

PATIENT

Sydney Kopec

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 6 Months

WEIGHT

8.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Elaine Binor

INVOICE

35110

DATE

1/26/22

PRESENTING CLINICAL SIGNS

History of vomiting chronically for approximately 2 weeks. Bile, food, and hair are in vomit. Overgrooms hind right foot and alopecia seems to be worsening. Owner reports barbarhythm sounds at times. Active at home. Intestines palpate thick and ropey. Stage 2/4 dental disease. Concern for GI issues--IBD or LSA.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/Fpl SDMA=18(0-14); AST=15(16-37) WBC's were WNL but eosinophils, monocytes, and lymphocytes have all increased since 2021. Rest of the panel was unremarkable.

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 (3.43 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 (3.91 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

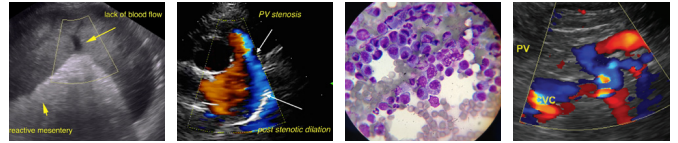
Spleen

The spleen is subjectively normal in size, 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, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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.



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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 0.20 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 left and right limbs of the pancreas are prominent and hypoechoic as compared to the surrounding isoechoic mesentery. While there are no distinct nodules or cystic lesions, the pancreas overall has a somewhat irregular and sometimes subtly nodular appearance. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

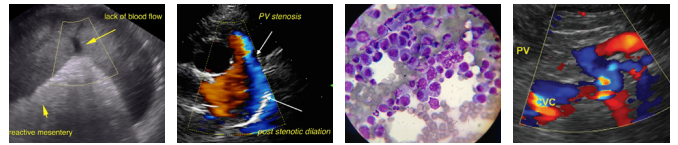
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a generalized mild mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.4, 0.68 cm. A gastric lymph node visualized measured 0.51 cm. The omentum appears hyperechoic around the prominent mesenteric lymph nodes.

PRIMARY FINDINGS

- Prominent, hypoechoic, irregular pancreas – Both the left and right limbs of the pancreas are prominent and somewhat irregular. Findings are most consistent with current mild pancreatitis or previous episode of resolving pancreatitis. Pancreatic neoplasia cannot be excluded as a possibility.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Prominent muscularis layer to 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.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

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



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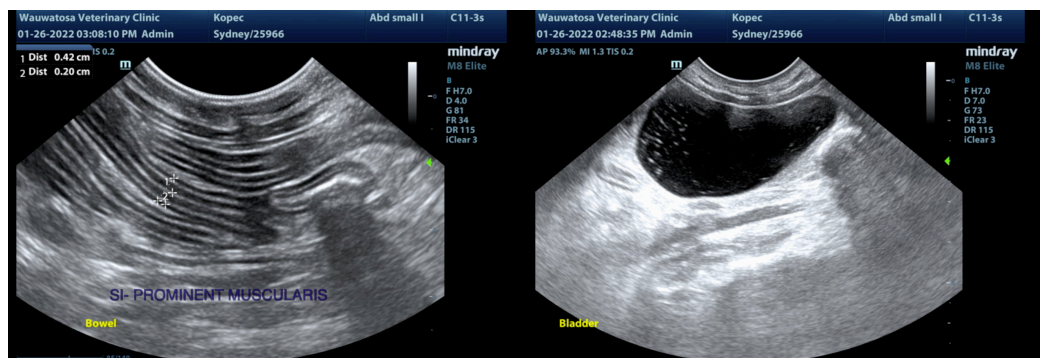
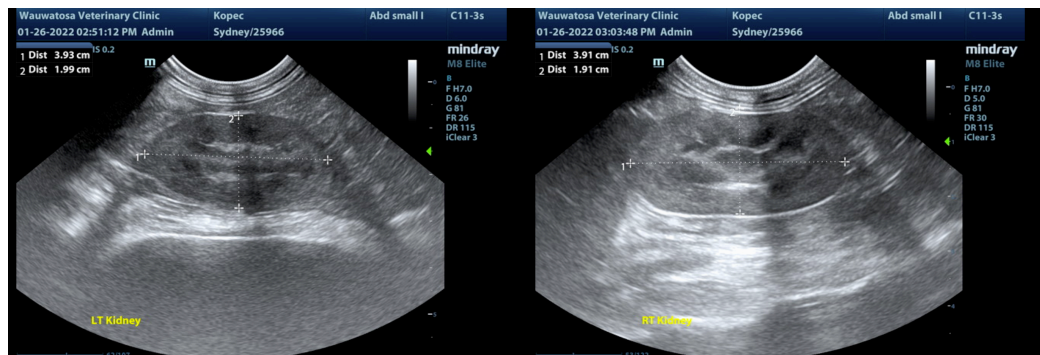
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In situations like this, it can be sometimes difficult to determine if the GI signs are due to primary gastrointestinal disease/pancreatic disease, and therefore the pet is overgrooming due to abdominal discomfort, etc., or if the excessive grooming is causing the ingestion of foreign material and secondary GI inflammation.

- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to obtain more information regarding the pancreas and small intestine.
- Recommend a hydrolyzed protein/novel protein diet for both possible GI disease and allergic skin disease.
- Recommend urinalysis and culture.
- If a large enough superficial mesenteric lymph node is visualized to aspirate, consider doing this.
- Consider 3-view thoracic radiographs to rule out concurrent intrathoracic disease.

If symptomatic treatment for food allergy and GI upset does not resolve these issues, consider a dermatology consultation and obtaining GI biopsies +/- mesenteric lymph nodes and pancreas. Additionally, evaluate the bloodwork for any subtle signs of Addison's disease such as an eosinophilia, lack of stress leukogram, etc., as this could be a consideration.





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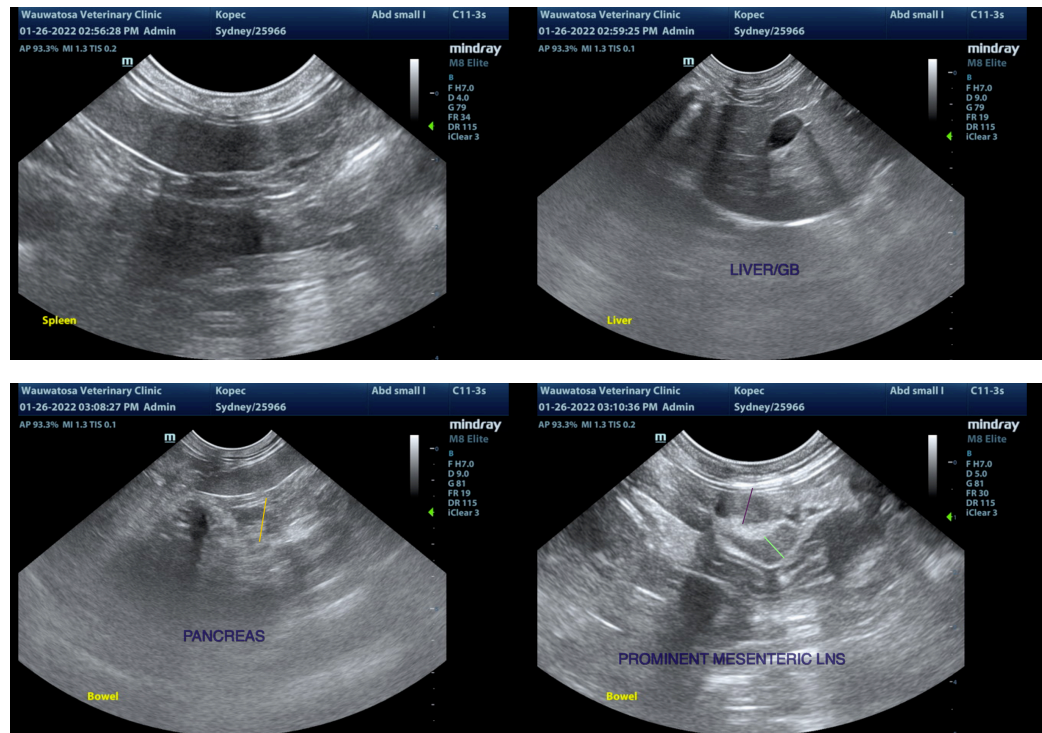
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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