

IMAGING PERFORMED BY

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DATE PRESENTING CLINICAL SIGNS

1/5/22

History: Presenting Complaint: Lethargic; Not Eating. Date: 01-04-2022 Notes: Beginning approx. 1 week ago owner noted acting lethargic - going to food dish acting interested in food but then seemed to be having trouble chewing. Owner has only offered dry food. No known vomiting or diarrhea. No history of dental issues. Indoors only.

PATIENT

Coco Goralski

O states she is spayed. Assessment: weight loss, cardiac murmur (3/6), lethargic, difficulty eating. Plan: Recommend admit into hospital - IV fluids, BW including t4, X-Rays, Oral exam. R/o underlying metabolic disease vs dental issue.

SPECIES

Feline

Current Medications: Buprenex, Cerenia, Convenia.

BREED

DMH

Lab Results: Attached separately.

Radiographs: Lateral and VD abdomen - significant fluid dilated bowel loops - abnormal gas pattern. Chest - broncho- interstitial changes.

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

1/4/09

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.

WEIGHT

6.2 Pounds

The left kidney has a normal shape and size (3.53 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 (3.38 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

Andi Parkinson RDMS

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

Animal Emergency
Hospital

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. Saubier

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.

INVOICE

34009

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 bile duct is visualized and is tortuous and mildly dilated.

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.

There are very few visualized areas of jejunum, which appear to have a relatively uniform diameter with minimal fluid distention. The majority of the bowel visualized is severely thickened with a hypoechoic wall, dramatic loss of layering, and diminished luminal circumference. Bowel wall measures 0.85, 0.75, 0.74 cm. Some areas appear mildly fluid distended. Findings are most consistent with severe diffuse infiltrative disease.

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 area of 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, There is a severe mesenteric lymphadenopathy visualized with mesenteric lymph nodes with examples measuring 1.34 cm x 4.67 cm and 1.12 cm x 4.53 cm. The omentum is generally of increased echogenicity.

Other

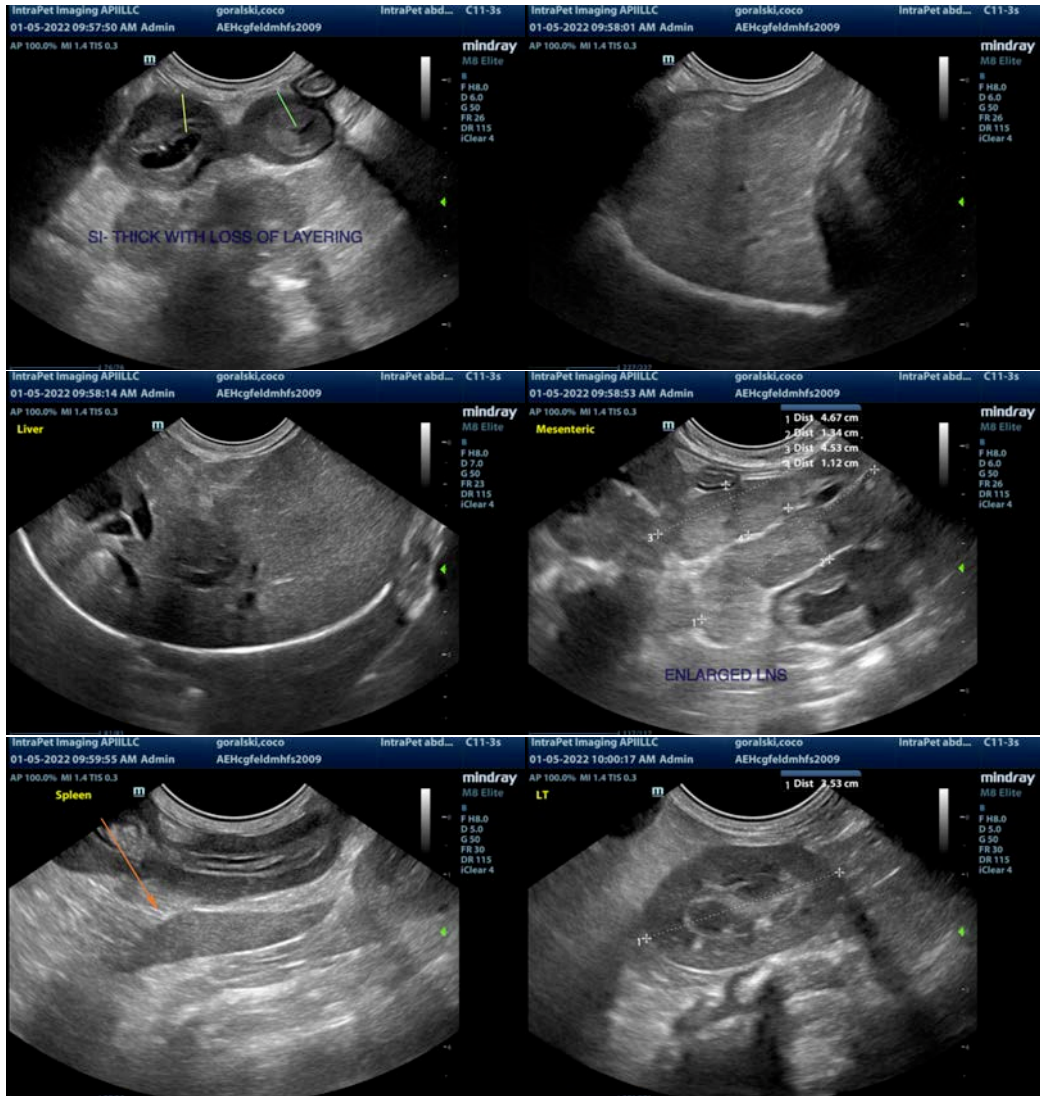
A brief view of the heart was submitted. No significant pericardial effusion was seen.

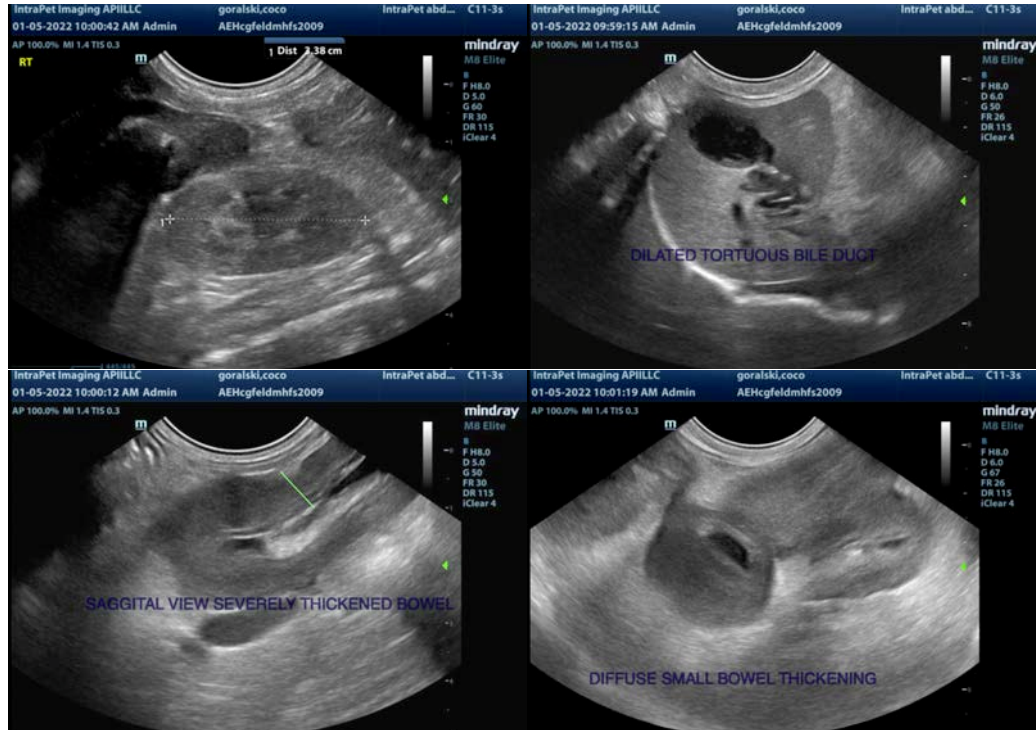
ULTRASONOGRAPHIC FINDINGS

- Severe diffuse small bowel thickening with complete loss of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Concern is high for infiltrative neoplasia.
- Prominent, tortuous common bile duct – Dilatation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the bowel visualized is severely thickened with complete loss of layering. Additionally, there is a severe mesenteric lymphadenopathy present. Findings are highly suspicious for round cell neoplasia. Recommend a fine needle aspirate of a mesenteric lymph node, bowel wall, and/or liver. Recommend 3-view thoracic radiographs.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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