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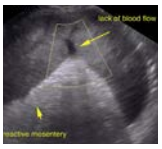
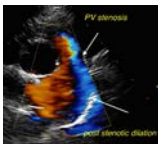
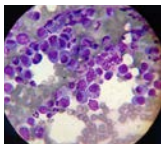
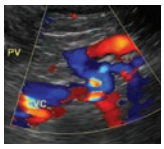

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gus Kuklok

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Months

WEIGHT

11.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Corvallis

REFERRING VET

Dr. Beth Marszewski

INVOICE

33412

DATE

12/14/21

PRESENTING CLINICAL SIGNS

Ongoing intermittent vomiting since last AUS 12/2/21; hx of possible F/B ingestion and concern for plicated bowel on U/S; controlled w/ cerenia but once patient is off cerenia vomiting returns. Eating almost normally w/ miratazbut not eating well when off miratazb. Weight gain noted. No other concerns. Abnormal PE/Chem/CBC/UA Results: NSF on PE. Bloodwork repeated 12/7/21: CBC: UR Chem: Crea (2.0), rest UR lytes: UR fpl: normal Send out U/A. USG >1.050. Urinalysis unremarkable.

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 (3.91 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 (4.1 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 0.2 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 0.32 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.

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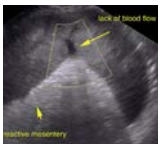
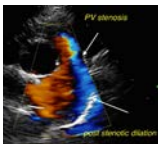
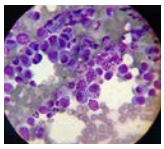
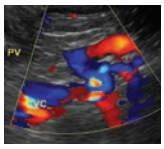

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Gastrointestinal

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 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. Jejunum wall measured 0.24 cm. Duodenum wall measured 0.37 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 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 are prominent mesenteric lymph nodes measuring 0.52, 0.43, 0.42 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bowel changes visualized on the last ultrasound exam (fluid dilation, corrugation, etc.) are no longer apparent on today's scan. Additionally, the pancreas appears less prominent. The mesenteric lymph nodes are mildly enlarged, but this can be a common finding in young animals. Based on today's exam and the history of eating and keeping food down with medical assistance, the likelihood of an obstruction or partial obstruction is much lower. The visual signs of enteritis appear improved.

- If not already done, consider a GI panel to Texas A&M for qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Consider a novel protein/hydrolyzed protein prescription diet, as the possibility for a dietary sensitivity exists.
- Recommend probiotic therapy.
- If symptoms persist despite medical therapy, you may need to consider obtaining GI biopsies.

If medical therapy controls these symptoms, and the pet feels well, I'd be inclined to continue medical therapy, transition to a prescription diet, and gradually wean off of therapy in a few weeks to see what effect this has had.

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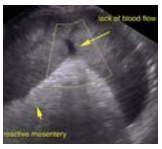
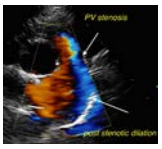
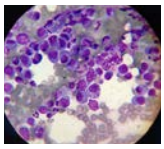
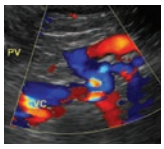

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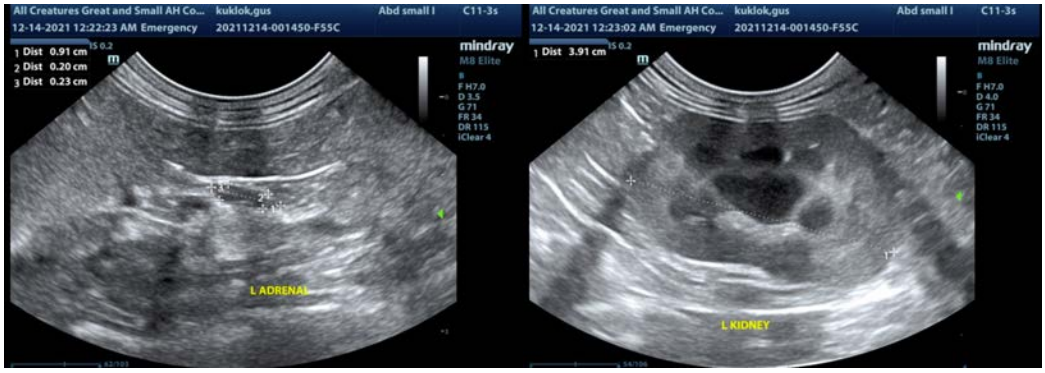

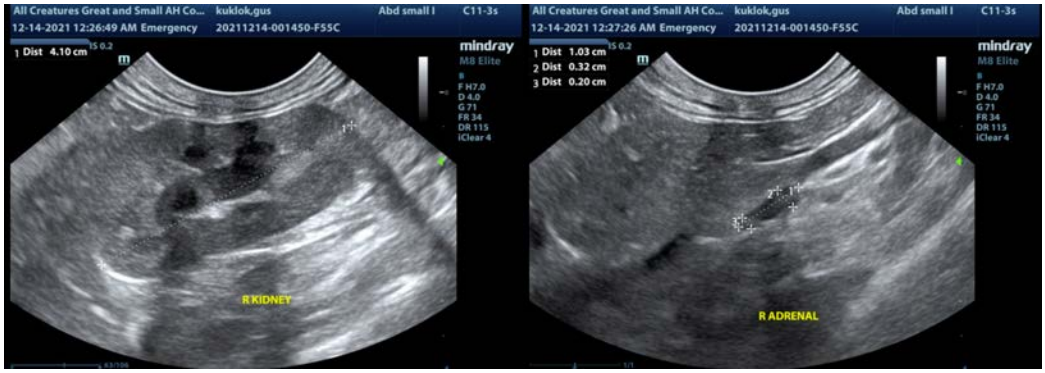

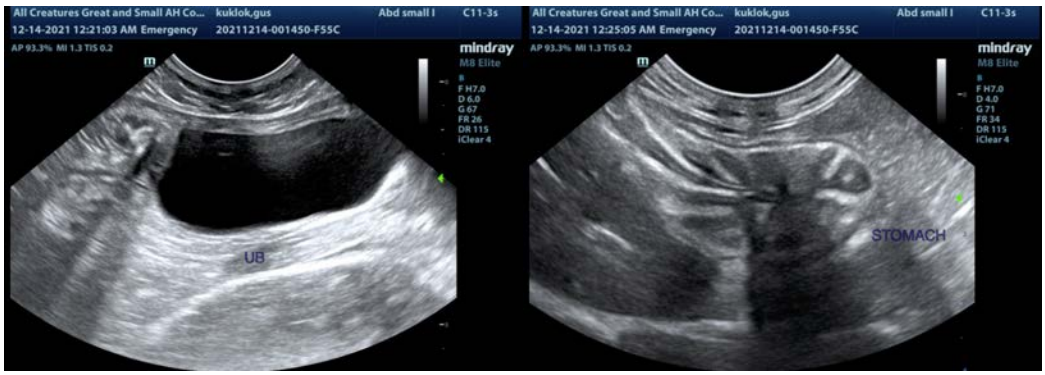

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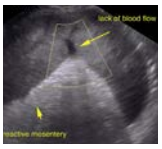
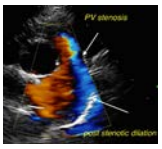
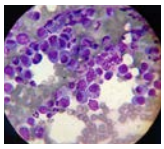
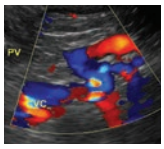

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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