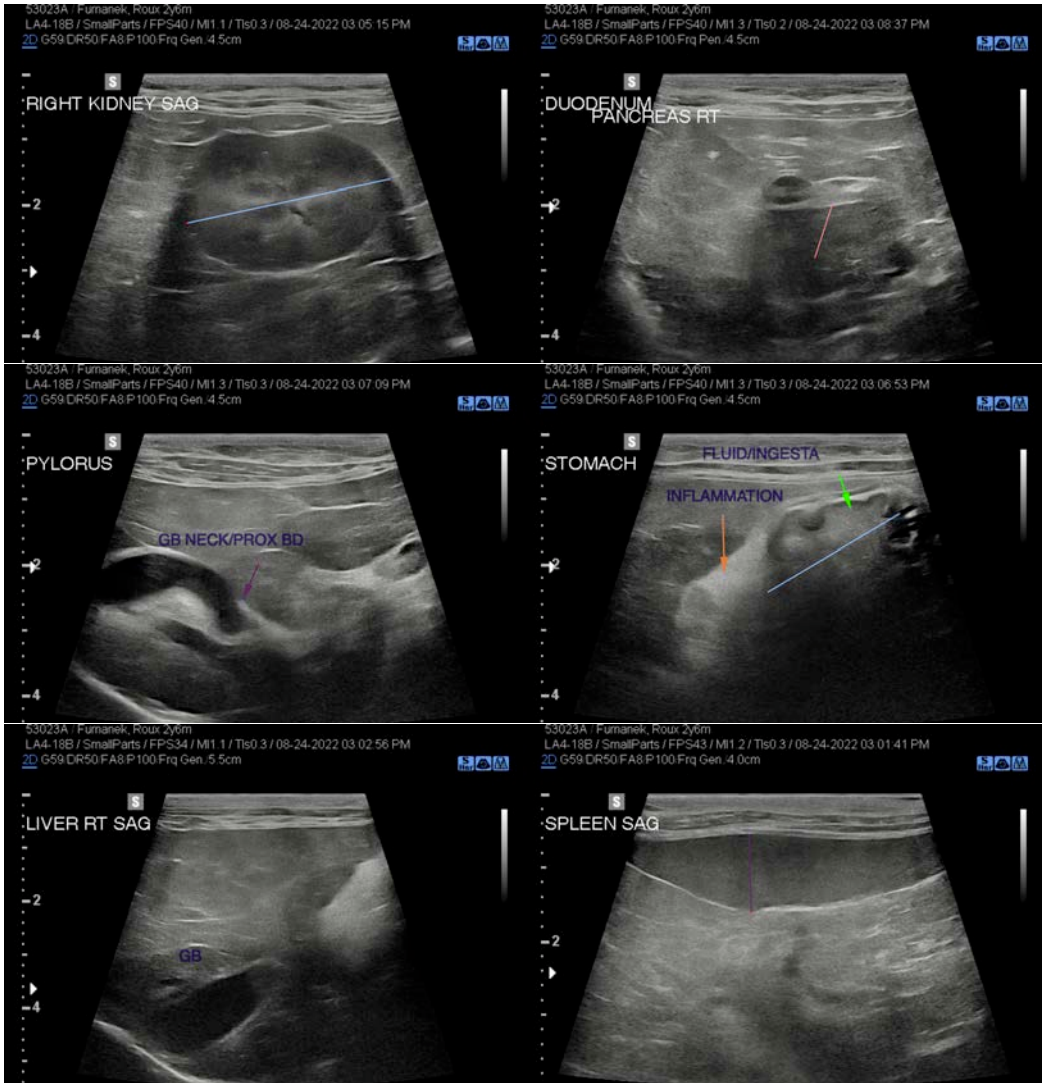
8/24/22

- Scant free abdominal fluid

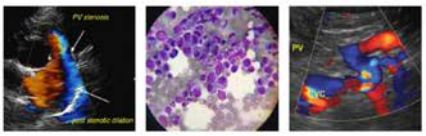
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the gastrointestinal tract on today's scan. There seems to be a large amount of cranial abdominal inflammation in the region of the liver lobes, the pancreas, and the gallbladder/bile duct. The origin of this inflammation is not 100% clear, but I would be most concerned about the pancreas. Correlate these findings with current bloodwork results. If liver enzyme elevations are present, consider the possibility of cholecystitis/hepatitis.

Consider medical treatment for pancreatitis with continued monitoring of this patient. If symptoms persist, you could consider a fine needle aspirate of a mesenteric lymph node. Additionally, you could consider reevaluation of the cranial abdomen for progression of the bile duct changes, etc. Hopefully this represents a patient with severe enteritis/pancreatitis that is beginning to resolve +/- secondary Triaditis.



IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



PATIENT

Roux Furnanek
53023A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 6 Months

WEIGHT

6.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS
Dr. Graham

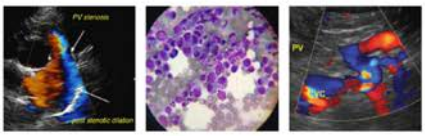
INVOICE

40715

DATE

8/24/22

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Roux Furnanek
53023A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 6 Months

WEIGHT

6.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS
Dr. Graham

INVOICE

40715

DATE

8/24/22

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