SonoPath
Clinical Sonography & Telecytology
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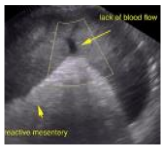
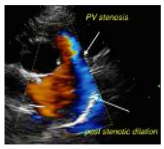
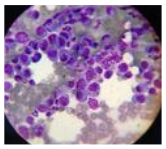
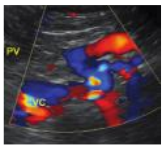




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Leon Giddio

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
8yr

WEIGHT
12lb

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

IMAGING PERFORMED BY
Dr. Petrone

HOSPITAL NAME
Long Branch Animal Hospital

REFERRING VET
Dr. Petrone

INVOICE
12841ag

DATE
01/31/2023

PRESENTING CLINICAL SIGNS

8yo MN DSH presented for a 2-3 day history of decreased appetite and lethargy. History of pancreatitis. CBC/chem/T4 in hospital NSF. PSL-pending. Treated with cerenia, sq fluids, and i/d diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 (4.48 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 (4.54 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 0.38 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 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. The spleen measured 0.71 cm in width at the level of the hilus.

Liver

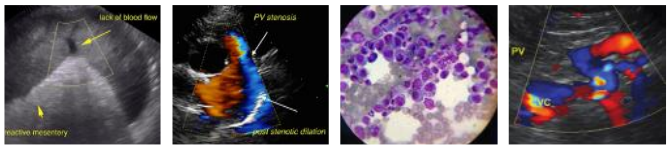
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. There is some soft shadowing material visualized within the gastric lumen which could be consistent with a small hairball, ingesta, etc.

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



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the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.24 cm 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 mottled 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 cluster of prominent hypoechoic lymph nodes near the ileocecal junction measuring 0.4, 0.3 and 0.35 cm. The omentum if hyperechoic around this cluster of lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Moderate fluid and shadowing material within the gastric lumen, this could be consistent with a non-fasted patient, a hairball, retained ingesta, etc.
- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely

Secondary

- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the pancreas are very mild and most consistent with remodeling/previous episodes of inflammation although ultrasonographic findings do not always correlated with clinical pancreatic disease.

The small intestine appears somewhat “ropey” with a prominent muscularis layer. Additionally, there is a cluster of prominent mesenteric lymph nodes around the ileocecal junction. These could be large enough to aspirate and this should be considered. Consider empirical treatment for pancreatis/gastroenteritis and hairballs. Correlate findings with abdominal radiographs looking for the stomach to empty with a more prolonger fast etc. If this is not happening you could administer a small amount of barium to see if it clings to anything in the stomach or passes without incident. There is no evidence of a gastric obstruction. Additionally considered three view thoracic radiographs looking for any concurrent thoracic issues. If symptoms persist additional work up and treatment may need to be considered for chronic GI disease or evaluation for any new symptoms that arise.

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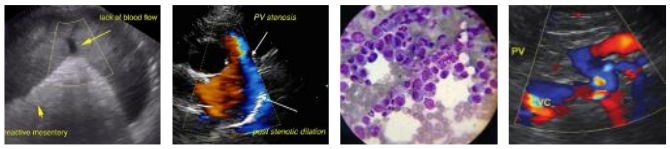

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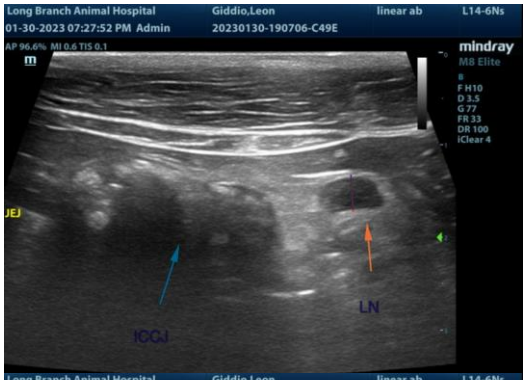

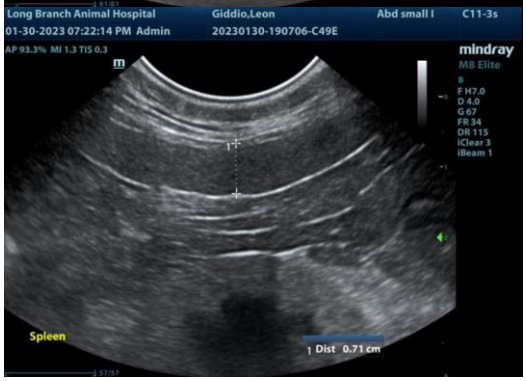

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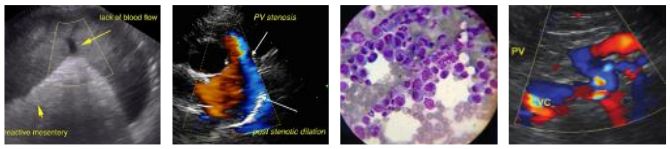

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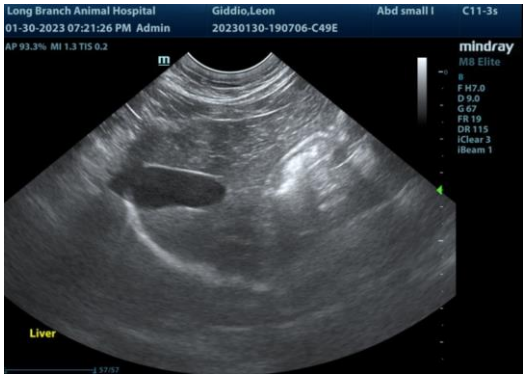

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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