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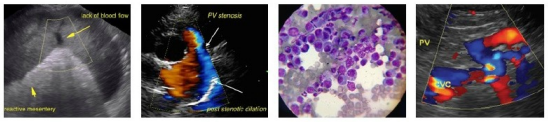


PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

**PATIENT**

Peaches Dempsley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

9.3 Pounds

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Brighton Greens VH

**REFERRING VET**

Dr. Amber Murphy

**INVOICE**

35037

**DATE**

1/21/22

## PRESENTING CLINICAL SIGNS

History: vomiting since Christmas, weight loss Heart Murmur? Grade? Grade II/VI L parasternal murmur ausculted; no arr; resp clear and eupneic Blood Pressure: will be performed today ECG results: (please send a copy via email) will be performed today Current heart medications( Include dosage and frequency): none How long has pet been on medications? Has the pet shown improvement while on medications? Physical exam findings: Grade II/VI L parasternal murmur ausculted; no arr; resp clear and eupneic Abnormal CBC values: WNL Abnormal Chemistry Values: TG low, T4 WNL Abnormal UA Values: 1+ proteinuria Radiograph Findings:(if possible, please send images via email) radiology suite is down Reason for Ultrasound: vomiting, weight loss and heart murmur

## 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. 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 (3.75 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 0.41 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.

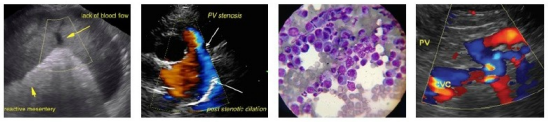
The right adrenal gland is normal in size measuring 0.28 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is borderline large in size (0.9 cm in width at the level of the hilus), echotexture is mildly mottled with very subtle bulging irregularities to the splenic capsule, possibly consistent with very subtle isoechoic nodules. These nodules measured 1.17 cm, 0.51, 0.75, and 0.50 cm The blood flow through the hilus and splenic parenchyma appears normal.

### *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.





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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. The majority of the gastric wall measures at a normal thickness. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. The pylorus appears prominent with a prominent, subjectively thickened pyloric wall measuring 0.48 cm. No discreet mass effect is observed, and no evidence of obstruction is seen.

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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. Mild mesenteric lymphadenopathy is visualized with mesenteric lymph nodes measuring 0.27, 0.44 cm. The omentum mis generally of normal echogenicity.

## PRIMARY FINDINGS

- Subtle isoechoic splenic nodules – These changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to obtain a definitive diagnosis.

- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## SECONDARY FINDINGS

- Prominent wall of the pylorus – The significance of this finding is unclear, although such differentials as inflammation, edema, and much less likely neoplastic change are possible.

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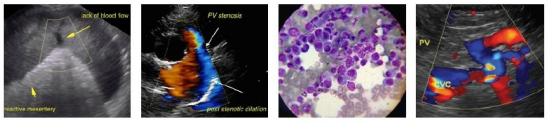

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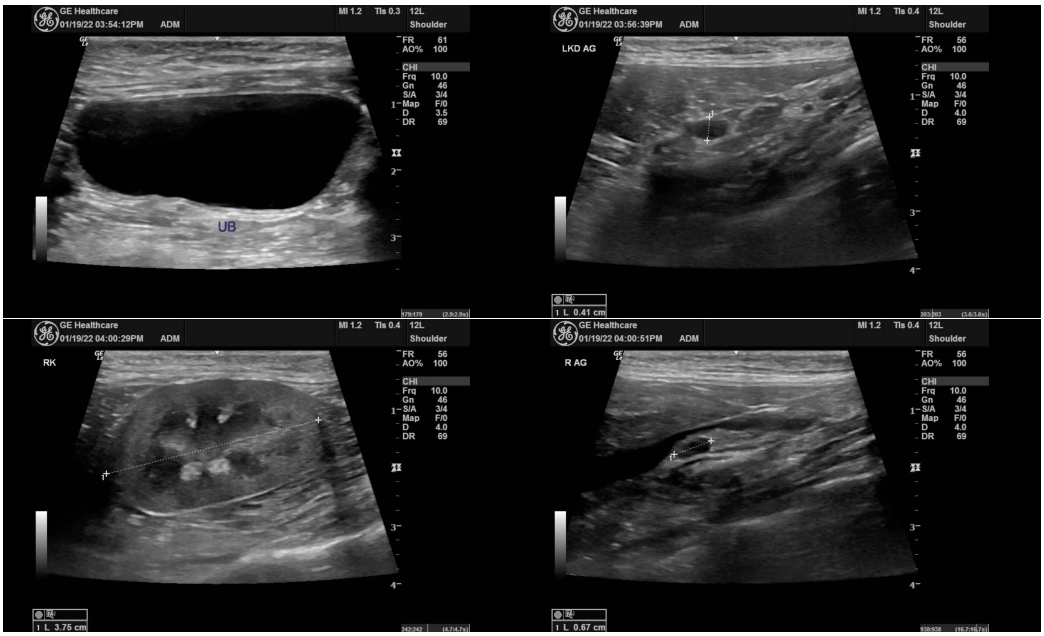
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the splenic changes is unclear. The lesions are relatively subtle, but atypical for a cat. Recommend a fine needle aspirate of the spleen. Additionally, there are some prominent mesenteric lymph nodes, and the pyloric wall appears somewhat prominent. This could be an incidental finding, but should continue to be monitored if vomiting continues.

Unfortunately, there are many causes for chronic vomiting that cannot be identified by ultrasound alone. Many types of primary disease cause minimal to mild ultrasonographic changes. Possible considerations would be dietary intolerance, IBD, and less likely intestinal neoplasia.

- Consider a GI panel to Texas A&M for a qualitative fPI, tLI, cobalamin and folate to look for evidence of pancreatic and small intestinal disease.
- Recommend a hydrolyzed protein/novel protein diet.
- Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease.
- If symptoms persist despite diet change and normal splenic cytology, then consider obtaining GI biopsies +/- splenic biopsies.



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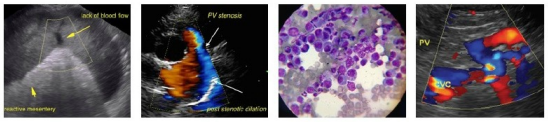

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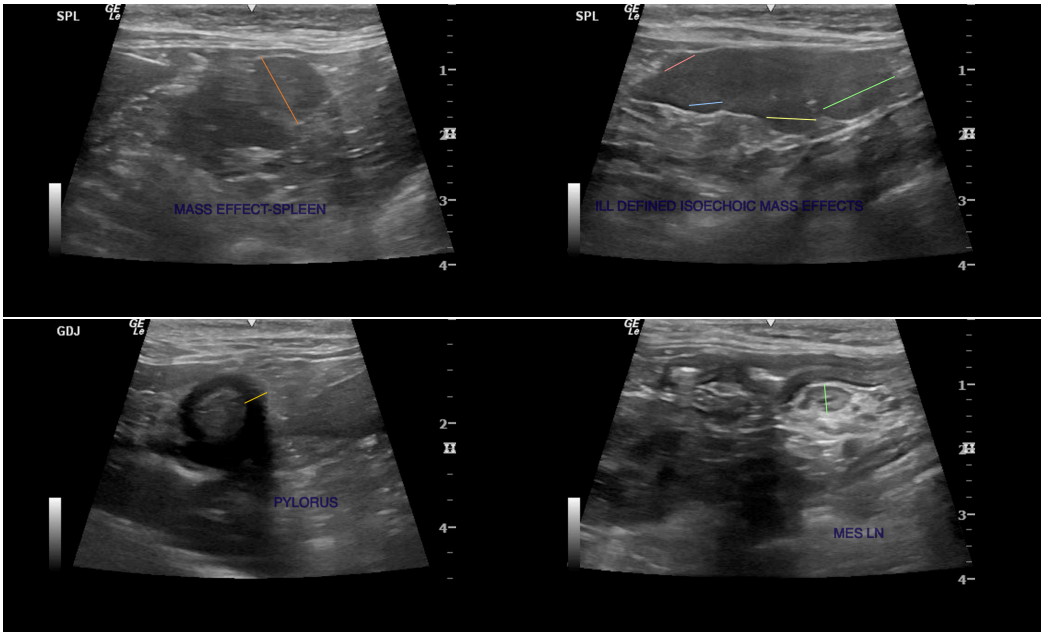


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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