



DATE	PRESENTING CLINICAL SIGNS
1/6/23	History: 10/22- acute onset lethargy, anorexia, pale gums. Severe regenerative anemia-2 blood transfusions. AVIM performed ultrasound (nothing abnormal visible) and endoscopy which revealed ulcerative mass. Biopsies were inconclusive. Since that time pet has been doing well with rare vomiting, good appetite and no diarrhea. This scan is monitoring appearance and changes for owner.
PATIENT	
Huckleberry Rieckert	
SPECIES	Current Medications: prednisolone 5mg daily, Gabapentin 50mg twice daily. Sucralfate 1/2 tab once daily. Prilosec 5mg PO q 24 hrs.
Feline	Lab Results: anemia resolved; labs otherwise normal.
BREED	Date of Previous IntraPet Ultrasound: No previous.
DSH	Sedation: Not required to complete full diagnostic ultrasound.
SEX	Stat Report: Not requested.
Neutered Male	Imaging Performed By: Andi Parkinson, BS, RDMS.
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
4/13/10	Urinary System
WEIGHT	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 2.0 cm) 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.
11.125 Pounds	The left kidney has a normal shape and size (4.28 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
INTERPRETED BY	The right kidney has a normal shape and size (4.37 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	Adrenal Glands
HOSPITAL NAME	The left adrenal gland is normal in size measuring 0.3 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.
Timonium AH	REFERRING VET
REFERRING VET	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.
Dr. McMichael	Spleen
INVOICE	The spleen is subjectively normal in size (0.71 cm), 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.
20471	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 gall bladder 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 <0.23 cm 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. No masses or focal lesions were observed.

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 (0.31 cm in wall thickness) and the jejunum measured as normal (0.23 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 pancreas is prominent and hypoechoic 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, or subjective lymphadenomegaly (list if measurements given). 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

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Mildly hyperechoic kidneys. Mildly hyperechoic kidneys can be consistent with chronic degenerative disease or interstitial nephrosis.
- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderately distended gastric lumen with fluid/ingesta. The visible gastric wall appears normal with no evidence of irregularities or thickening, and the pylorus appears normal. Given the adequate fast, this could be consistent with delayed gastric emptying or a partial outflow tract (none observed).

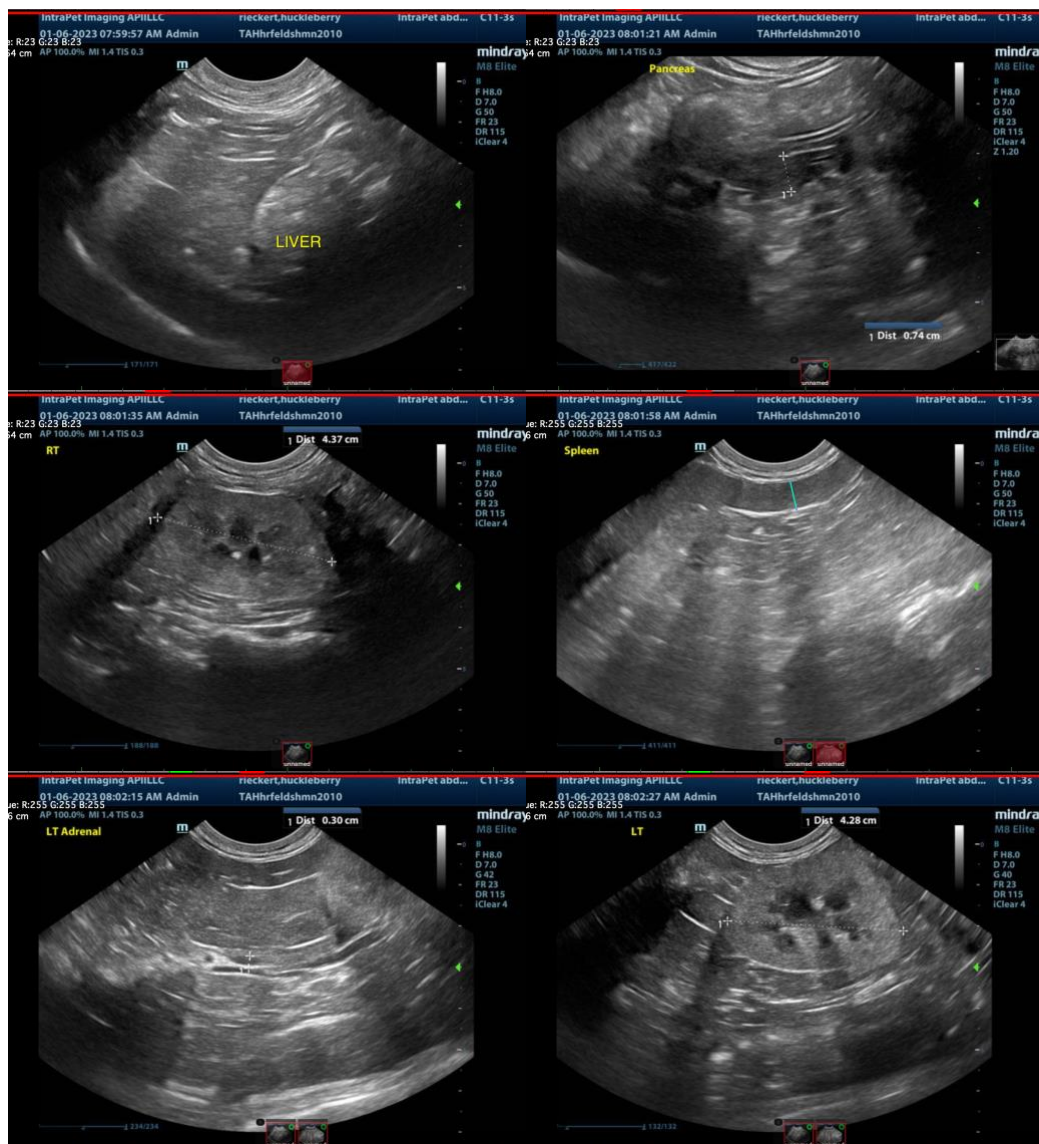
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

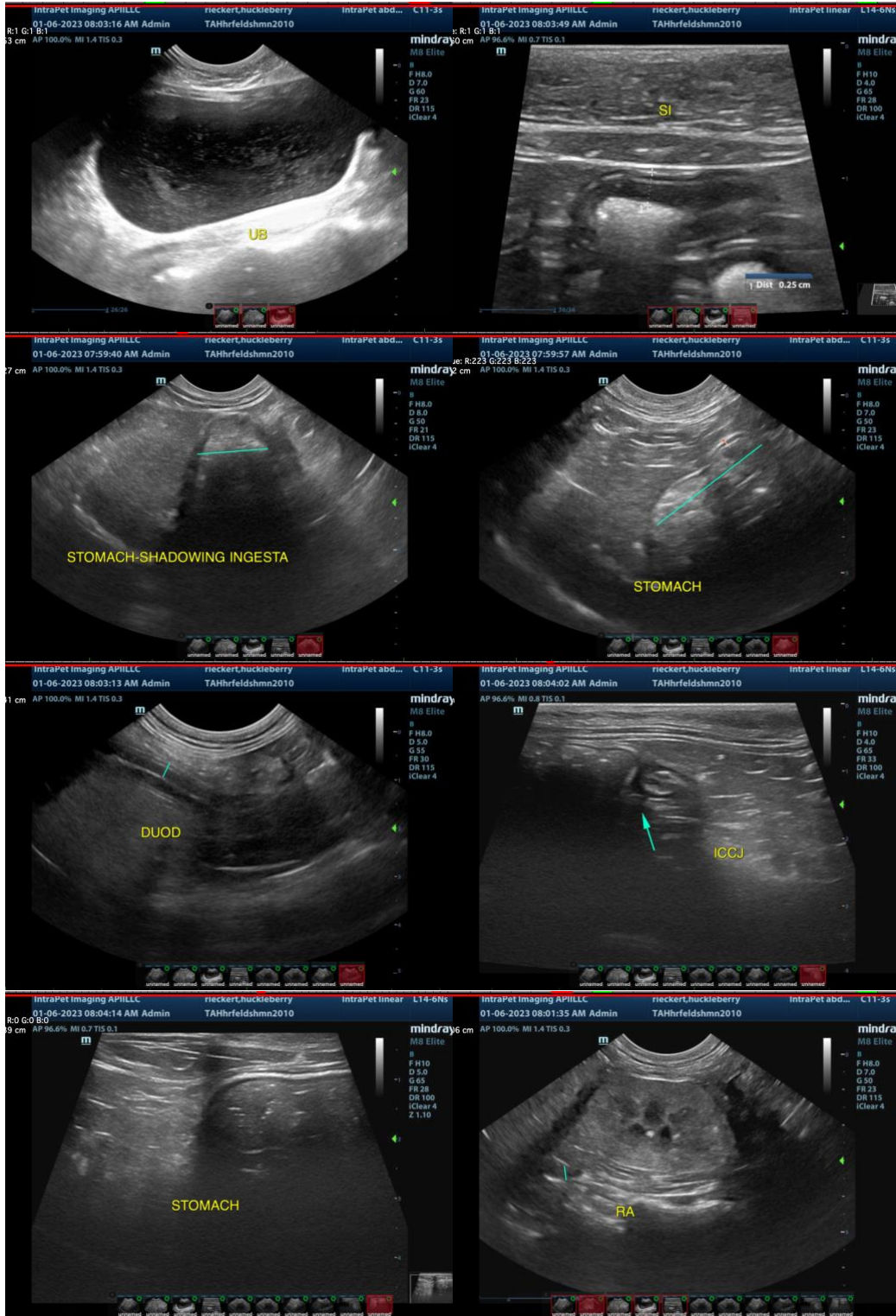
The changes observed on today's scan are relatively mild. It is curious that gastric ingesta and fluid remains in the stomach despite an adequate fast. This could indicate delayed gastric emptying and underlying

gastrointestinal disease. It could be beneficial to consider repeat endoscopy and biopsies now that the patient is more stable and doing better. Additionally, biopsies of the small intestine, if not previously obtained. Additionally, I would consider:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc. to further evaluate for pancreatic/small intestinal disease.
- Consider chronic probiotic therapy

Consider a urinalysis and culture based on the debris visualized in the urinary bladder and correlate the pancreatic findings with a quantitative fPLI level (this is measured in the GI panel recommended). This is likely most consistent with previous episode of pancreatitis or mild current pancreatitis.





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)
kathleen.sennello@sonopath.com