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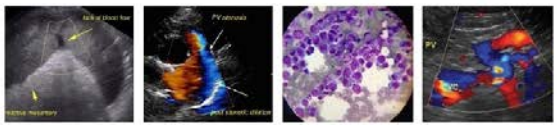


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Domino Richter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

2.48 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH of Burlington

REFERRING VET

Dr. Ruggieri

INVOICE

34970

DATE

1/20/22

PRESENTING CLINICAL SIGNS

ongoing diarrhea, quite runny, since august, almost all the time for the last few weeks no blood urinating fine vomiting since sun afternoon, about 2x a day, sometimes clear liquid, sometimes food lethargic eating very little at all since after sunday morning, had a piece of chicken with the pill yesterday morning, a tiny bit wet last night QAR, CRT<2S, MM pale pink, euhydrated Chronic diarrhea since the Summer. Very runny, no blood seen. O mentioned did improve a bit after the holidays. Metronizadole given last time didn't help Still on same food, doesn't like to eat dry food, eats mostly wet food Vomiting since Sunday. This is also an ongoing issue On Felimazole for hyperthyroidism. Was elevated last BW done in November 2021. Urinating and drinking normally Inappetance since Sunday morning. Will eat cooked chicken still. This is new c/s. Was eating normally before sunday. Mod-severe dental tartar and calculus, worse on premolars Moderate muscle wastage along spinal processes, hips, ribs meds: Mirtazapine 15mg tab - Give 1/4 tablet orally once every other da
Abnormal PE/Chem/CBC/UA Results: CBC: Monocytosis (1.53) Electrolytes, Chem: WNL Urine analysis: SG 1.045, pH 6

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, or cystic calculi. There is a small area of hyperechoic tissue/debris measuring 0.7 cm x 0.83 cm. This is most consistent with either adhered debris to the wall or a small mass effect.

The left kidney has a normal shape and size (4.0 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 (4.13 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 0.37 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.

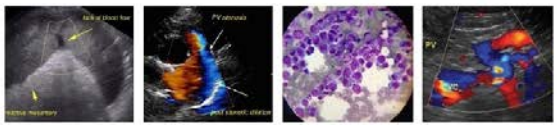
The right adrenal gland is normal in size measuring 0.33 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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 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 majority of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with significant fluid distension. Wall thickness appears increased. Bowel loops follow a typical curvilinear path. Most areas have distinct wall layering, often with an increased prominence of the muscularis layer, but other areas have foggy reduced detail of the wall layering. The duodenum wall measures relatively normal in size. The small intestine measures at 0.38, 0.36 and 0.27 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 nonformed 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

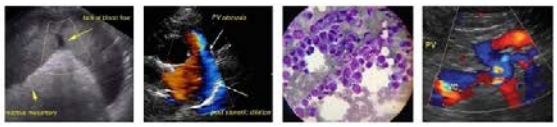
There is a small to moderate amount of free abdominal fluid. There is a significant lymphadenomegaly present with mesenteric lymph nodes visualized measuring 0.61, 0.73 cm. The omentum is generally of increased echogenicity.

PRIMARY FINDINGS

- Diffusely thickened and dilated small intestine with occasional areas of reduced distinction of wall layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP, etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS

- Area of debris/tissue visualized in the urinary bladder – Consider urinalysis and culture and continued monitoring. Additionally, color flow can be applied to this area to see if it is vascular.



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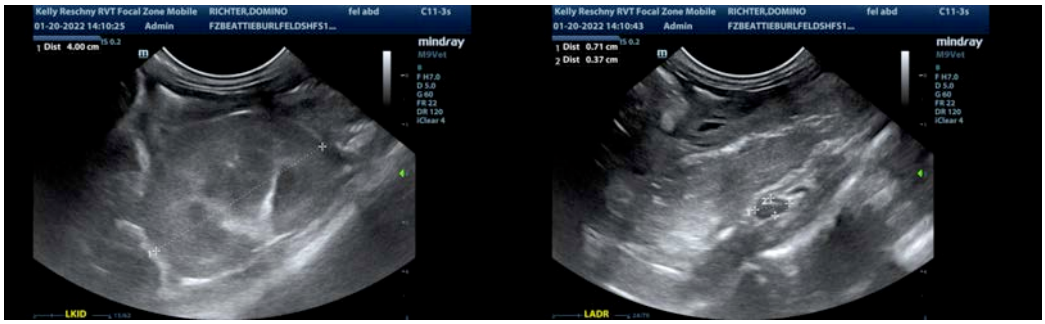
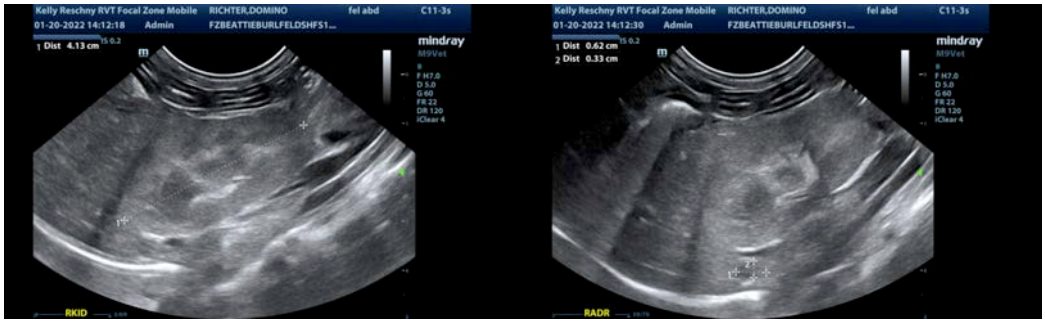
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in today's scan reflect the history of chronic gastrointestinal issues. There is bowel thickening with reduced distinction of layering and diffuse fluid dilation consistent with concurrent ileus.

- Recommend GI panel with quantitative fPLI, TLI, cobalamin and folate to look for evidence of dysbiosis, exocrine pancreatic insufficiency, pancreatitis, etc.
- Recommend a hydrolyzed protein/novel protein diet.
- Recommend chronic use of probiotics.
- With the chronicity of this process, I would strongly recommend obtaining GI biopsies.
- A fine needle aspirate of a mesenteric lymph node could be considered.
- Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease.





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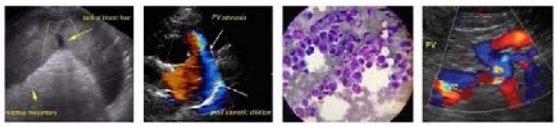

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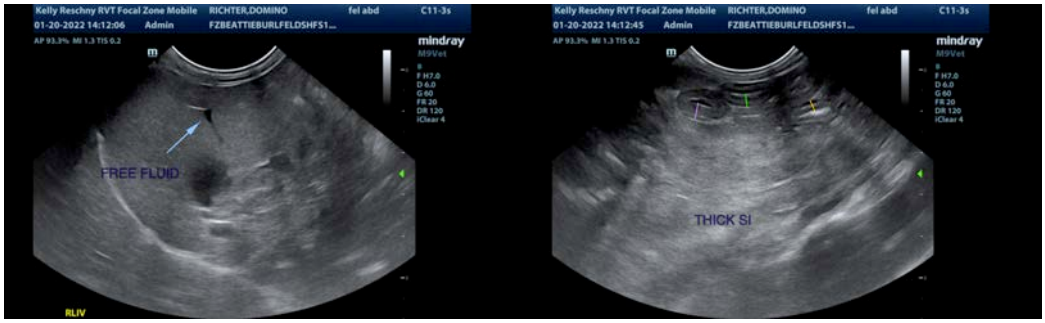

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com