

**DATE PRESENTING CLINICAL SIGNS**

10/14/21

History: Patient presents for follow up from pet ER - At pet ER presented for pupil dilation and questionable vision loss. Radiographs performed overall unremarkable. Labwork perform overall unremarkable. ER suspected Toxoplasmosis, pending results. Today on presentation, neurologically appropriate, no vision changes, normal PLR. Temperature is 103.5, weight loss, (1.5 pounds.) Owner reports overnight not eating and gagging when attempting to eat. Patient is being treated for Toxo while awaiting results, still pending.

PATIENT

Oliver Day

SPECIES

Feline

Current Medications: Clindamycin BID.

Lab Results: Lab work may be repeated today depending on scan results.

Radiographs: NSF.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Siamese

Sedation: Not needed.

Stat Report: Not requested/Declined.

SEX

Neutered Male

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.

AGE

8/31/16

The left kidney has a normal shape and size (3.79 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.

WEIGHT

8.7 Pounds

The right kidney has a normal shape and size (3.94 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

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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.

HOSPITAL NAME

Perry Hall AH

The right adrenal gland is normal in size measuring 0.45 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.

REFERRING VET

Dr. Miller

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

26305

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. 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. Jejunum wall measured 0.27 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a small cluster of prominent mesenteric lymph nodes near the ileocecal junction, measuring 0.44 and 0.43 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 echogenicity, but slightly increased around the pancreas.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas with surrounding mildly hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Shadowing material within the gastric lumen – could be consistent with ingesta. Correlate with feeding history and abdominal radiographs, as foreign material cannot be excluded as a possibility.

SECONDARY FINDINGS

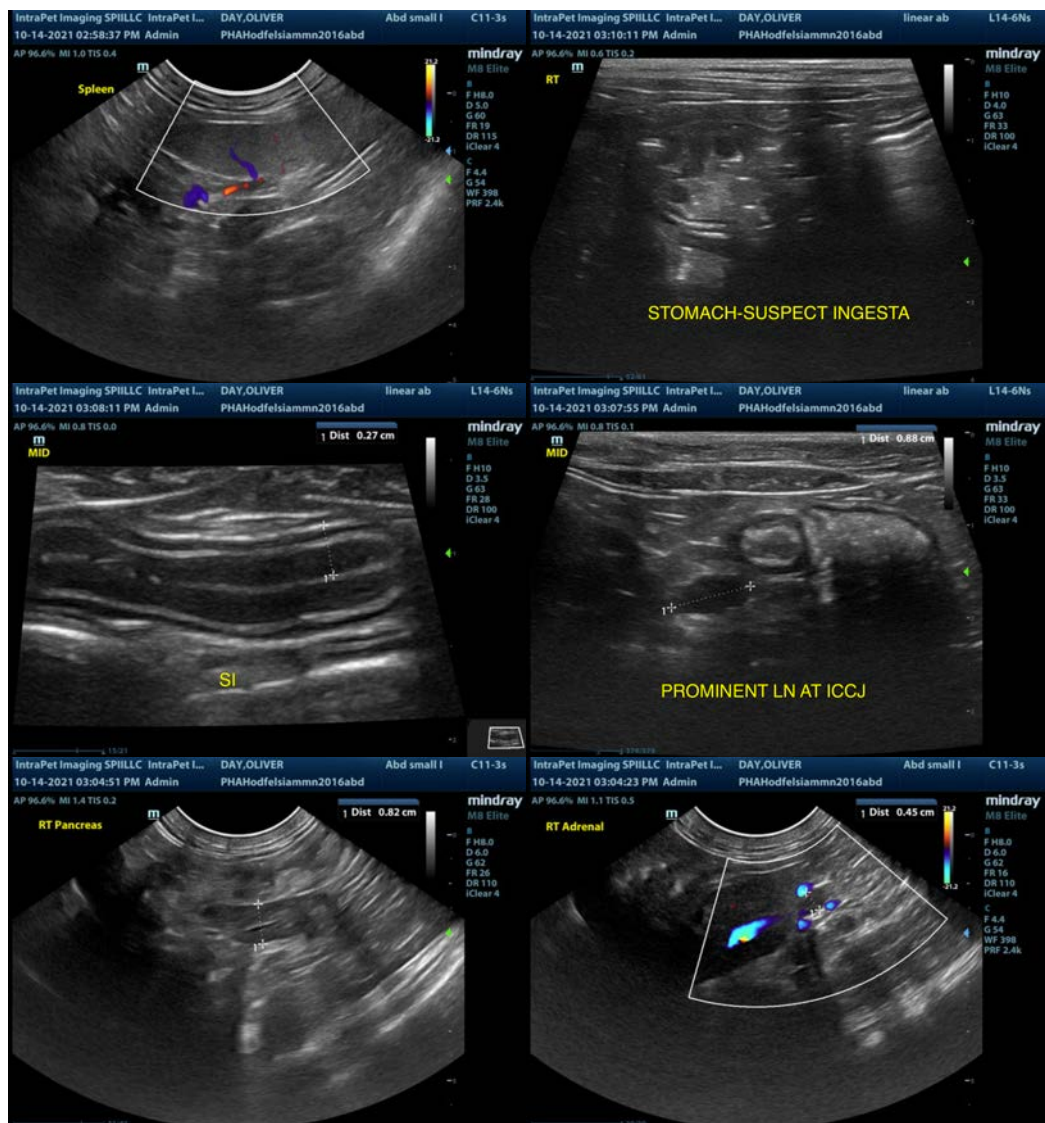
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

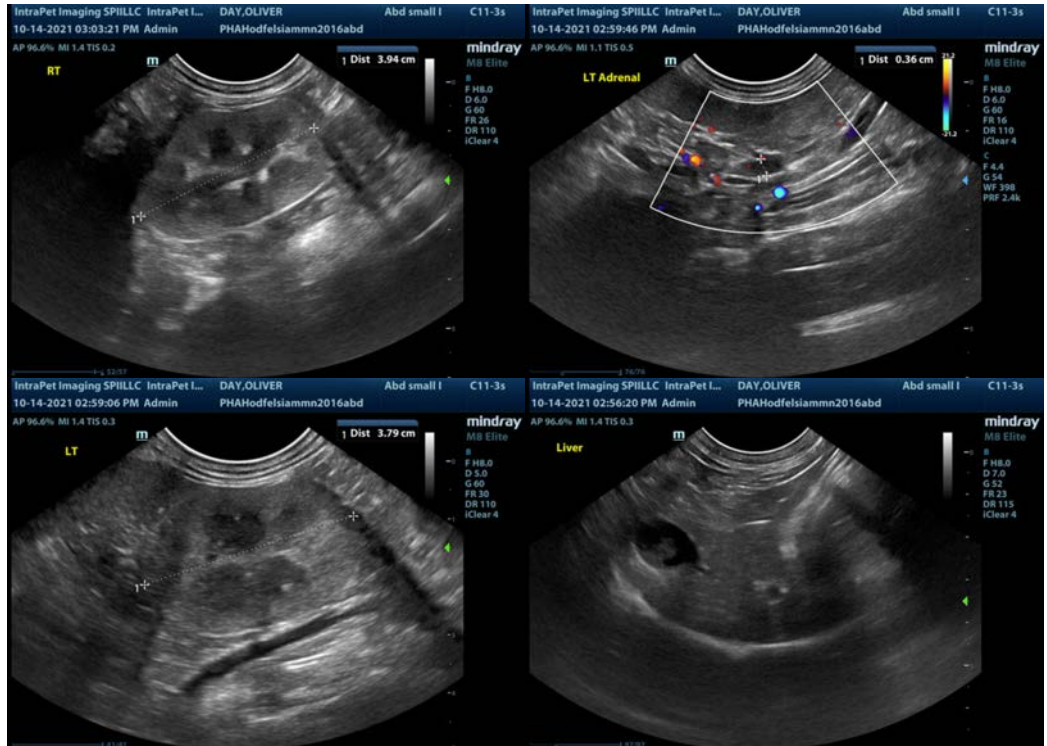
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent and somewhat inflamed on today's scan. Recommend a quantitative fPLI, TLI, cobalamin and folate to further evaluate for pancreatic and small intestinal disease. While I think this is a significant finding, it is difficult to link this to the reported fever, vision loss, etc., although pancreatitis can cause a fever occasionally. Additionally, consider the Clindamycin as a cause for the recent vomiting, and it can cause esophageal stricture if dry pill.

There is material within the gastric lumen, which could be normal ingesta or could be consistent with delayed gastric emptying, foreign material, etc. Correlate these findings with abdominal radiographs.

If not already done, consider having a veterinary ophthalmologist evaluate for the recent vision loss, as a systemic disease can sometimes have ocular manifestations. Despite the fact that the liver appears normal on ultrasound, you could consider a fine needle aspirate if toxoplasmosis is suspected, as it often will go into the liver. You could also consider vector borne disease testing as a differential for systemic inflammation, uveitis, fever, etc. Recommend 3-view thoracic radiographs to evaluate for thoracic disease and to further evaluate the esophagus.





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.

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