

PATIENT PRESENTING CLINICAL SIGNS

Mello Blaser

P has been v/d for 3 days and straining while in litterbox. O is worried about intestinal blockage. Hx of crx enteropathy responsive to Flagyl. Not interested in food last few days. Will nibble on kibble. No known dietary indiscretion

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: 11/15/2022 LABS WNL aside from low end albumin 2.6

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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

13 Years 3 Months

The left 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 focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.4 Pounds

The right kidney has a normal shape and size (2.9 cm). Overall echogenicity is normal with adequate 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

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

The right adrenal gland is normal in size measuring 0.39 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.

HOSPITAL NAME

Sierra Pet Clinic

Spleen

The spleen is subjectively normal in size (0.62 cm in width at the level of the hilus), 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.

REFERRING VET

Dr. Blaser

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.

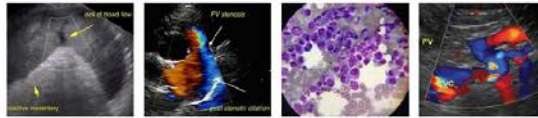
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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The bile duct does not appear overtly dilated, but there is a prominent duodenal papilla possibly with a mucus plug.



PATIENT *Gastrointestinal*

Mello Blaser
SPECIES Feline
The stomach contains a large amount of shadowing ingesta. 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.

BREED DSH
SEX Spayed Female
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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.30 cm. Mucosal fogging is noted. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE 13 Years 3 Months
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. In some images, the wall of the descending colon is slightly prominent, measuring at 0.25 cm.

WEIGHT 6.4 Pounds
Pancreas
The left limb of 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.

INTERPRETED BY Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)
Free Abdomen
There is a scant amount of free abdominal fluid. There are a large number of prominent large cystic lymph nodes visualized. A group near the ileocecal junction measures at 0.90, 0.59, and 0.70 cm in diameter. A lymph node near the colon measures 0.61 cm. The omentum is mildly diffusely hyperechoic.

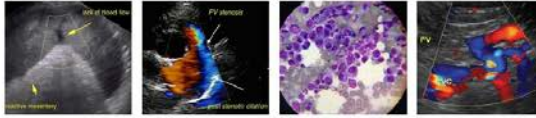
IMAGING PERFORMED BY Loetitia Saint-Jacques, LVT
PRIMARY FINDINGS

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Subjectively thickened small intestine with mucosal fogging – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Subjectively thickened/prominent colon wall – Findings could be consistent with colitis.
- Prominent cystic mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Prominent duodenal papilla possibly with a mucus plug – The significance of this is unclear. Continued monitoring is warranted.



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- Significant dilation of the gastric lumen with food, fluid, and hard shadowing material – Findings are most consistent with a non-fasted patient. Reevaluate to confirm no foreign material remains after a fast.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some mild generalized inflammation in the abdomen resulting in enlarged lymph nodes, thickened bowel loops, etc. Many of the bowel loops are partially fluid dilated, which I suspect is ingesta passing through, but this could also reflect a degree of ileus. The duodenum appears somewhat corrugated and distended with shadowing ingesta, but no progressive motility is noted, indicating some secondary ileus possibly. If the low albumin reported is due to a protein losing enteropathy, this indicates a more advanced gastrointestinal issue. It would also be recommended to consider urine protein levels and a liver function test to confirm that there is not concurrent hypoalbuminemia from these sources.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and GI neoplasia, etc....

- 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.
- Recommend chronic probiotic therapy.
- Recommend following with abdominal radiographs to ensure that the hard shadowing material within the gastric lumen passes.
- Consider a fine needle aspirate of a mesenteric lymph nodes (try to find a more solid lymph node rather than an extremely cystic one).
- If symptoms persist, consider obtaining GI biopsies.
- Recommend three view thoracic radiographs.

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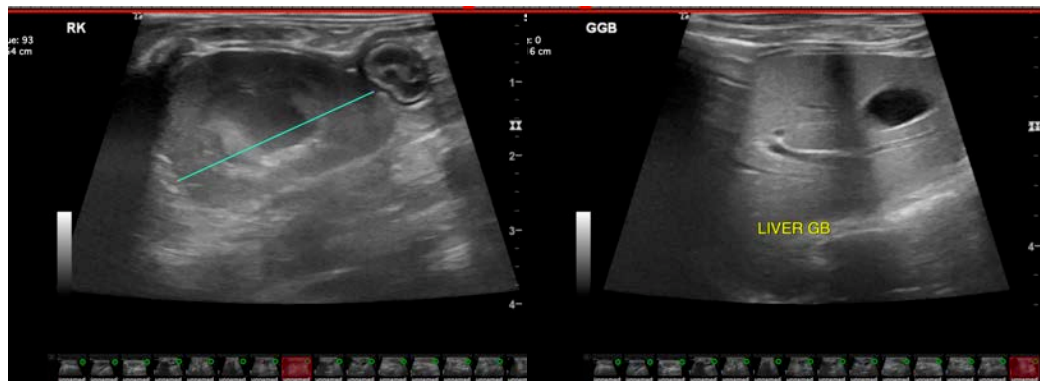
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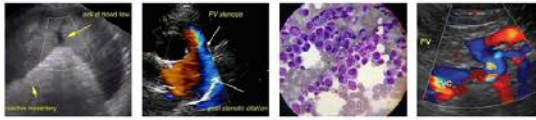
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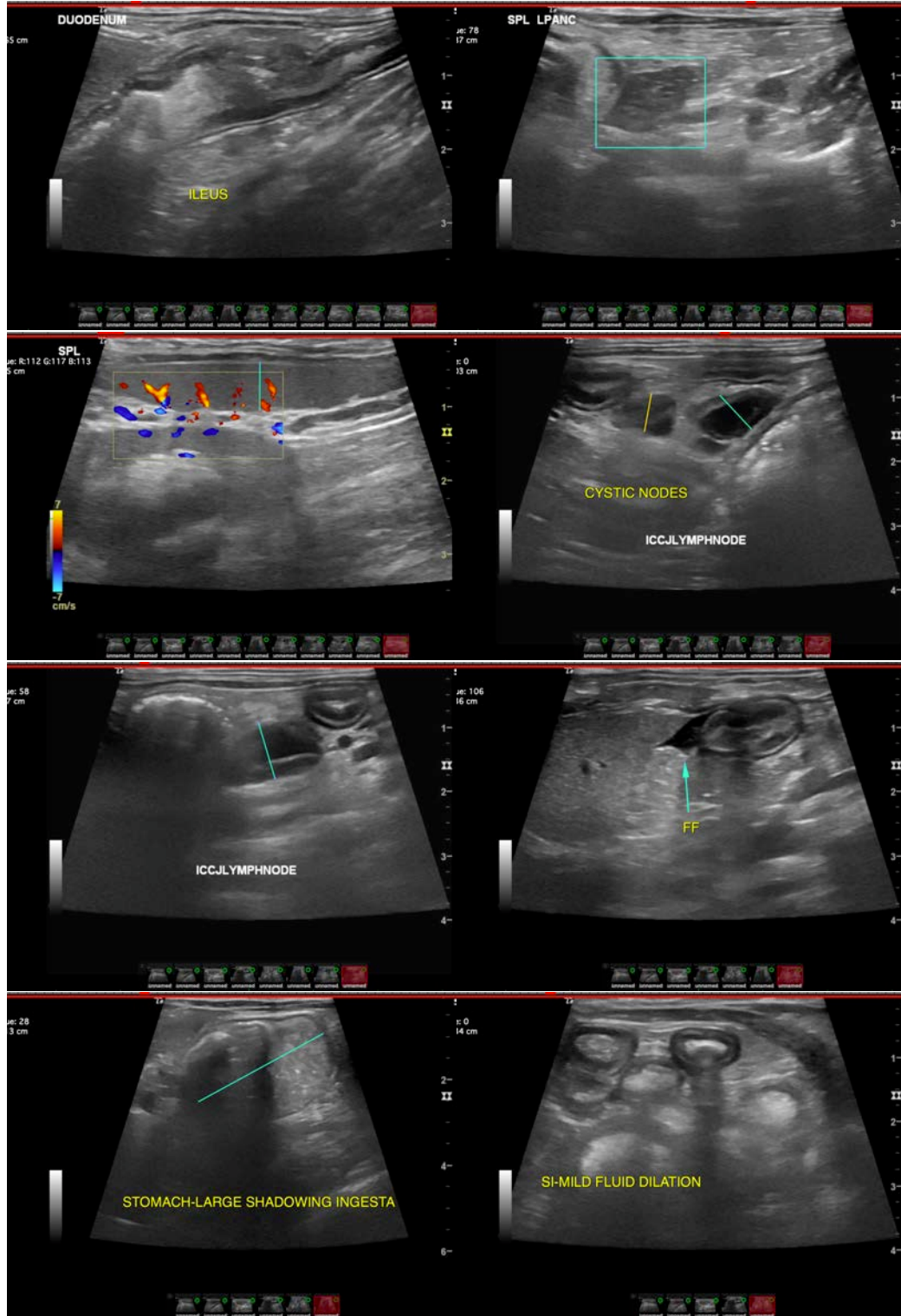
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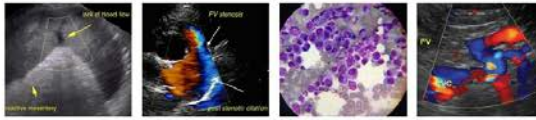
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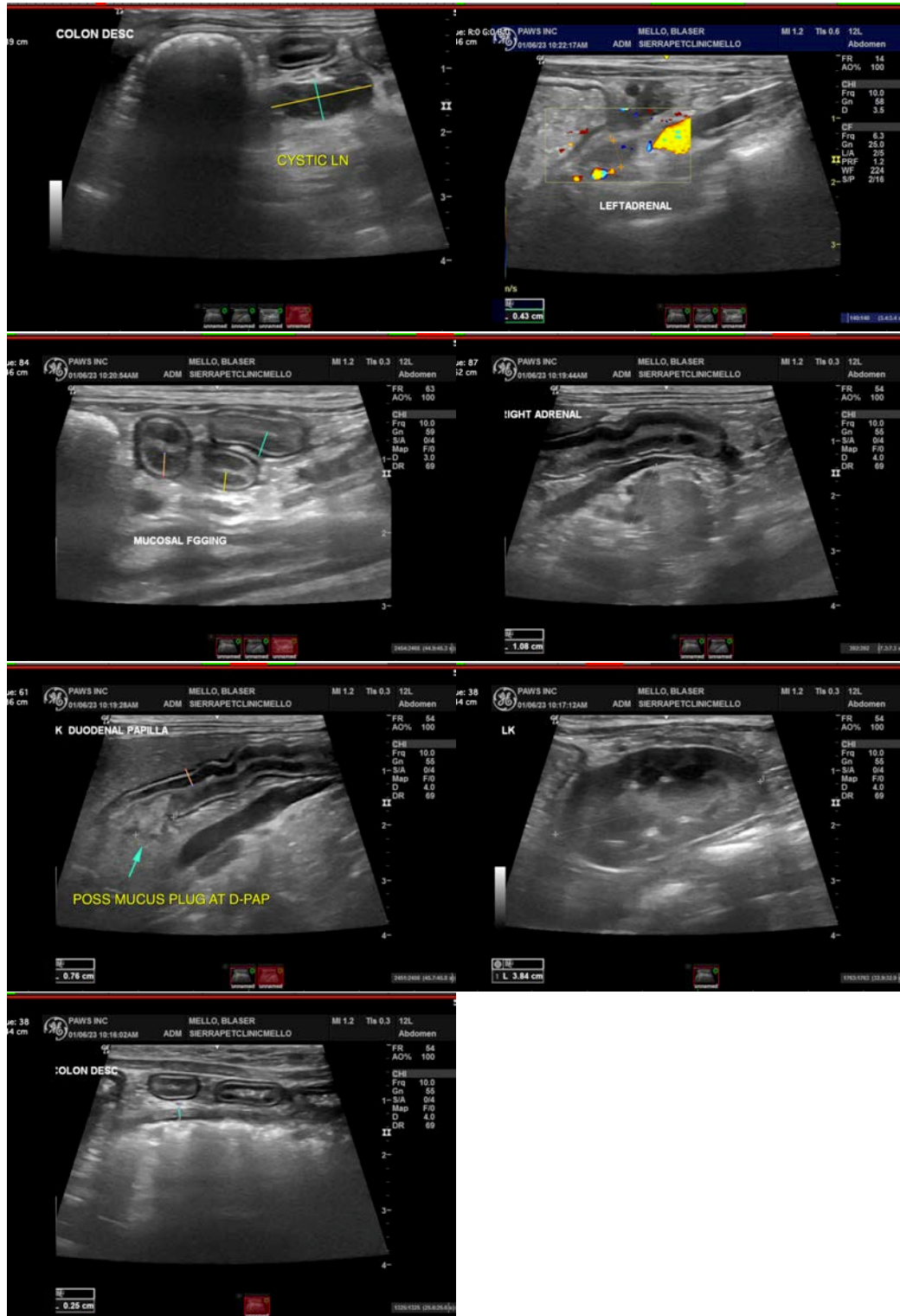
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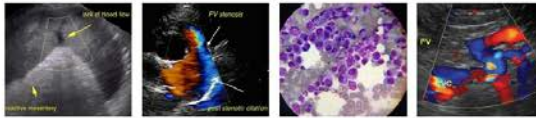
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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kathleen.sennello@sonopath.com

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