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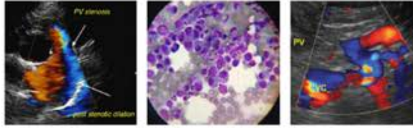
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Tripod Andary

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 Years

WEIGHT
6.3 Pounds

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Dr. Fit'z Bayside AC

INVOICE
42630

DATE
11/8/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea, vomits a couple of times a week, lethargic. E/D normally
Abnormal PE/Chem/CBC/UA Results: Chronic renal disease Fecal direct - NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (2.8 cm) with mild pyelectasia at 0.14 cm. Overall echogenicity is significantly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.35 cm) with mild pyelectasia at 0.26 cm and a non-obstructive nephrolith measuring 0.30 cm. Overall echogenicity is significantly hyperechoic with poor 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 0.41 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 (0.78 cm in width at the level of the hilus), 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.

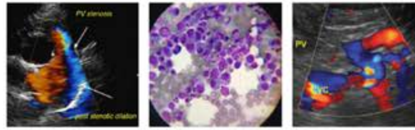
Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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.

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.



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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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.30 cm. There is mild mucosal speckling evident. 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 are numerous irregular, hypoechoic structures within the pancreatic parenchyma, most consistent with small cystic lesions or hyperechoic nodules, varying in size from 0.15-0.30 cm. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis. Pancreatic duct is prominent measuring 0.37 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes measuring 0.35, 0.38, and 0.65 cm. The omentum is generally mildly hyperechoic around the enlarged lymph node.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hyperechoic kidneys with decreased corticomedullary distinction and mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Hypoechoic pancreas with prominent pancreatic duct and hypoechoic cystic lesions or nodules – Findings are most consistent with chronic pancreatitis +/- current pancreatitis. The hypoechoic regions are most consistent with lymphoid hyperplasia, although an underlying neoplastic process cannot be ruled out.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Subjectively "ropey" small intestine with mild mucosal speckling evident – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- 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

Overall, the small bowel appears somewhat "ropey" and thickened with some mucosal speckling evident. These findings are most consistent with chronic small intestinal disease. Additionally, the pancreas is very prominent with a dilated pancreatic duct and what I suspect are lymphoid nodules. Correlate these findings with a quantitative fPLI level.

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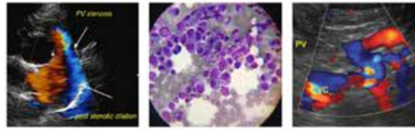

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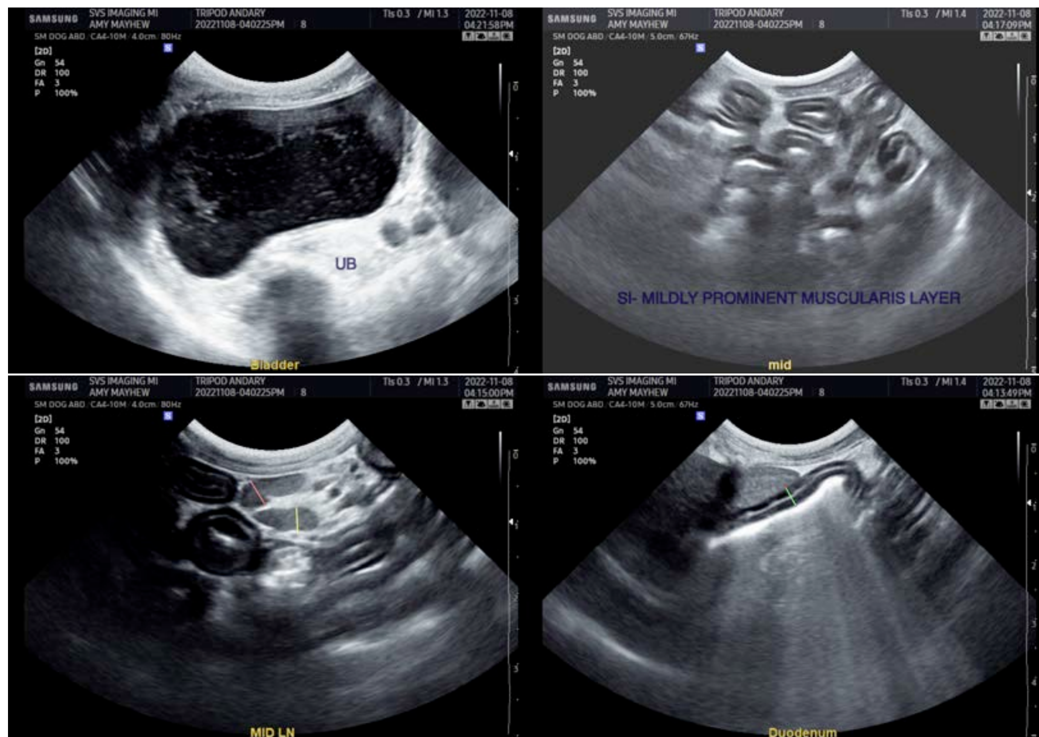
Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc….

- Recommend symptomatic treatment for pancreatitis.
- 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.
- Recommend chronic probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.

The changes visualized in the kidneys are most consistent with chronic renal disease and interstitial nephritis. Recommend a blood pressure, urinalysis, and culture as baseline.

The liver appears somewhat hyperechoic. This could be some early lipidosis type changes. Correlate with liver enzymes. If there is no elevation, then consider continued monitoring. Additionally, if round cell neoplasia is high on your differential list, you could consider a fine needle aspirate, provided coagulation parameters are normal.

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



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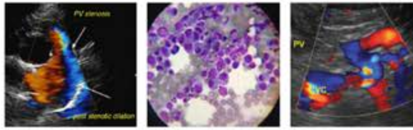

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Stomah Trv

Liver Rt Sag

PANC-HYPO CYSTS/NODULES

Spleen Body

MUCOSAL SPECKLING

SI

Lt Adrenal

Left kidney

Rt Adrenal

Right Kidney

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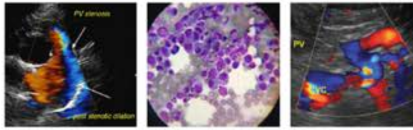

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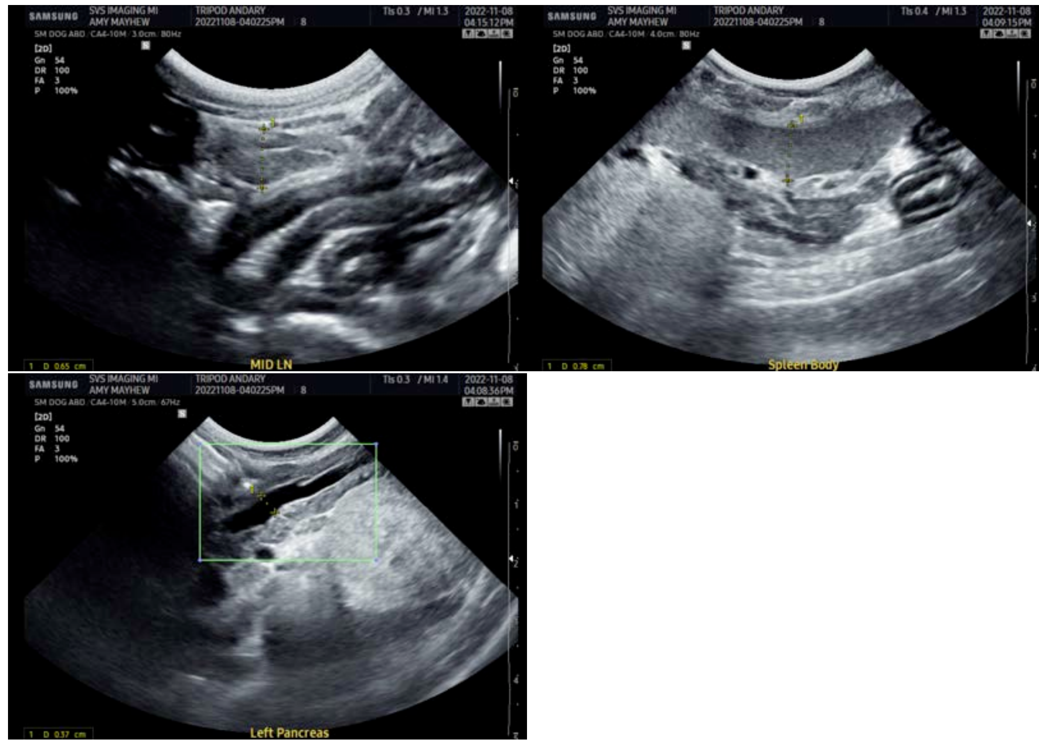

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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