

**PATIENT**

Jacqueline Tunny

SPECIES

Feline

BREED

Domestic Medium

SEX

Spayed Female

AGE

10 years

WEIGHT

10 Pounds

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETBell Veterinary Clinic
of Oxford**INVOICE**

30345

DATE

5/13/22

PRESENTING CLINICAL SIGNS

Vomiting daily, cannot keep food down, weight loss. Had some improvement on Purina EN.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A very small amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.59 cm (3.80-4.40 cm). The capsule is smooth. The cortex is very mildly hyperechoic. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Very small, punctate mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 3.74 cm (3.80-4.40 cm). Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.38 cm diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.31 cm diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size 9.9 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is homogeneous, but mildly hyperechoic. Focal lesions are not observed. The walls of the portal veins are mildly hyperechoic. No abnormalities are observed with the hepatic vessels visualized.

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The gallbladder wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

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Gastrointestinal**BREED**

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A very large amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. A hypoechoic nodule, measuring 3.36 mm in diameter x 3.61 mm in length is observed in the view evaluating the pancreatico-duodenal junction. It is only noted in this one view. It may be due to artifact, caused by a rugal fold, however, a small polyp or mass cannot be excluded. No obvious abnormalities are observed with its peristalsis.

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The duodenum is within normal limits in thickness. A small amount of gas is present within the lumen. The muscularis is more prominent than usual (it is almost equal to the mucosa).

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The small intestines are thicker than usual (0.28 cm). The definition of wall layers is preserved, however, the muscularis is thicker than normal, and fogging of both the mucosa and muscularis is present. The overall thickness of the ileocecal colic junction (ICCJ) is increased. The mucosa of the ICCJ is also thicker than usual. Abnormally dilated loops of bowel are not observed.

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The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.

Pancreas**INTERPRETED BY**Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

No overt abnormalities are observed with the shape, echogenicity or echotexture of the left and right limbs. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present. Signs of neoplasia are not appreciated.

Other

Lymph nodes No abnormalities are observed

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Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS**REFERRING VET**Bell Veterinary Clinic
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- The **intestinal abnormalities** are suggestive of inflammation, such as inflammatory bowel disease, including food intolerance. Neoplasia, such as lymphoma or other round cell tumour, cannot be excluded, but is considered less likely. Biopsies would be required to exclude neoplasia with certainty.

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- The **small, hypoechoic nodule** in the **stomach** was only noted in one view. Differential diagnoses include artifact, caused by a rugal fold, however, a small polyp or mass cannot be excluded.

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- The diffuse hyperechogenicity of the **liver** may be due to a vacuolar hepatopathy. However, other causes of a diffusely hyperechoic liver, such as cholestasis and cholangitis/cholangiohepatitis, cannot be excluded, as many cats suffering from IBD may also suffer from cholangitis/cholangiohepatitis.

- Gallbladder sludge**; most likely clinically insignificant, however, gastroesophageal reflux disease (GERD), may occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Overt signs of cholecystitis are not appreciated.

- The **renal** changes are extremely mild and are attributed to age-related changes.

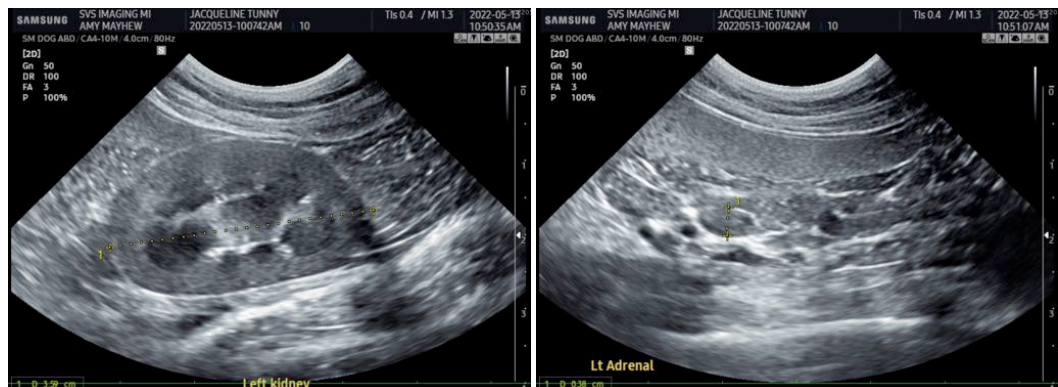
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are recommended/suggested:

- Deworming, for example, fenbendazole
- Diet trial (veterinary prescription brand hypoallergenic, hydrolyzed or novel protein)
- Small, frequent meals are recommended.
- If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)
- Differential diagnoses include cholecystitis, cholangitis/cholangiohepatitis, and secondary ascending bacterial infections. Although indiscriminate use of antibiotics is not recommended, once could consider broad-spectrum antibiotic.
- Endoscopy and biopsies of the upper and lower GI tract diet, if no response to deworming and diet trials
- Empirical treatment with corticosteroids (1 mg/kg/day) possible, IF further diagnostics are not pursued, *following* administration of above treatments.

A re-evaluation of the stomach may be considered in 4-8 weeks, specifically in the view evaluating the pancreatico-duodenal junction.

A total T4 is suggested, if not already performed.



IMAGING PERFORMED BY

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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