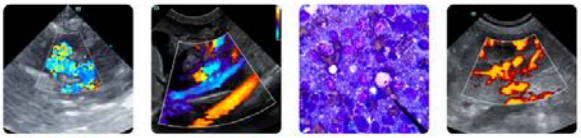

PATIENT

BabyCat Jurick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

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REFERRING VET

Dr. Ng

INVOICE

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PRESENTING CLINICAL SIGNS

Weight loss, V+, pica, grade 3/6 systolic murmur. C/D diet
Abnormal PE/Chem/CBC/UA Results: Mild Eosinophilia, T4 ok @ 2.6

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 (3.98 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 (4.1 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 0.34 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 0.40 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 (1.0 cm), 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.

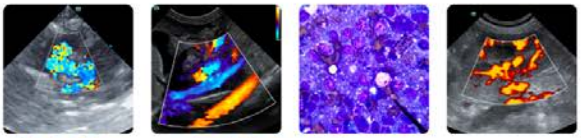
Liver

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. 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



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and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation of the stomach.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There is mild to moderate fluid distention segmentally throughout the small intestine. The duodenum has moderate fluid distention. There are focal sections of small intestine/jejunum that appear more thickened with less distinct wall layering, measuring at 0.36 cm. There is occasional intraluminal fluid and shadowing ingesta, most consistent with passing ingesta. A definitive obstruction is not clearly visualized.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of 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 are occasional prominent mesenteric lymph nodes. There are lymph nodes near the ileocecal junction measuring 0.37 cm and 0.33 cm. Additionally, a mesenteric lymph node is visualized measuring 0.63 cm x 0.98 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider the possibility of delayed gastric emptying or partial outflow tract obstruction (not visualized).
- Diffusely thickened small intestine with some areas exhibiting reduced detail of wall layering, more significant thickening, and fluid distention – Findings are most consistent with a diffuse enteropathy associated with severe inflammation or early neoplastic change.
- Occasional prominent mesenteric lymph nodes – These likely represent reactive lymph nodes, although early metastatic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with some areas exhibiting reduced detail of wall layering. Additionally, the stomach has a large amount of ingesta, and much of the small intestine is mildly fluid distended, making full evaluation of the stomach in some areas difficult.

Initially consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

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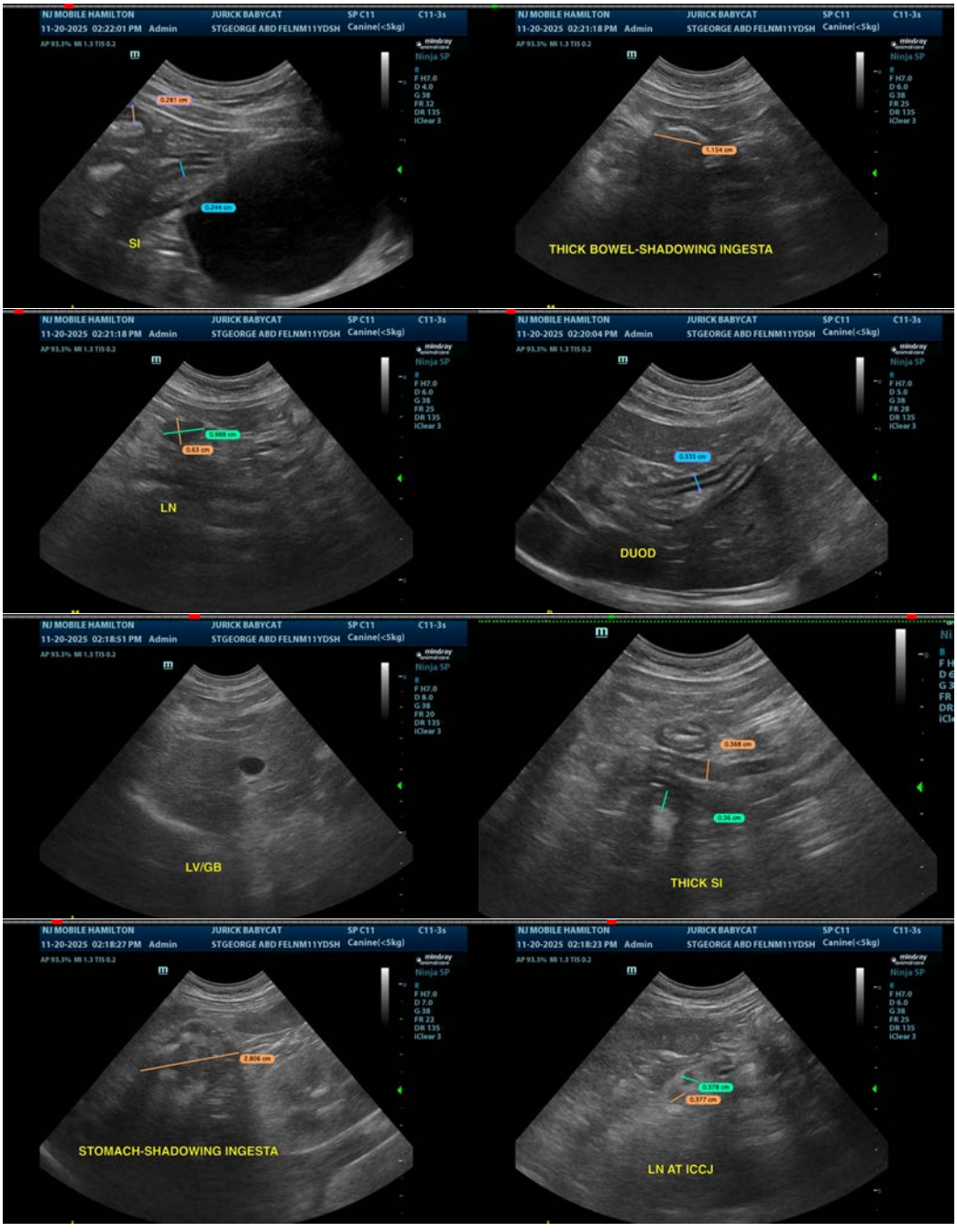
- Recommend chronic probiotic therapy.

Based on the appearance of today's exam, consider reevaluation with a more prolonged fast, as surgical biopsies may be warranted, particularly if there is no improvement with the above recommendations.



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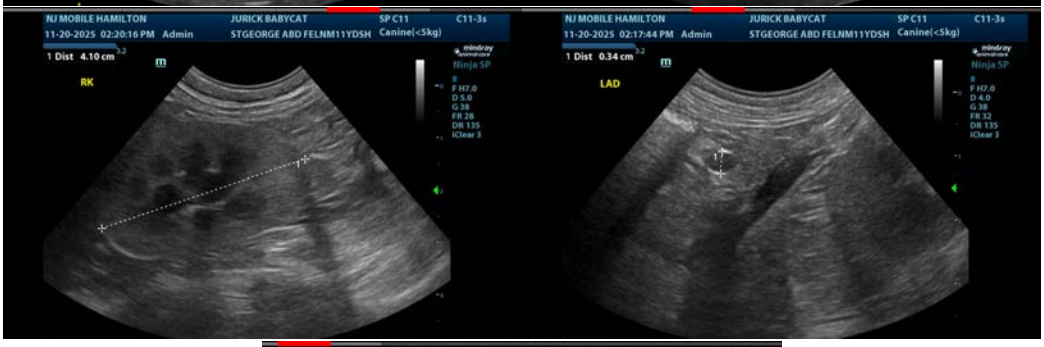

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com