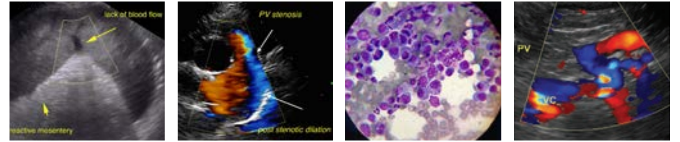


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Sally Dyer

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

9 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rosenberg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Dr. Rosenberg

INVOICE

43100

DATE

12/1/22

PRESENTING CLINICAL SIGNS

Inappetant, intermittent chronic vomit, ADR, uncomfortable at kidneys?, pruritus tailhead with miliary dermatitis for about 1 yr, no response prior year to Revolution Plus but not convinced was applied thoroughly. Will be re-treating. Prior colitis in 2016, responded to d/d venison partly and then tylosin. Stools likely N (hx vague). Bloods Nov 18 show mod to sev incr PLI at 22.6, and mod to severe eosinophilia at 2.7 x 10(9). No b12/folate/TLI done yet. UA: sg 1.045 and quiet sediment *** Today she is feeling back to normal, app and energy normal. ---------------------------- Gave Gabapentin 150 mg and Torbugesic 0.4 mg/kg for sedation for US On ultrasound, she seemed more sore in R cranial quadrant. Is there a big hairball in her stomach? Are her hepatic vessels more distended/prominent? Both kidneys have a mildly hyperechoic area in pelvis on transverse, just before ureter - similar both sides- not sure if this is normal or a blood clot or stone.

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 (3.67 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 (3.93 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 0.25 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.

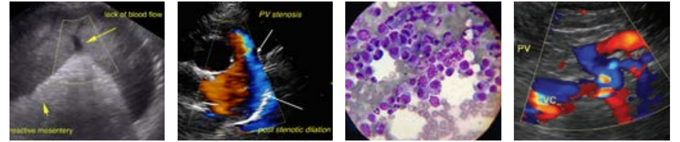
The right adrenal gland is normal in size measuring 0.26 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.76 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, 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.



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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 a large amount of shadowing ingesta. It measures at a normal thickness of 0.23 cm 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. Jejunum wall measures 0.22 cm. Duodenum wall measures 0.27 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 prominent and mottled 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

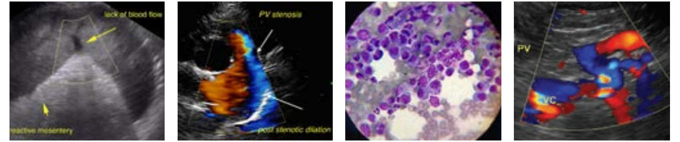
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Shadowing material within the gastric lumen – Correlate with feeding history. If adequately fasted, this could be consistent with a hairball or ingested foreign material. If the patient recently had a meal, it could be consistent with ingesta.
- Prominent muscularis layer to the small intestine – 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.

SECONDARY FINDINGS

- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of shadowing material visualized within the gastric lumen. Correlate with feeding history. If the patient is adequately fasted, this could represent a hairball or ingested foreign material. Correlate with abdominal radiographs. If the patient was not fasted, consider fasting and



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reevaluation of the stomach in 24-hours.

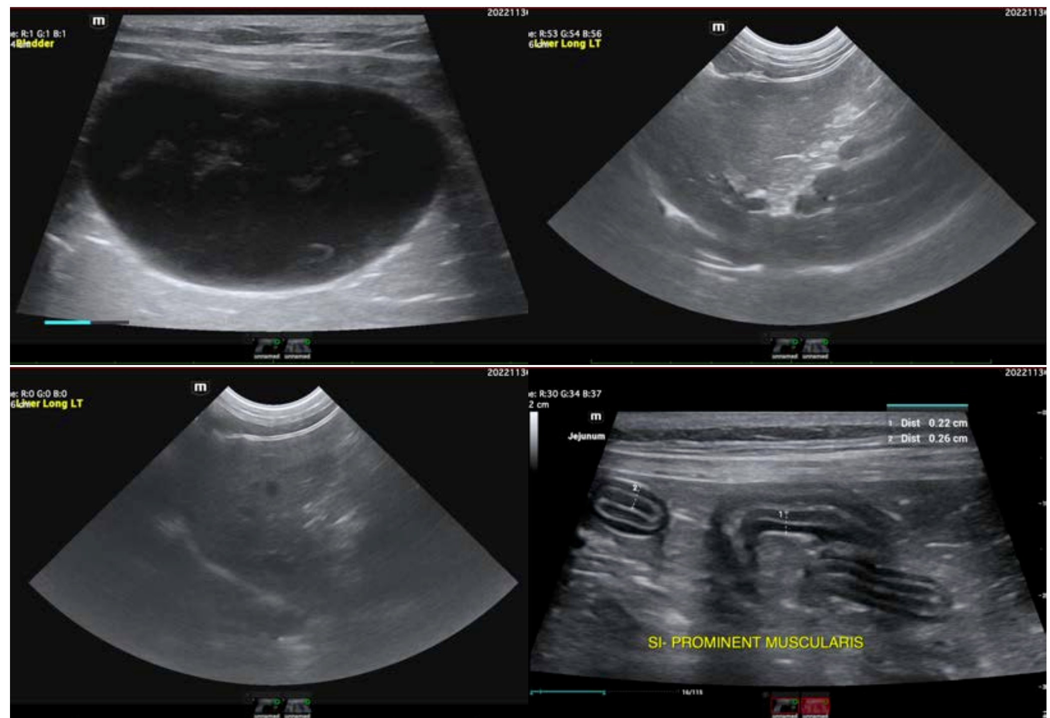
The pancreas appears slightly prominent and mottled. This could be consistent with mild current pancreatitis or previous episodes of pancreatic inflammation. Correlate with qualitative fPLI level.

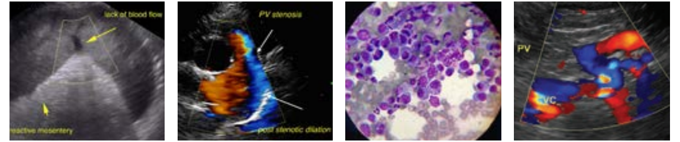
Additionally, the muscularis layer to the small intestine is prominent. This can be a normal finding in some older cats, but given the history of chronic GI signs, this could be an indicator of underlying GI disease.

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

- 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 are persisting, consider obtaining GI biopsies.

If a hairball is strongly suspected, then consider upper GI endoscopy to evaluate +/- removal of a hairball and biopsies to look for underlying gastrointestinal disease.





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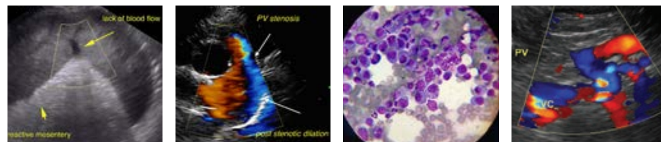
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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