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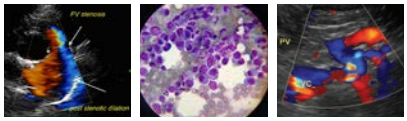

SonoPath
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DATE

10/22/21

PATIENT

Woozles Miller

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/4/21

WEIGHT

11 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

26578

PRESENTING CLINICAL SIGNS

Presented on Tuesday for vomiting twice overnight and once Tuesday am with the last known time of eating around 6pm Monday. He might also have had some soft stool (owners don't know which cat had the stool). He is not typically a FB-type cat. PE (under sedation) was unremarkable. X-rays did not show any sign of obstruction. Bloodwork was sent out and was normal. He was treated with sq fluids and cerenia and sent home with Mirataz to be started on Wednesday am. He did very well Tuesday and into Wednesday, eating but no vomiting, acting normal and playful. Later in the day Wednesday and into Thursday became lethargic, not wanting to get up and not wanting to eat. We had owner try him with Cerenia and Gabapentin. His appetite improved but he still was not really wanting to get up. Although no evidence of obstruction was seen on the radiographs on Tuesday, am still concerned that there is the possibility of a foreign body. Or this could be pancreatitis that is flaring up.

Current Medications: Tuesday: 100ml LRS sq, 5mg Cerenia sq; Wednesday: Mirataz dose in am; Thursday: 6mg Cerenia po + 12.5mg gabapentin po bid
Lab Results: Attached separately.
Radiographs: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: STAT REPORT REQUESTED

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 (4.01 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 (4.11 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 0.30 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 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 measured 0.21 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/moderate pancreatitis.

Free Abdomen
A small/moderate amount of free fluid is noted. Significant mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.92, 0.55, and 0.62 cm. The omentum is generally of increased echogenicity.

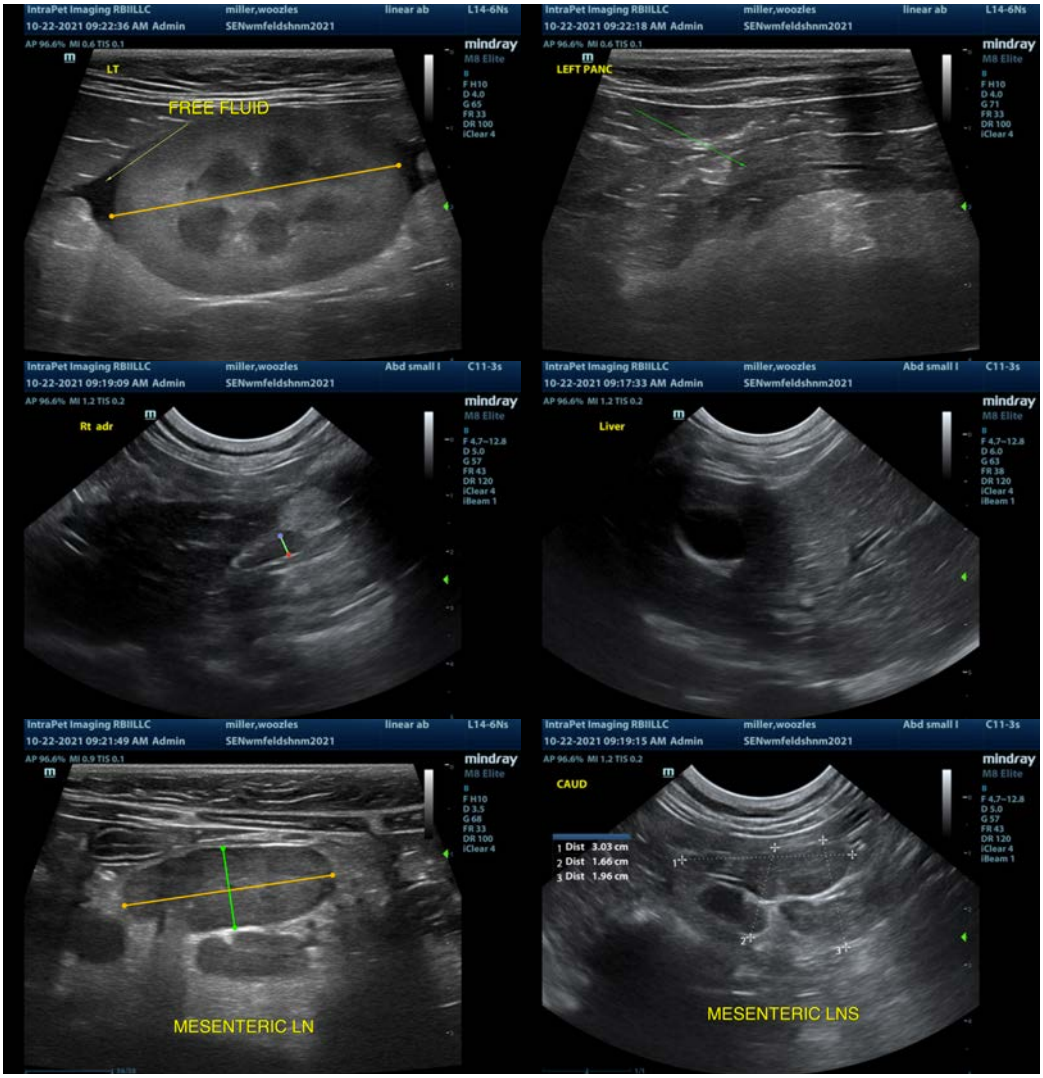
Other
No significant pericardial effusion.

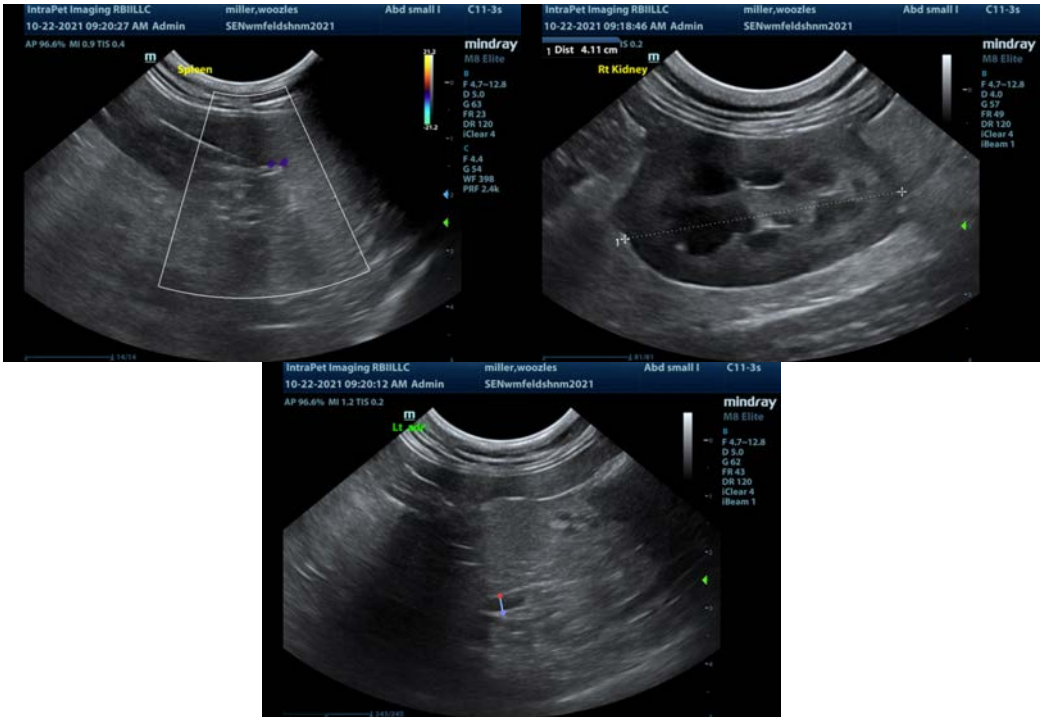
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, prominent pancreas with dilated pancreatic duct – mild/moderate pancreatitis
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- 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.
- Free abdominal fluid – Recommend sampling, fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent and inflamed. This could be consistent with primary pancreatitis. Alternately, there could be another reason for the fluid that is present and causing secondary pancreatic inflammation. Consider a fine needle aspirate of a mesenteric lymph node and GI panel with a quantitative PLI, TLI, cobalamin and folate to obtain more information about the small intestine and pancreas. Recommend 3-view thoracic radiographs and a cardiac ultrasound if there is concern for cardiac disease.





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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