

**DATE**

01/24/2023

PRESENTING CLINICAL SIGNS

Intermittent constipation, lethargy. Otherwise within normal limits on exam. Eating and drinking well. Trying to swap patient to Feline Gastro Stew. Patient currently on miralax.

PATIENT

Ozzy Cadle

Current Medications: Miralax ¼ tsp TID.

Lab Results: NSF on CBC and Chemistry.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IM sedation.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

MN

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.

AGE

2018

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. A small amount of mineralization was present at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.3lb

INTERPRETED BY

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

The right kidney has a normal shape and size (3.84 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. A small mineralization was present in the cortex measuring 0.47 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Greenbrier Veterinary
Clinic

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

REFERRING VET

Dr. Whitfield

The right adrenal gland is normal in size measuring 0.35 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 "plump" 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 0.98 cm in width at the level of the hilus.

INVOICE

12775ag

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The hepatic vein appears somewhat prominent. 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. The jejunum measured 0.26 mm in diameter. 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 prominent and hypoechoic in the left and right limbs 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 is a prominent lymph node near the ileocecal junction measuring 0.37 cm. 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.

ULTRASONOGRAPHIC FINDINGS

- Borderline large “plump” spleen-anatomic variation, congestion, infiltration etc. possible
- Prominent hypoechoic pancreas with prominent pancreatic duct-the pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation
- Prominent hepatic vein-vascular congestion, sedation, normal anatomic variation possible
- Prominent small intestine muscularis layer-the small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs
- Prominent lymph node visualized at the ileocecal junction-the prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely

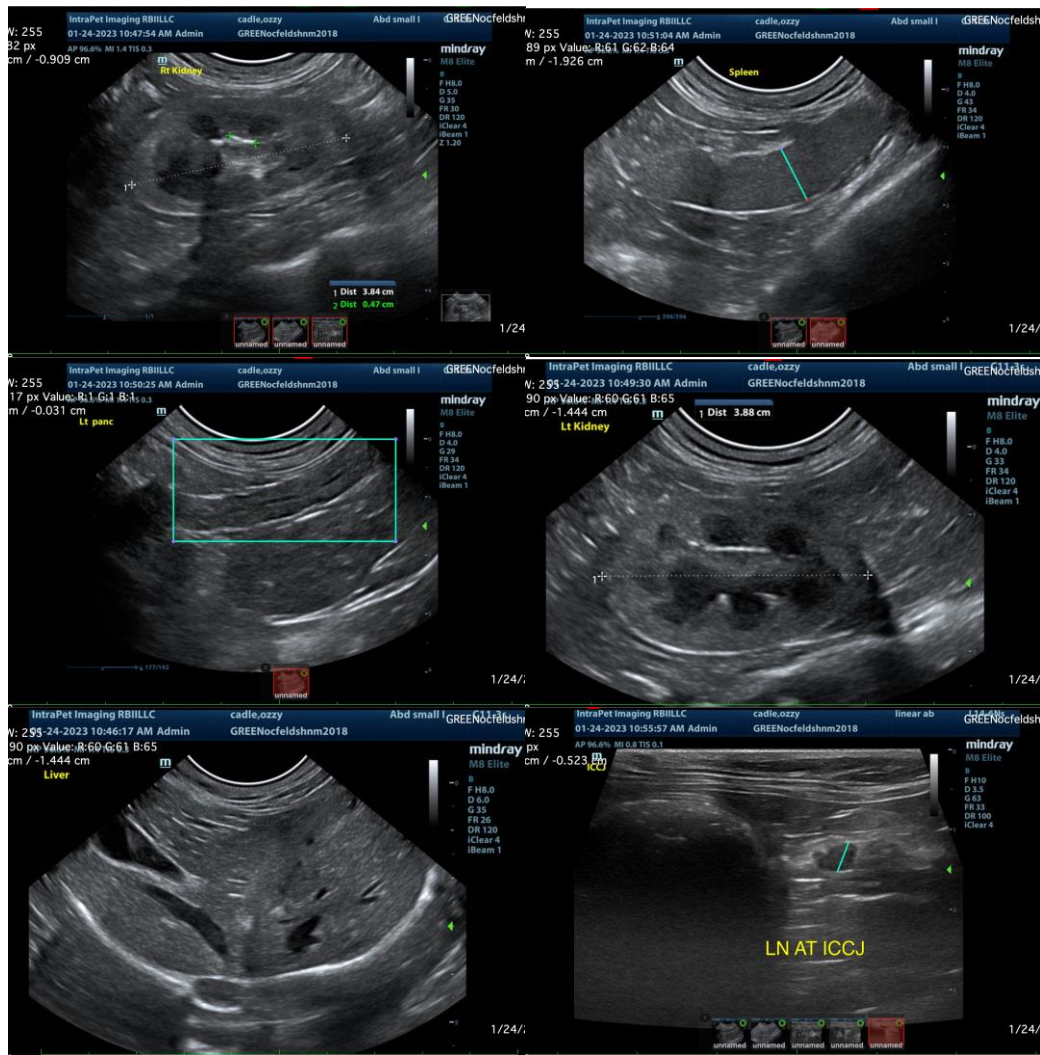
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

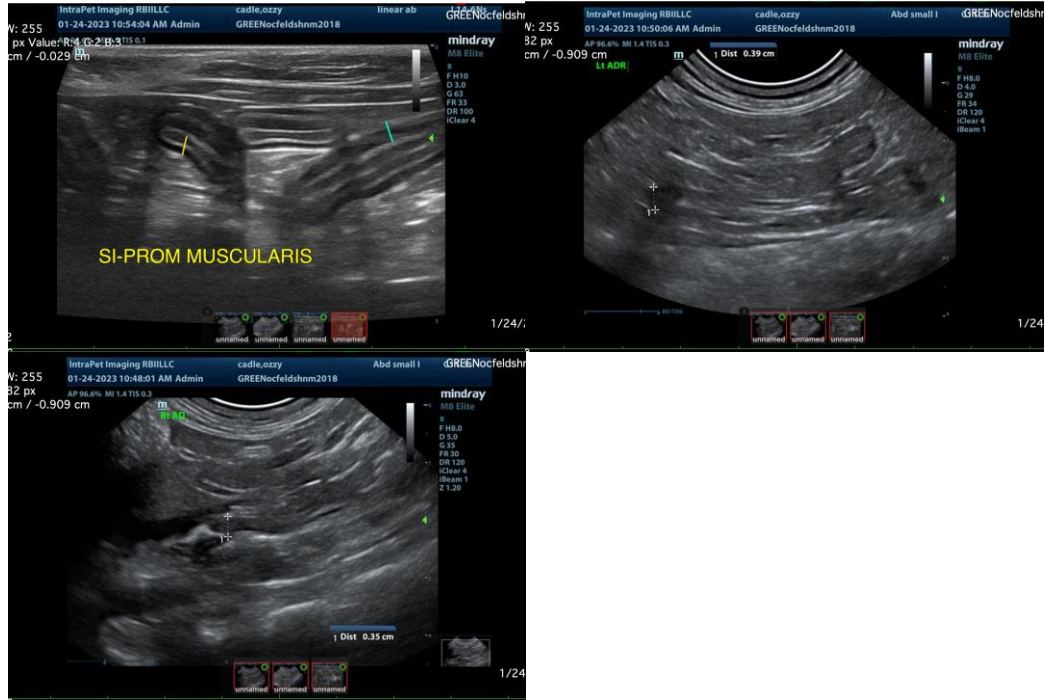
The changes described in today’s scan are relatively mild and subjective and could be within normal limits for this individual. The pancreas is prominent and hypoechoic. Correlate these findings with fPLI level as this could be consistent with the previous episode of pancreatic inflammation, mild current inflammation etc.

The spleen appears somewhat prominent, this could be normal for this individual as this is a relatively large

cat. If symptoms continue and round cell neoplasia is a concern you could consider a FNA. Additionally consider three view thoracic radiographs looking for any evidence of cardiovascular disease.

The muscularis layer is somewhat prominent in the small intestine, this is a non-specific finding but can be an indicator of underlying small intestinal disease. This typically would cause diarrhea rather than constipation, so the significance is uncertain. If the lethargy coincides with episodes of constipation, consider medical management (cisapride) if you feel this is contributing to the patient not feeling well.





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