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Clinical Sonography & Telecytology
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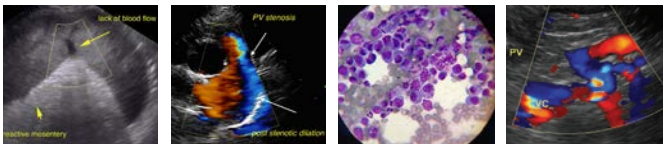

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1-800-838-4268 info@sonopath.com

PATIENT
Lucy Cardamone

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
11 Years

WEIGHT
11.26 Pounds

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

IMAGING PERFORMED BY
Dr. Palumbo

HOSPITAL NAME
Yorkville AH

REFERRING VET
Dr. Palumbo

INVOICE
34182

DATE
1/12/22

PRESENTING CLINICAL SIGNS

24 hr hx of defecating blood with loose stool. large amount of blood overnight. in nov 2021 unknown neurologiclevent and ok since. 1/2 pound weight loss since nov 2021
Abnormal PE/Chem/CBC/UA Results: cbc/chem nsf, FELV/FIV NEG, xrays: abnormal cranial abd and xray w gas bubbles in small intestines.

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 (4.27 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 (4.35 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.73 cm in height 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. There is an ill-defined, hyperechoic nodule visualized within the splenic parenchyma.

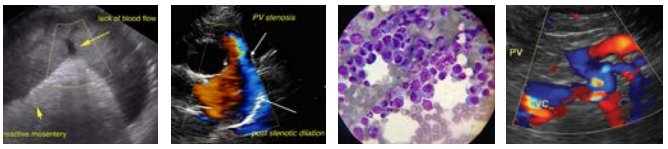
Liver

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 cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is dilated with a moderate to large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some



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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 measured 0.21 cm. Jejunum wall measured 0.19 cm. Visualized peristalsis appears appropriate. In some sagittal views, there was the impression of some focal bowel thickening, but this could be a tangential view of vessels as well.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Colon wall measured 0.2 cm thick. 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 area of the pancreas is normal and isoechoic to surrounding 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Small, hyperechoic nodule in the spleen – The appearance of a hyperechoic nodules favors a benign process. Recommend continued monitoring.

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

SECONDARY FINDINGS

- Questionable focal bowel wall thickening – There were some brief glimpses of a possible thickened area of bowel, but this could be artifactual due to imaging plane.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large mass effects were definitively visualized on today's exam. Unfortunately, ultrasound can be relatively insensitive for picking up colonic disease due to shadowing from the colon contents, and in this situation, a large amount of gastric ingesta impairing visualization. If GI parasites is thought unlikely, then colonoscopy would be the best next diagnostic step.

Often with weight loss, there can be a combination of large and small bowel disease.

Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further look for evidence of small intestinal disease. If this is present, there could be such differentials as dietary intolerance, IBD, or less likely intestinal neoplasia. Consider:

- Novel protein/hydrolyzed protein diet
- Probiotics
- If weight loss and symptoms are persistent, then consider reimaging or surgical/endoscopic biopsies.

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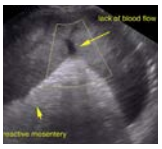
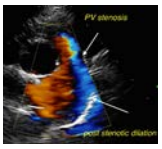
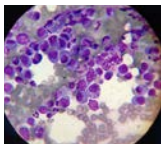
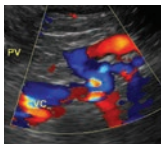

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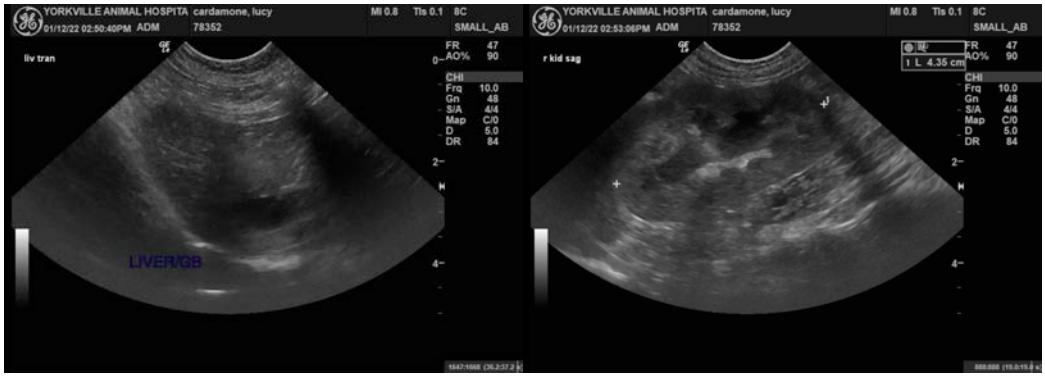

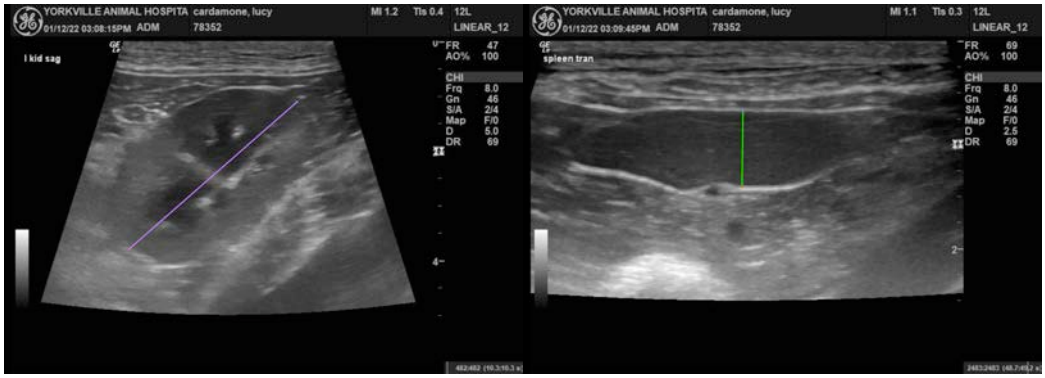

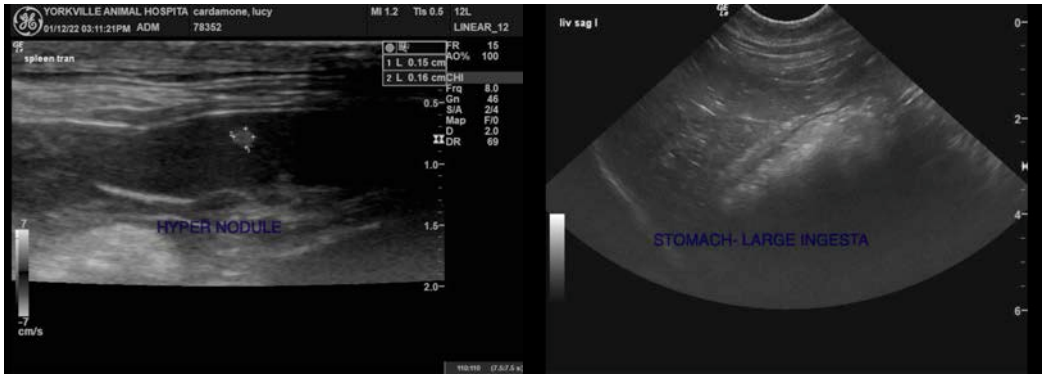

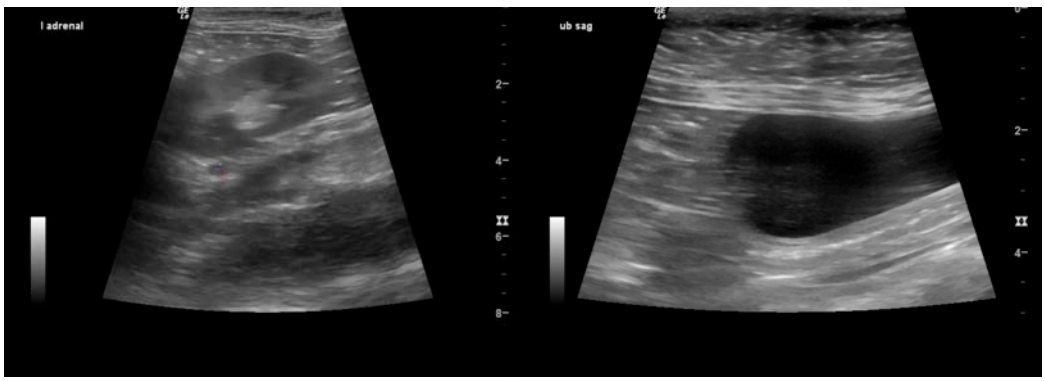

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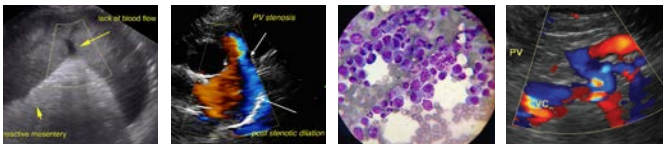

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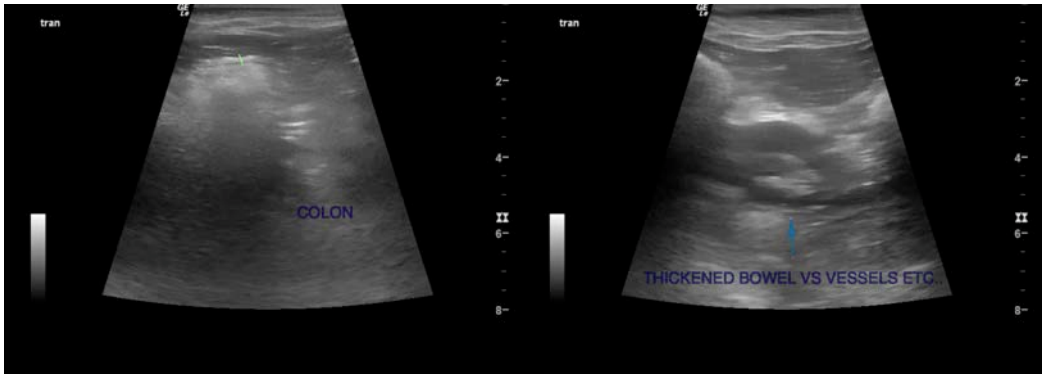

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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