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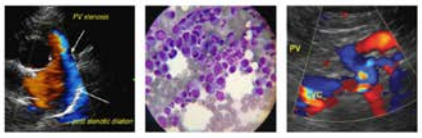

SonoPath
Clinical Sonography & Telecytology
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**PATIENT**

Zoey Conner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Months

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Weingartner

**INVOICE**

42203

**DATE**

10/19/22

## PRESENTING CLINICAL SIGNS

Has appeared bloated for a couple weeks. Diarrhea for approx 4 days. Not wanting to eat, lethargic, and vomited today.

Abnormal PE/Chem/CBC/UA Results: Radiograph report stated it appeared something in stomach (although not eating and vomiting), decreased serosal detail in mid abdomen, and ovoid soft tissue opacities, likely colonic LN. Labwork mostly unremarkable except for increased PHOS and EOS.

## 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 (3.6 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.

The right kidney has a normal shape and size (3.8 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.

### *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 borderline large (1.1 cm in width at the level of the hilus) with scalloped edges. 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 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 cystic and common bile ducts are normal/not visible.

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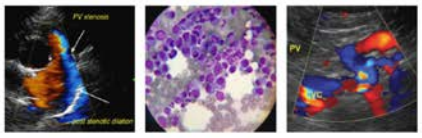

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### *Gastrointestinal*

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.

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 measures 0.22 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 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 diffuse moderate mesenteric lymphadenopathy with a cranial abdominal lymph node measured at 0.66 cm, mesenteric lymph nodes measured at 0.64, 0.30, 0.79, and 0.43 cm. These lymph nodes occur in clusters throughout the abdomen. The omentum is generally mildly hyperechoic.

### ULTRASONOGRAPHIC FINDINGS

- Diffuse moderate mesenteric lymphadenopathy – The moderate 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 spleen – Differentials include infiltrative disease, inflammation, neoplasia, congestion, etc. Recommend a fine needle aspirate.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a diffuse mesenteric lymphadenopathy. This could be secondary to generalized inflammation, neoplasia, infection, etc. Recommend a fine needle aspirate of these lymph nodes. Primary concern would be underlying neoplasia, FIP, etc., but a generalized inflammatory response is also possible. No focal bowel lesions are visualized to explain the diarrhea and vomiting reported. Recommend symptomatic treatment for these issues.

Auburn's veterinary lab has a PCR for FIP that I've found helpful in the past. Additionally, confirm that all retroviral testing is negative.

Additionally, the spleen appears somewhat enlarged with scalloped edges. Recommend a fine needle aspirate of the spleen along with the mesenteric lymph nodes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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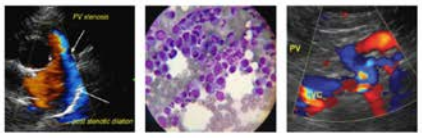

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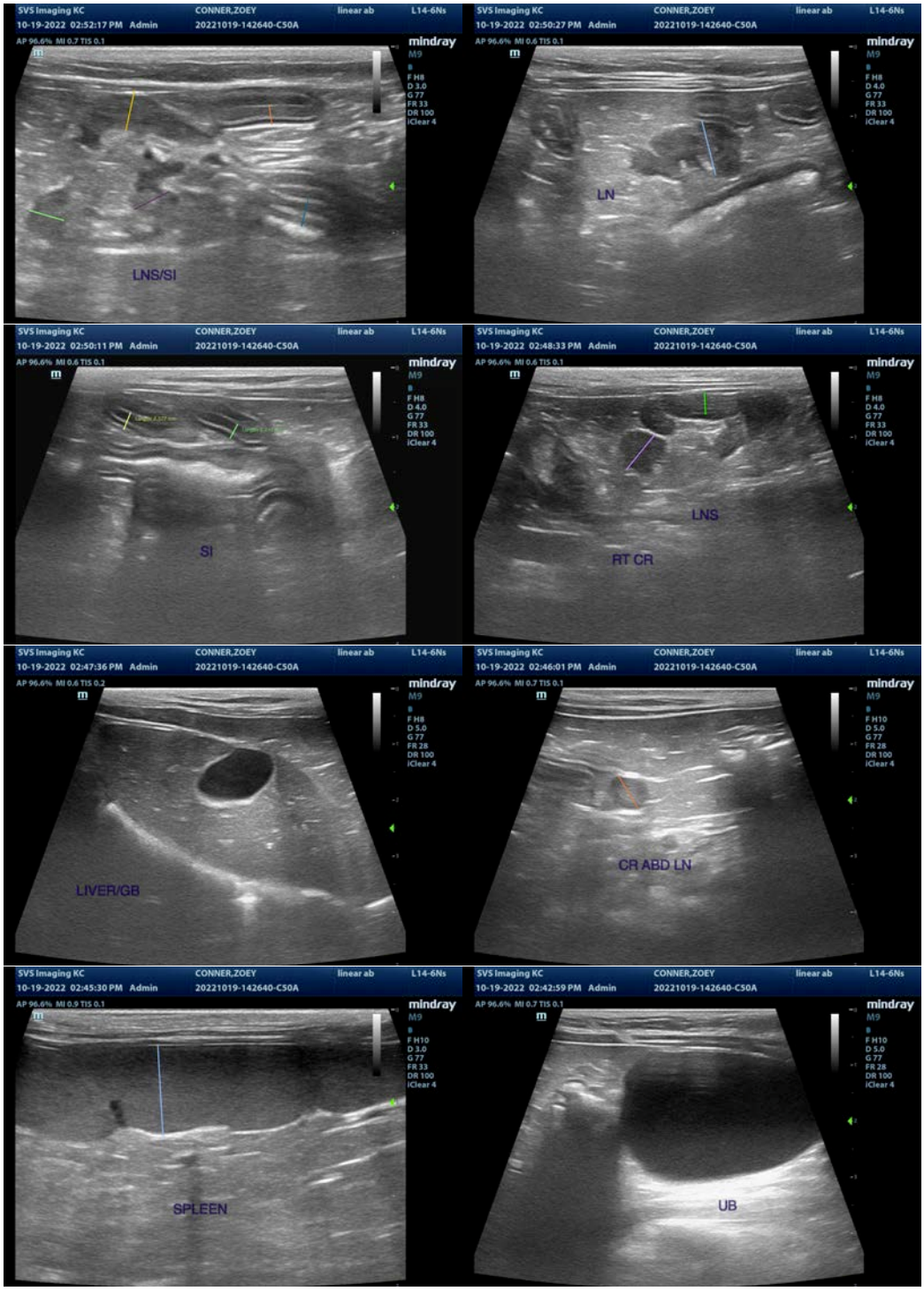

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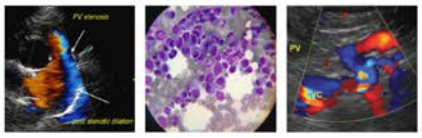

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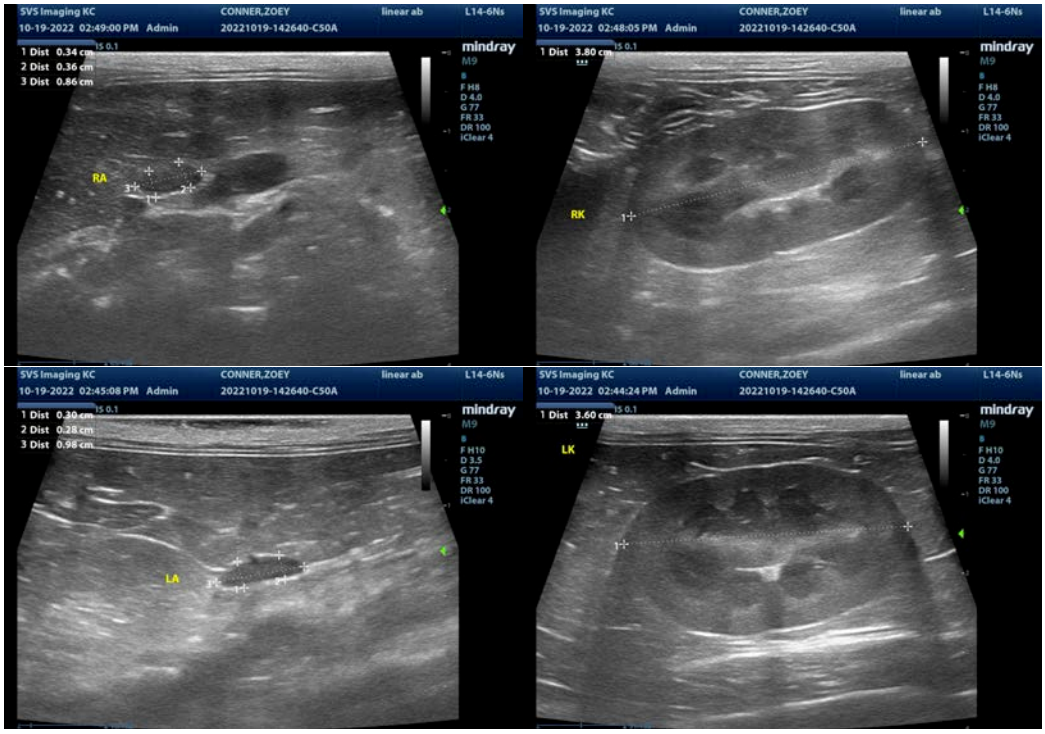


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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