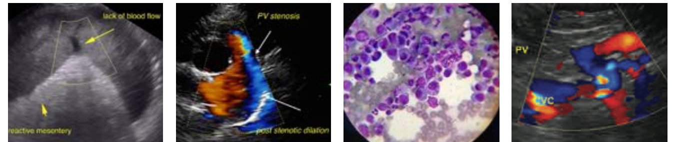


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Xena Veron

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

15.9 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

95124

DATE

1/11/22

PRESENTING CLINICAL SIGNS

Unexplained wt loss first noted 8/21. Chest rads, CBC/ Chem / T4 / U/A at that time diagnosed hyperthyroidism, started Methimazole. 1/3/22, seen at ER for acute vomiting - normal CBC / Chem / T4 and fPL at that time, and patient had lost another pound from 8/21 despite T4 being normal on multiple rechecks. No further vomiting, but in last few days has had tenesmus and vocalizing when defecating, stool is loose. GI panel pending. Also hx of idiopathic cystitis and presumed allergic facial pruritus.

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 (3.3 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.89 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.24 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.

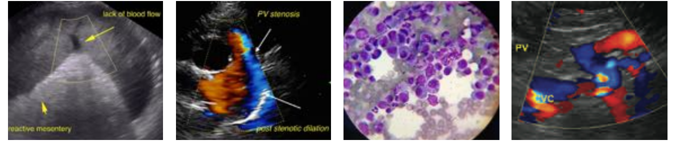
The right adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. The spleen measured 0.91 cm in width at the level of the hilus.

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 gallbladder 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. The duodenum measured 0.31 cm and the jejunum measured 0.29 cm and 0.32 cm. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. Some areas of small intestine have mild, focal corrugation.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The wall thickness measured 0.11 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.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional, prominent mesenteric lymph nodes that measured 0.37 cm and 0.35 cm and the omentum is hyperechoic around the prominent lymph nodes.

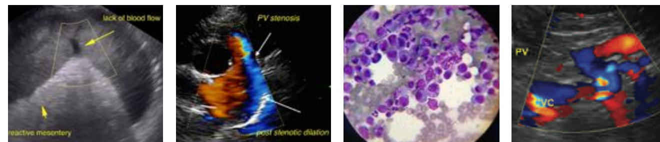
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Prominent muscularis layer of the small intestine with mild corrugation. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. The corrugation is most consistent with inflammatory type changes.

SECONDARY FINDINGS:

- Decreased corticomedullary distinction. The bilateral renal findings are consistent with age-



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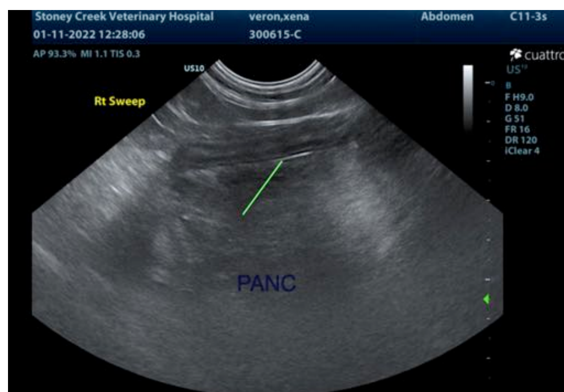
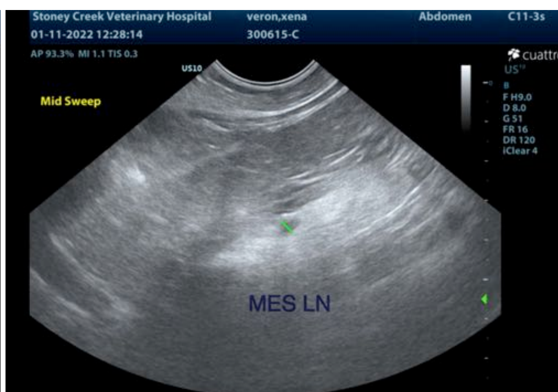
related change.

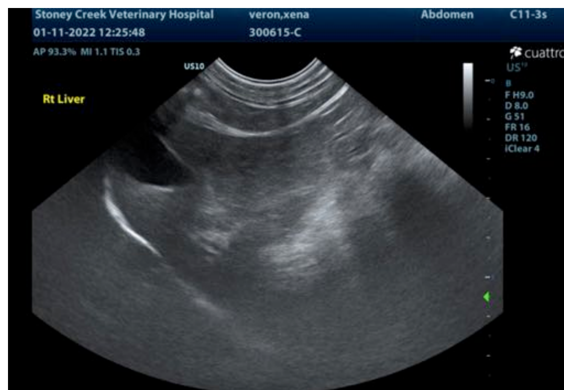
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

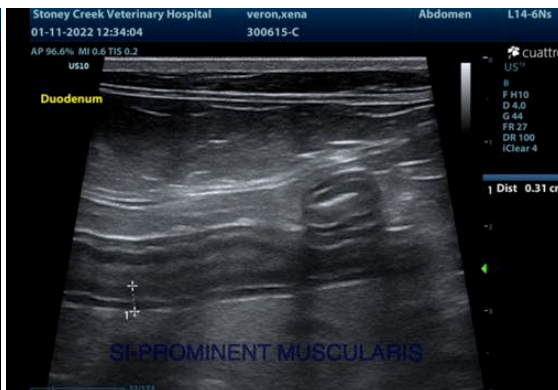
No large focal mass lesions were visualized to explain the weight loss reported. The visualized areas of large bowel appear relatively normal, but ultrasound can be an insensitive way to evaluate for large bowel disease. Additionally there is some indications of generalized inflammation in the abdomen including some prominent mesenteric lymph nodes and mild corrugation of the small intestine. This is non-specific and could be seen with inflammation, infection, GI parasitism, pancreatitis, etc. The pancreas is somewhat prominent. The GI panel you have pending will be very helpful.

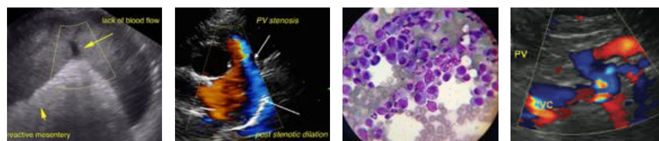
- Consider hydrolyzed protein or novel protein diet.
- Consider topical Methimazole in case any GI signs are secondary to it?
- If symptoms and weight loss continue you may need to consider obtaining GI biopsies +/- colonoscopy.











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The information and recommendations provided are based on the images presented by the referring veterinarian. 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