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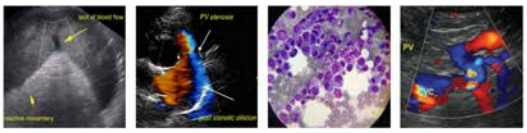


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gatsby Sholley

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

2 years

WEIGHT

14.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Annville-Cleona VA

REFERRING VET

Dr. Keck

INVOICE

26020

DATE

10.1.2021

PRESENTING CLINICAL SIGNS

History: Chronic vomiting and diarrhea

Medication: Cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (3.49 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 (3.68 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 0.28 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 right adrenal gland is normal in size measuring 0.36 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.

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.

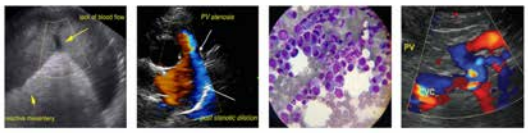
Liver

The liver is 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 is bilobed. 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 mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas (and possibly hair or foreign material). 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.



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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. Jejunum wall measured 0.22 cm. Duodenum wall measured 0.25 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 dilated with liquid 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. Prominent pancreatic duct noted at 0.22 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenopathy present with mesenteric lymph nodes measuring 0.67 cm, 0.39 cm and 0.4 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal uniform echogenicity.

PRIMARY FINDINGS

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Shadowing material within gastric lumen – Correlate with feeding history. This could be consistent with normal ingesta or something like a hairball/foreign material.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

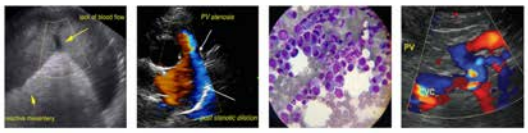
SECONDARY FINDINGS

- Bilobed gallbladder – This is an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon is clearly dilated with fluid material, consistent with diarrhea reported. The small bowel appears relatively normal, although there are some prominent mesenteric lymph nodes. This can be a common finding in younger pets, but is likely associated with the chronic GI signs, and reactive. Additionally, there is some shadowing material in the stomach, which can be consistent with a recent snack or a hairball, etc. No obvious evidence of an obstruction visualized, but in younger pets a foreign body is always a concern. Recommend serial radiographs and continued monitoring if the pet is not improving.

- Recommend GI panel for a quantitative PLI, TLI, cobalamin and folate to evaluate for exocrine pancreatic insufficiency, pancreatitis, and underlying small intestinal disease.
- Recommend hydrolyzed protein/novel protein diet.
- I see this patient had tritrichomonas historically. Consider retesting, as this can be difficult to treat.
- Recommend chronic probiotic.



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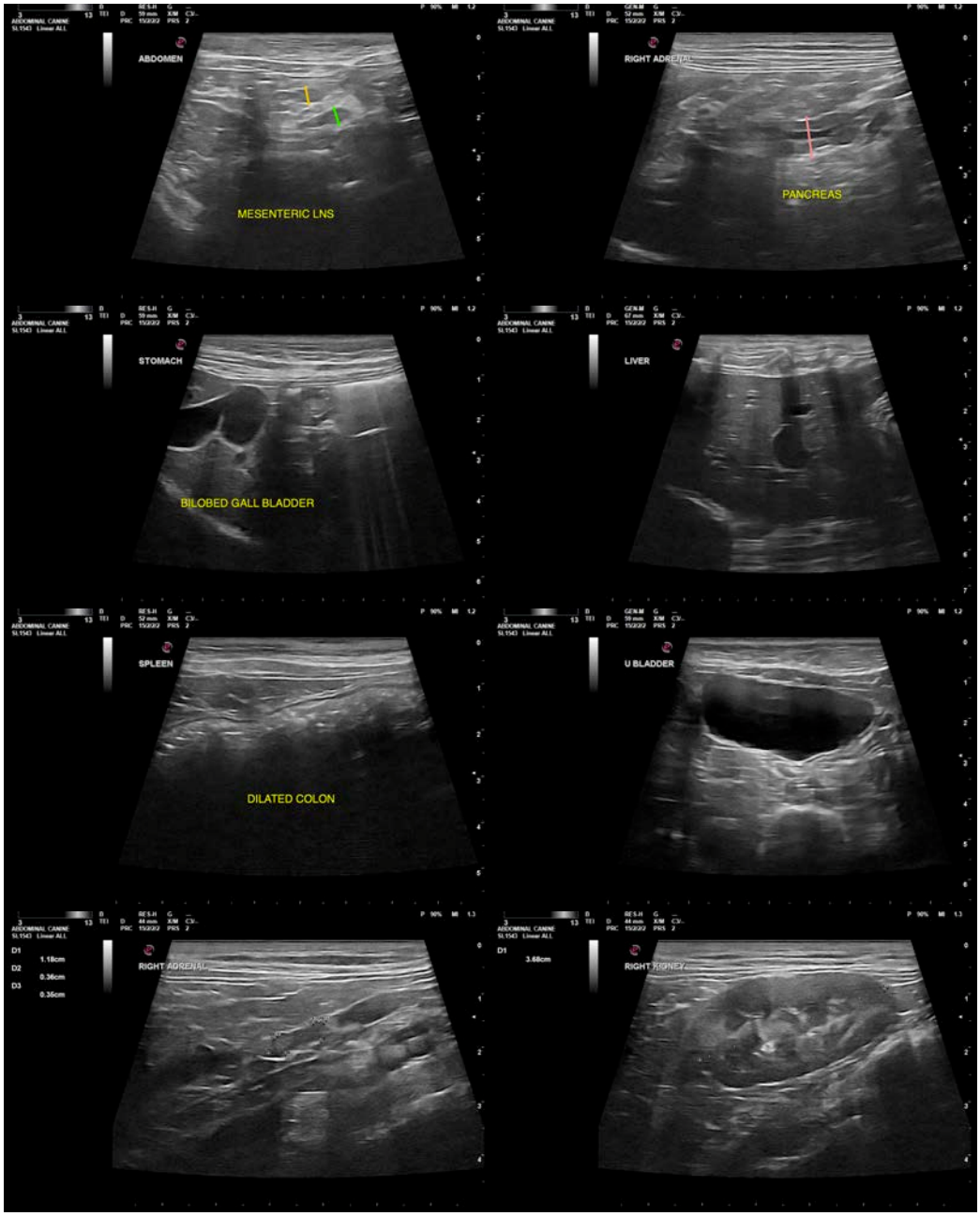
- If symptoms are progressing, consider upper and lower endoscopy to obtain biopsies and to evaluate stomach content.



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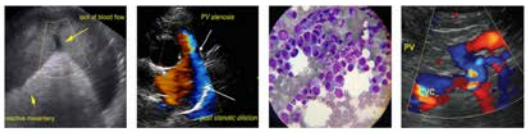

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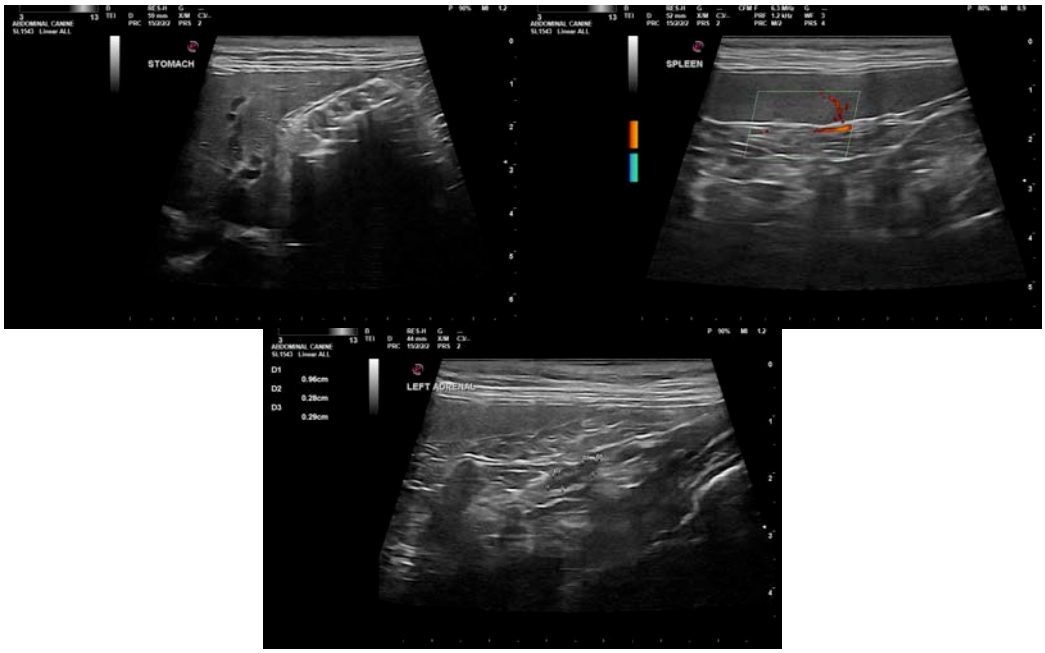

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Diplomate ACVIM (*Small Animal Internal Medicine*)

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