

**DATE PRESENTING CLINICAL SIGNS**

1/21/22

History: Lethargy, vomiting, inappetence since 1/17/2022 P is QARH, MM pink, CRT < 2sec. Heart and lung sounds are WNL. Abdominal palpation is unremarkable. No foreign body or mass is palpable, not painful on palpation. Femoral pulses are normal and strong, lymph nodes are normal size. No foreign body noted on oral exam, mild dental calculus. Thyroids are not palpable. OU nuclear sclerosis. 1/19/2022 - Reviewed MR, lab work, and radiographs from yesterday. CBC from Idexx = wnl. No thrombocytopenia Temperature 100.0. MM = pink CRT < 2 seconds. Heart and lungs = wnl. Abdominal palpation = nsf.

**PATIENT**

Day-Zee Wood

**SPECIES**

Feline

Current Medications: Cerenia Inj, Famotidine Inj. on 1.19.2022. Entyce 0.4ml PO QD started 1.19.2022.

Lab Results: WNL. Attached separately.

Radiographs: Attached separately.

**BREED**

DSH

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Spayed Female

**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.

**AGE**

3/13/10

**WEIGHT**

10.75 Pounds

The left kidney has a normal shape and size (3.88 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.0 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.

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

**HOSPITAL NAME**

Festival Vet Clinic

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.

**REFERRING VET**

Dr. Lomax

**Spleen**

The spleen is normal in size, echotexture is slightly heterogeneous, and the splenic capsule is smooth, but there is an irregularity in the tail of the spleen consistent with either folding or likely an anatomic variant. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous irregular, hyperechoic focal parenchymal abnormalities visualized, varying from approximately 0.2-1.5 cm. These do not alter the splenic capsule.

**INVOICE**

34997

**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 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. 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. Jejunum wall measured 0.22 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 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 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.

### ***Other***

A brief view of the heart was submitted. No significant pericardial effusion was seen.

## **PRIMARY FINDINGS**

- Prominent muscularis layer in the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

## **SECONDARY FINDINGS**

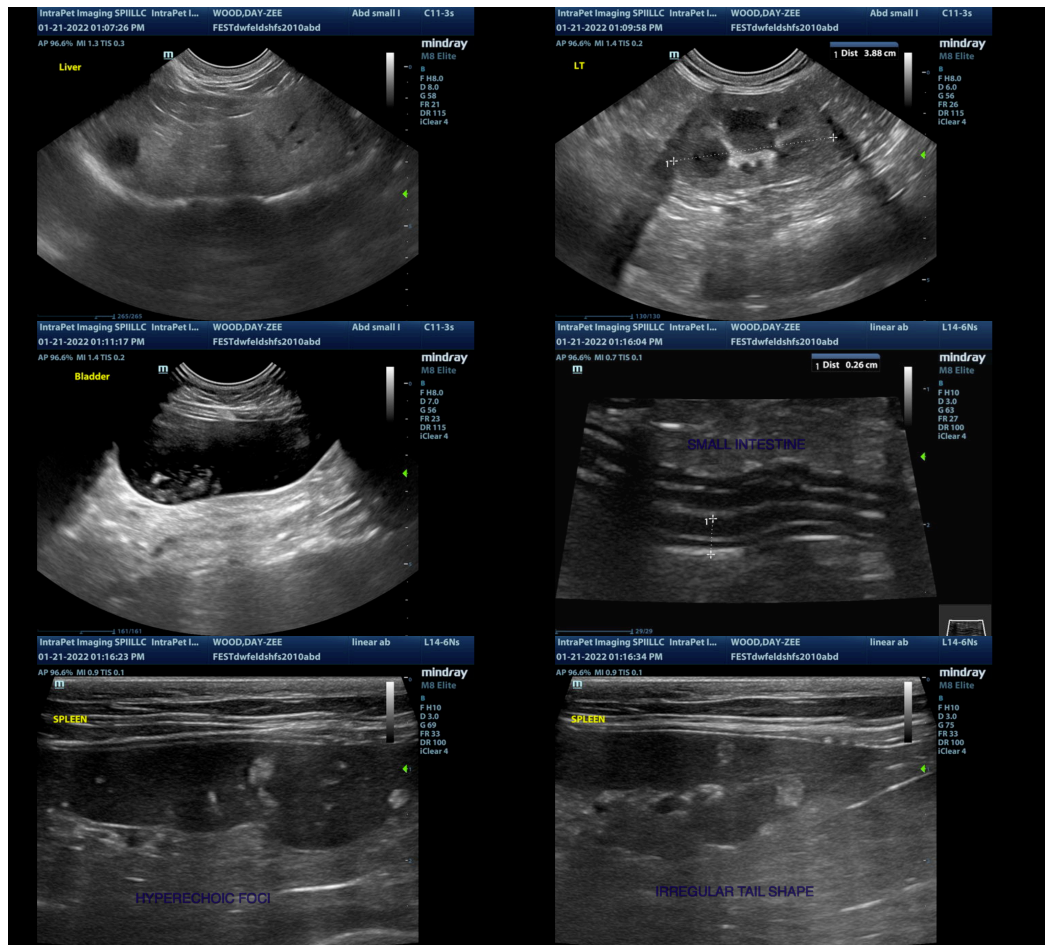
- Hyperechoic foci in the spleen and irregular shape of the spleen at the tail area – The irregular shape is likely a normal anatomic variant. The hyperechoic foci are most consistent with benign lesions, but an underlying neoplastic etiology cannot be 100% ruled out.

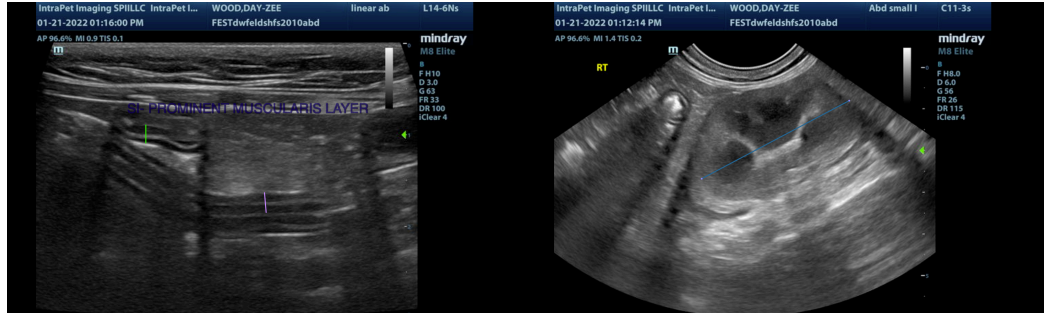
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic lesions on today's scan are relatively mild. I suspect the splenic lesions represent normal anatomic variation, but continued monitoring is warranted, and a fine needle aspirate could be considered.

Recommend urinalysis and culture due to the echogenic debris visualized in the urinary bladder. The changes observed in the GI tract are mild, but they do correlate with the symptoms exhibited. Consider such differentials as dietary intolerance, mild pancreatitis (not visualized), bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

- Consider hydrolyzed protein/novel protein prescription diet.
- Consider probiotic therapy.
- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- If symptoms persist and bloodwork is normal, you may need to consider obtaining GI biopsies and consider a fine needle aspirate of the spleen.
- Recommend 3-view thoracic radiographs to rule out concurrent intrathoracic disease.





**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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