

**DATE**

10/5/21

PRESENTING CLINICAL SIGNS

Vomiting, losing weight.

Lab Results: elevated WBC (37,000)

Date of Previous IntraPet Ultrasound: No previous

Sedation: declined, required for further imaging

Stat Report: not requested

PATIENT

Samson Owens

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2009

WEIGHT

6.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

92174

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with echogenic 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 slightly hyperechoic with poor 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 (3.58 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.3 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 0.35 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a 0.57 cm hyperechoic nodule visualized. The gallbladder lumen is moderately distended. The wall of the gallbladder 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 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. Normal sections of bowel varied in thickness in the section of jejunum measuring 0.19-0.21 cm. Visualized peristalsis appears appropriate. There is a section of focally thickened small intestine, which is several centimeters long and has a complete loss of layering with a uniformly, hypoechoic wall measuring 0.4 and 0.35 cm in thickness. This area of bowel is surrounded by hyperechoic mesentery and enlarged mesenteric lymph nodes.

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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild/moderate mesenteric lymphadenomegaly present. There are numerous, prominent, mesenteric lymph nodes surrounding the abnormal loop of bowel measuring 0.31 cm, 0.5 cm. Additionally, there are some larger lymph nodes measuring 1.0 cm and 1.2 cm. The omentum is generally increased around the abnormal bowel.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

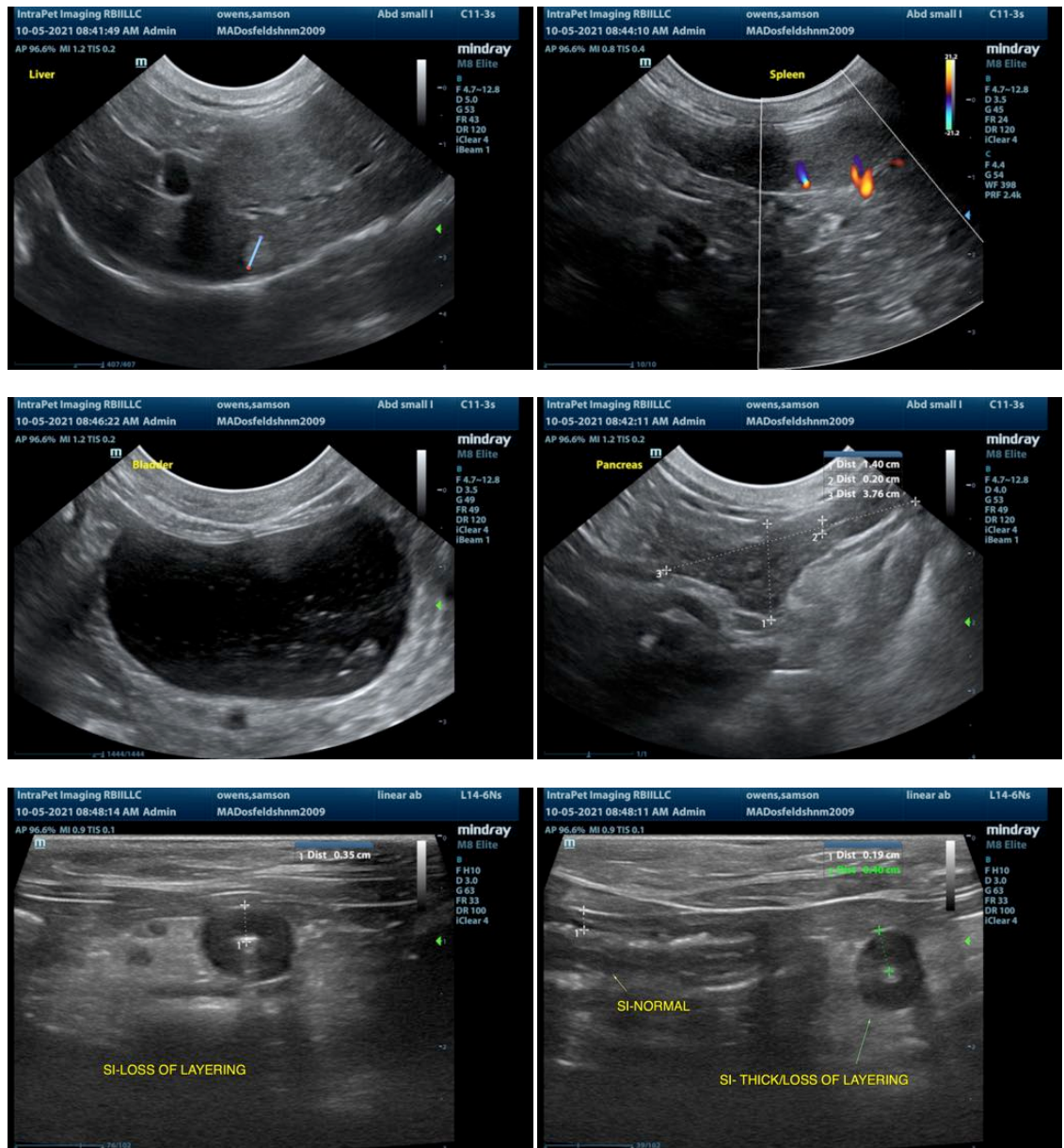
- Thickened areas of small intestine with complete loss of layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Moderate mesenteric lymphadenopathy.
- Heterogenous liver with small, hyperechoic nodule. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosi s or other hepatopathy.
- Prominent hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.

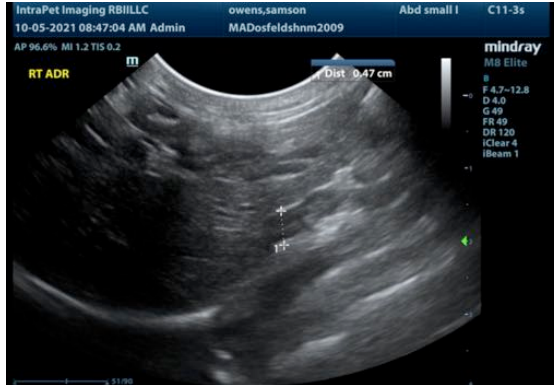
SECONDARY FINDINGS:

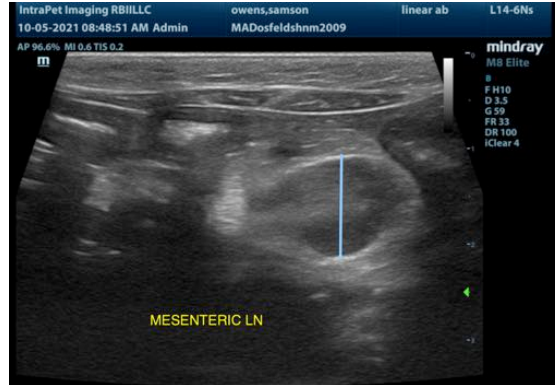
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of bowel that has complete loss of layering and is thickened. Surrounding this area of bowel is hyperechoic mesentery and enlarged mesenteric lymph nodes. These findings are concerning for a neoplastic process or severe focal intestinal disease. I recommend FNA of one of the larger mesenteric lymph nodes and three view thoracic radiographs. If this is not diagnostic I recommend surgical biopsy of the small bowel and mesenteric lymph nodes. I recommend a GI panel to look for evidence of pancreatitis and small intestinal disease/B12 deficiency.







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,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com