



**PATIENT**

Emma Tanttila

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

8.18 Pounds

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountRose AH

**REFERRING VET**

Dr. Katie Weldon

**INVOICE**

41148

**DATE**

9/8/22

Torb sedation lightly- P has been seen recently (9/1/22) at Animal Emergency and Specialty Center. She was admitted to AESC over the weekend because of decreased appetite and abdominal bloating. Bloodwork was NSF aside from a mildly elevated WBC/Neutrophil count, and mild anemia. Abdominal ultrasound there showed mostly fluid with some gas in the GI tract, scant effusion, and a slightly echogenic pancreas (see results below). They passed a gastric tube to empty the fluid from the stomach. P did better and was sent home. Today, P is still ADR, not eating well, loss of appetite, severe diarrhea, and an elevated temperature per O. LABORATORY FINDINGS: • NSF at Animal Emergency and Specialty Center aside from o Mild anemia at 28-30% o WBC = 21,600 o Neutrophils = 17,680 • Bloodwork pending from us for CBC, CS, Spec fPL, FeLV/FIV/FeCoV Ultrasound findings at AESC: Full Findings: Liver: Normal echogenicity Gall Bladder: The wall of the gallbladder appears mildly thickened, overall size of the gallbladder is small Spleen: Normal echogenicity; measures ~0.8cm Left Kidney: Measures ~3.8 x 2.3cm; normal CMD Left Adrenal: Measures ~8 x 3mm Right Kidney: Measures ~3.8 x 2cm; normal CMD Right Adrenal: Measures ~9.4 x 4mm Urinary Bladder: Moderately distended with slightly echogenic urine Pancreas: The entire pancreas is slightly echogenic, the surrounding mesentery is a normal appearance Stomach: The stomach is markedly distended with fluid and primarily gravity dependent echogenic to hyperechoic material, and some gas. No outflow obstruction seen. Bowel: The small intestine is primarily fluid filled with some gas; there is evidence of some peristalsis. No obstruction identified. No abnormalities noted with the colon. Lymph Nodes: Normal Prostate: N/A Uterus: N/A Ovaries: N/A Comments: Scant effusion present. REASON FOR ULTRASOUND: • Determine cause of vomiting and abdominal bloating, as well as GI ileus, anemia, elevated WBC and neutrophils Abnormal PE/Chem/CBC/UA Results: T- 103.3 P- 200, R- 60 CRT: 2 sec mm: pink/sl tacky Dehydration: 0-3% BCS: 3/5- GI: Abdomen palpates soft, no distension today, possibly mild pain mid-abdomen. No obvious palpable masses. DIET- after last AUS w/ Sonopath last year, started on a hypoallergenic diet until May 2022, had a GI episode and owner has now been offering whatever cat will eat. Friskies etc

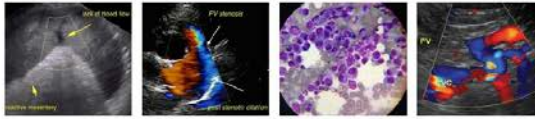
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 (3.84 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.3 cm). Overall echogenicity is slightly hyperechoic with poor 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.



## PATIENT

Emma Tanttila

### **Adrenal Glands**

The left adrenal gland is normal in size measuring 0.27 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.

## SPECIES

Feline

The right adrenal gland is normal in size. 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.

## BREED

Siamese

### **Spleen**

The spleen is subjectively normal in size (0.83 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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.

## SEX

Spayed Female

### **Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

## AGE

13 Years

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.

## WEIGHT

8.18 Pounds

### **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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Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with mild to moderate fluid distension. Wall thickness appears 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 0.27 cm. It is slightly fluid dilated and corrugated in some areas with some linear shadowing material visualized in the lumen. The jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. No focal obstruction or mass effect observed, but there is occasional shadowing material within the small intestinal lumen.

## IMAGING BY

Loetitia Saint-Jacques,  
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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness (0.17 cm). 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.

## REFERRING VET

Dr. Katie Weldon

### **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. Pancreatic duct measures 0.17 cm.

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## PATIENT

Emma Tanttila **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate mesenteric lymphadenopathy with mesenteric lymph nodes measuring 0.65, 0.56 cm. The omentum is hyperechoic, particularly around the enlarged lymph nodes.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

### BREED

Siamese

### SEX

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- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Hypoechoic, prominent pancreas with prominent pancreatic duct – 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.

- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

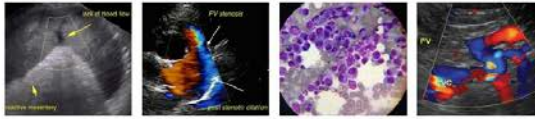
- Diffusely thickened small intestine with a prominent muscularis layer – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

- Focally irregular and corrugated duodenum with shadowing intraluminal material – most consistent with enteritis. There is no significant obstructive pattern visualized, but intraluminal obstructive foreign material cannot be excluded as a possibility.

- Moderate 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 prominent, hypoechoic, irregular lymph nodes and thickened small intestine with some areas of corrugation. There are some areas with occasional shadowing intraluminal material, but no overt obstructive pattern. Correlate these findings with abdominal radiographs, as a partial obstruction or a linear foreign body cannot be definitively ruled out.



**PATIENT**

Emma Tanttila The pancreas is prominent and hypoechoic with some surrounding inflammation. Findings are most consistent with mild pancreatic inflammation. Recommend treatment for mild pancreatitis while additional diagnostics are pending. Based on the history, there was previous generalized ileus. This can be seen with pancreatitis or diffuse gastrointestinal disease.

**SPECIES**

Feline • Consider a novel protein/hydrolyzed protein prescription diet.

**BREED**

• Recommend chronic probiotic therapy.

Siamese

• Recommend medical therapy for chronic pancreatitis.

**SEX**

• Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

Spayed Female

• If symptoms persist despite appropriate therapy, consider obtaining GI biopsies.

**AGE**

Additionally, a fine needle aspirate of a mesenteric lymph node can be considered, and serial imaging may be necessary to help rule out the possibility of intraluminal foreign material/obstruction (seems unlikely).

13 Years

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

**WEIGHT**

8.18 Pounds

Information was provided regarding possible FIP exposure. FIP is generally not contagious, but coronavirus is, and can cause acute diarrhea and GI signs. Additionally, related cats in the household can carry the mutation to develop FIP. If GI biopsies are obtained, recommend biopsies of the abdominal lymph nodes.

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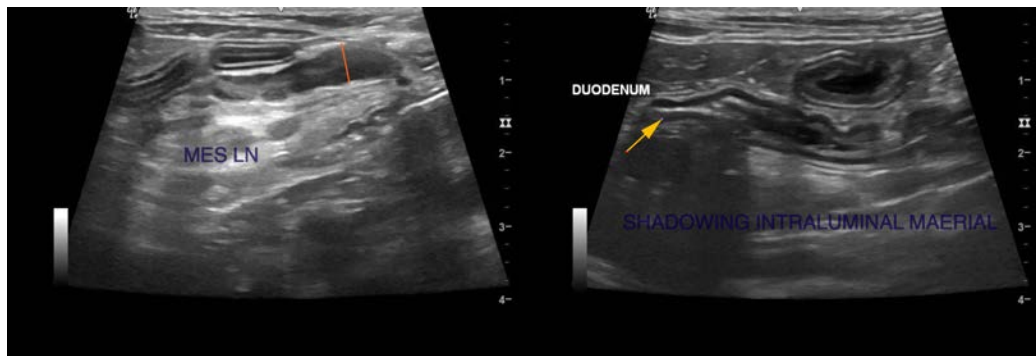
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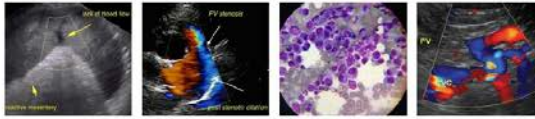
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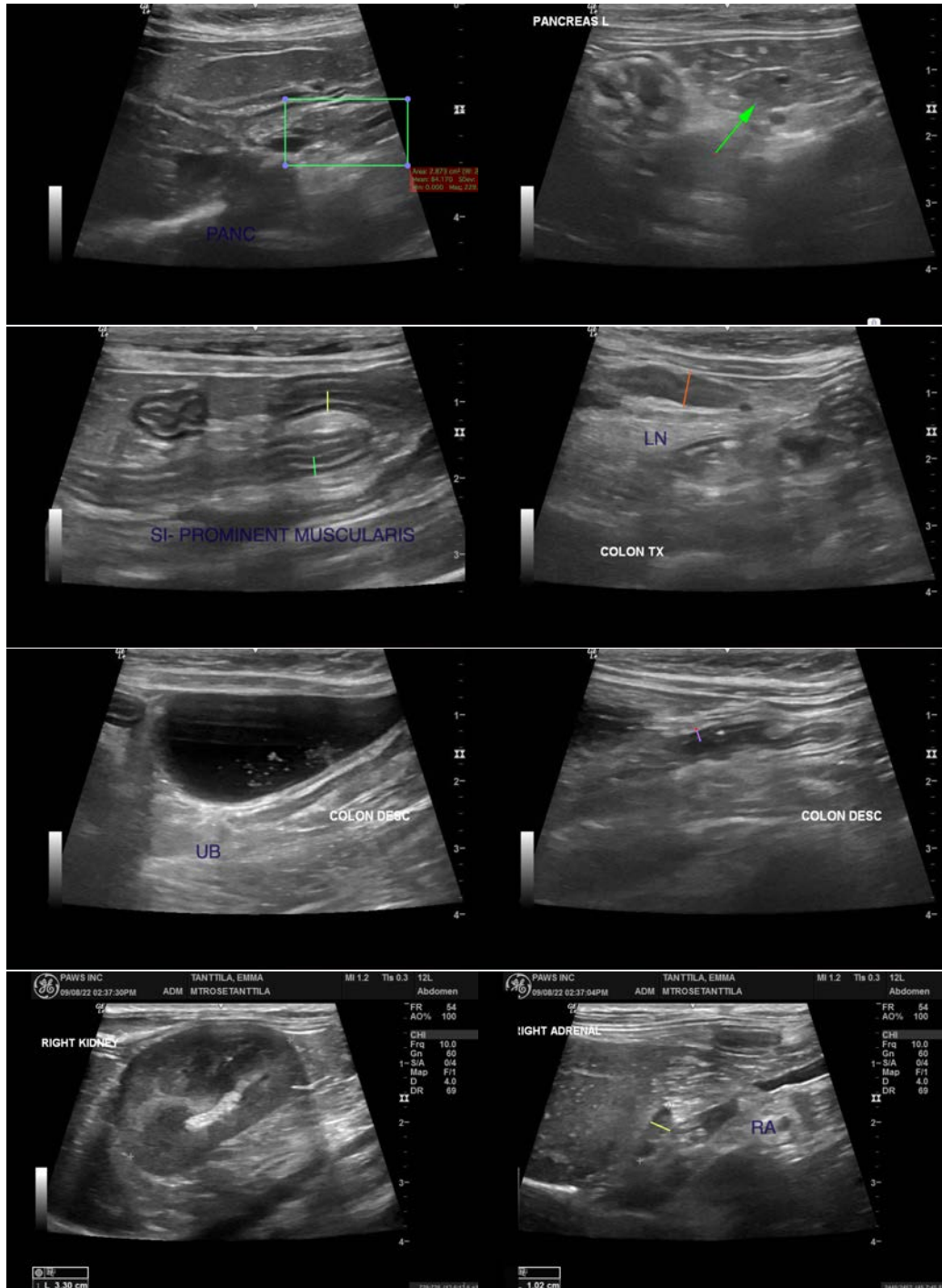
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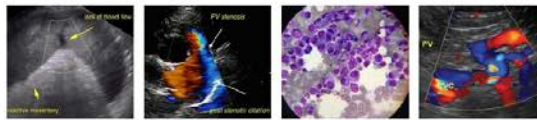


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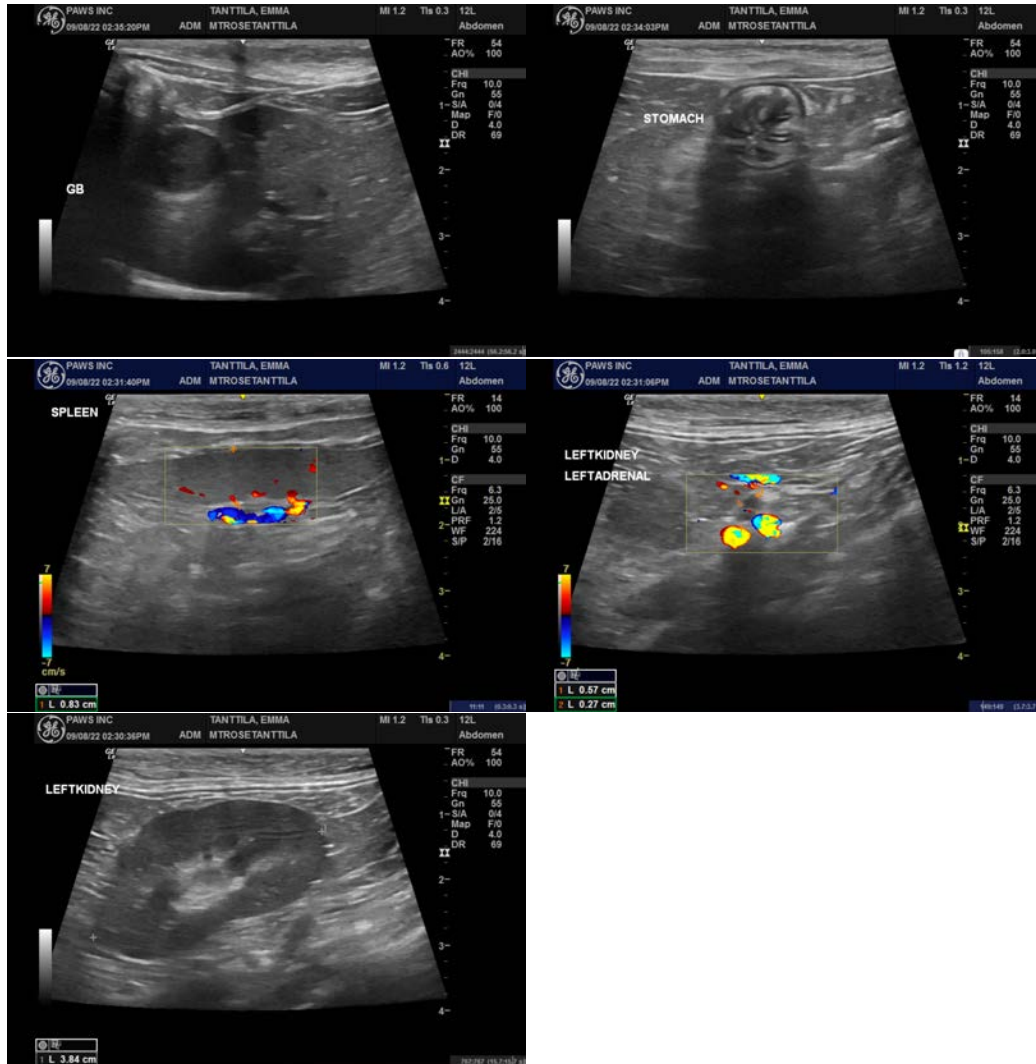
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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