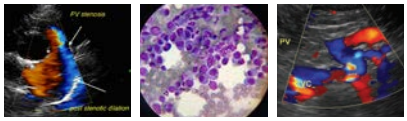
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/10/21

PATIENT

Wilson Funk

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/31/21

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

33386

PRESENTING CLINICAL SIGNS

History: Vomiting, ADR over past 48 hours. O noted red thread in vomit this AM.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
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 (3.97 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 (4.27 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 0.44 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 0.42 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 homogenous 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 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.

Most of 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) There is a general impression of enteritis/inflammation of the bowel, as there are some focal areas of corrugated/mildly plicated bowel with no visible dilation or foreign material. A small, non-shadowing linear foreign body cannot be excluded as possibility, but these findings are more supportive of focal enteritis.

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 moderate mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.6, 0.67, and 0.45 cm. The omentum is of mildly increased echogenicity around the plicated bowel.

ULTRASONOGRAPHIC FINDINGS

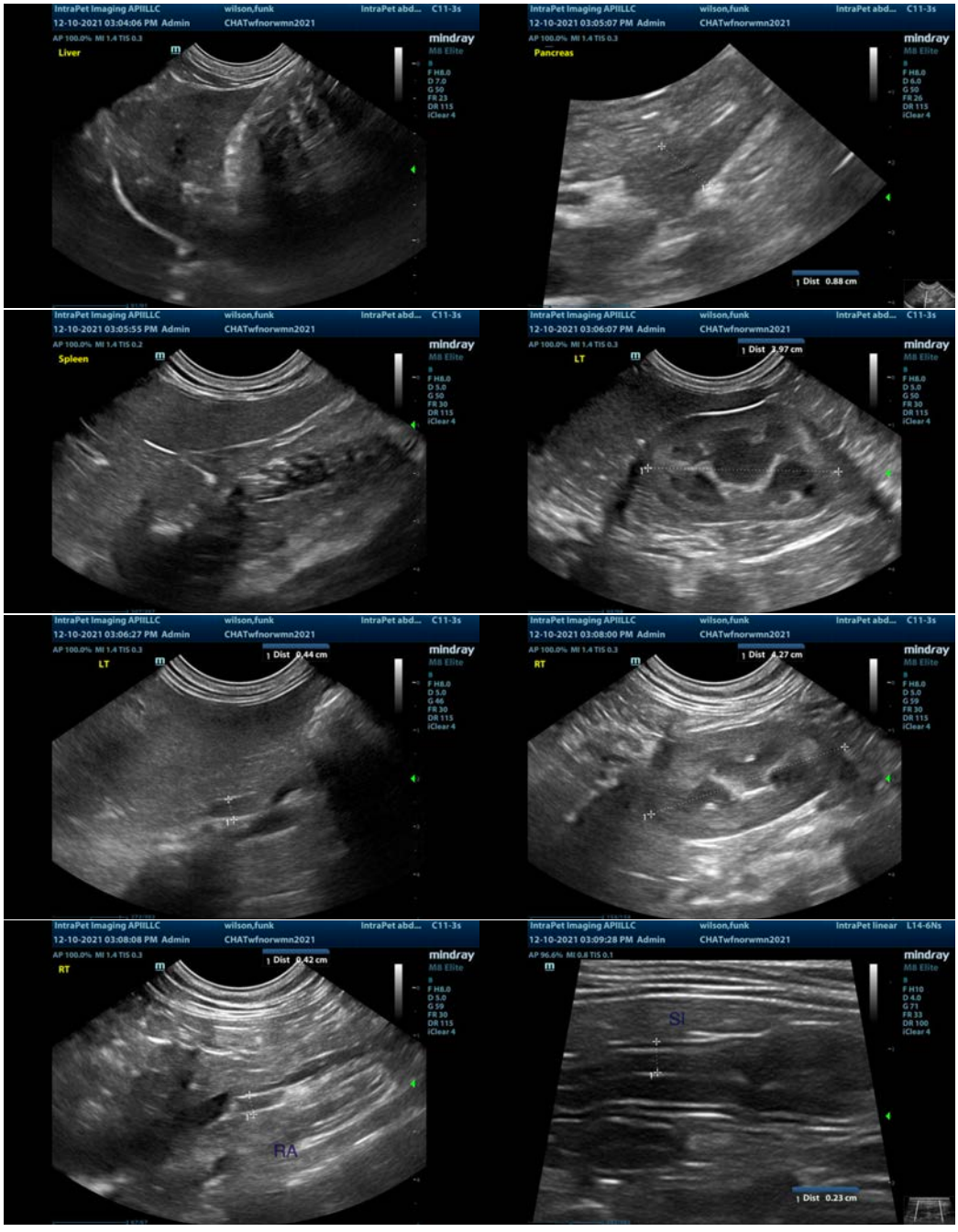
- Focal areas of inflamed, mildly plicated bowel – most consistent with focal enteritis, but a small linear foreign body cannot be excluded as a possibility.

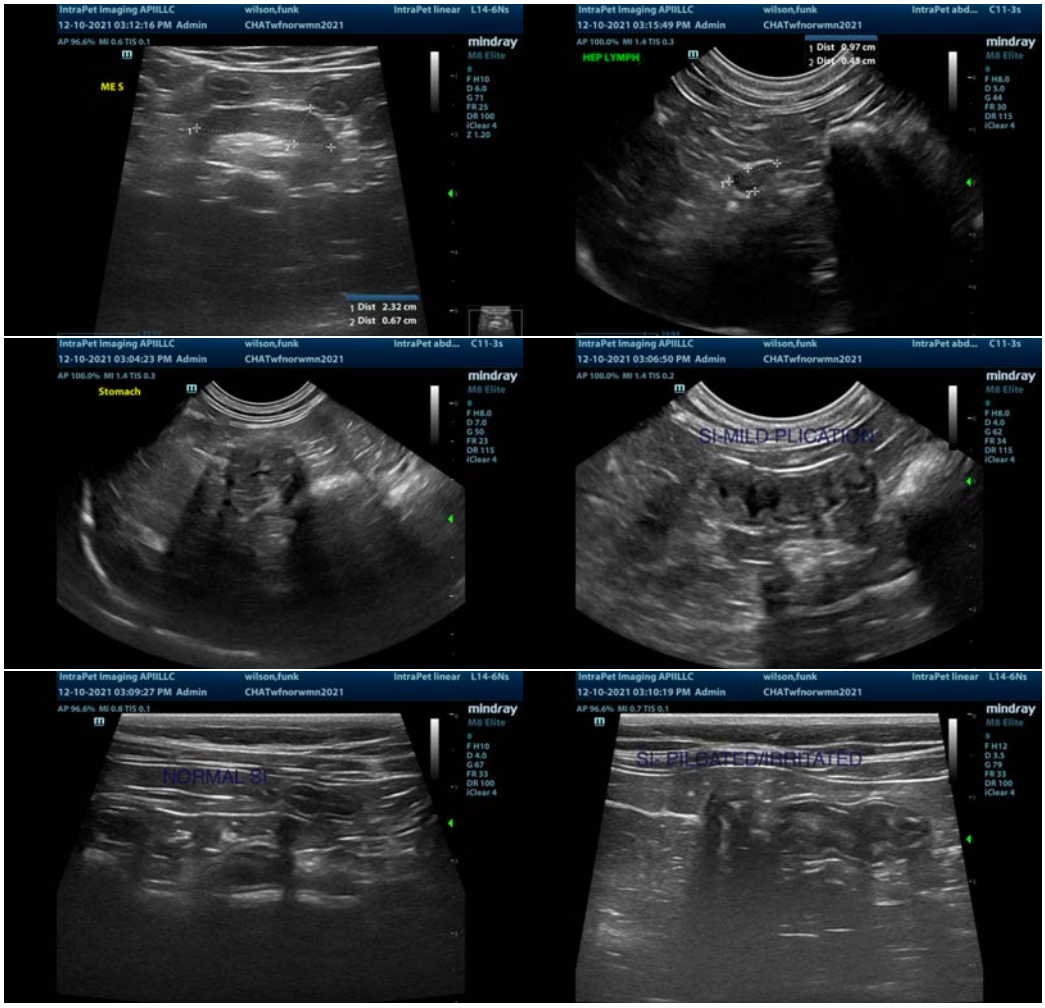
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Prominent mesenteric lymph nodes can be common in young animals.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time, the general impression of the intestinal changes observed is that of an inflammatory response, possibly due to dietary indiscretion or a previous ingestion of foreign material. An obvious focal foreign object is not visualized, but a small linear foreign body cannot be excluded as a possibility. Recommend supportive care and treatment for enteritis with very close observation and serial imaging. If symptoms do not resolve, consider exploratory with biopsies taken of the small intestine to look for any evidence of underlying small intestinal disease. The pancreatic changes at this time appear mild, but the ultrasonographic findings do not always correlate with the clinical symptoms. You could consider an fPLI to further investigate the prominent pancreas.


IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:04:06 PM Admin
CHATwfnorwmn2021
Liver
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:05:07 PM Admin
CHATwfnorwmn2021
Pancreas
Dist 0.88 cm
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:05:55 PM Admin
CHATwfnorwmn2021
Spleen
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:06:07 PM Admin
CHATwfnorwmn2021
LT
Dist 3.97 cm
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:06:27 PM Admin
CHATwfnorwmn2021
LT
Dist 0.44 cm
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:08:00 PM Admin
CHATwfnorwmn2021
RT
Dist 4.27 cm
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet abd... C11-3s
12-10-2021 03:08:08 PM Admin
CHATwfnorwmn2021
RT
Dist 0.42 cm
RA
mindray
M8 Elite
IntraPet Imaging APIILLC
wilson,funk
IntraPet linear L14-6Ns
12-10-2021 03:09:28 PM Admin
CHATwfnorwmn2021
SI
Dist 0.23 cm
mindray
M8 Elite



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