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Clinical Sonography & Telecytology
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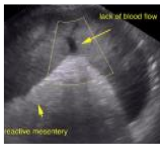
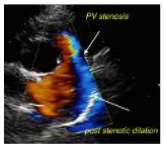
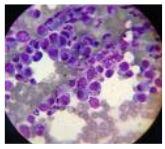
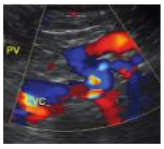





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Grayson Allen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8.9 Years

WEIGHT

15.5 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM, DAVBP(Canine/Feline)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM, DAVBP(Canine/Feline)

INVOICE

13116

DATE

12/17/21

PRESENTING CLINICAL SIGNS

History: Patient was adopted 1 year ago. Since that time, has had 3 episodes of acute vomiting, during which he vomits many times over a 4-7 day period, and then is back to normal. No weight loss (actually gaining rapidly). CBC / Chem normal, snap fPL normal, fecal float and antigen test negative.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.84 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 (5.11 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 0.48 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 0.39 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

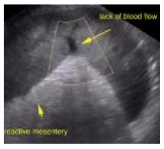
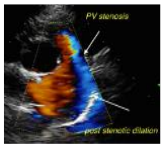
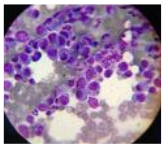
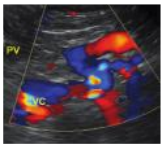
The spleen is subjectively normal/ borderline large in size, measuring 1.09 cm (normal is <1.0 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. This is likely normal for this large cat.

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 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 <0.36 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is

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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. Some areas have moderate fluid distention with no obvious evidence of an obstruction or foreign material. Wall thickness is normal. Bowel loops in some areas follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. In some other areas, there is focal corrugation consistent with inflammation/enteritis. The duodenum measured as normal (0.23 in wall thickness) and the jejunum measured as normal (0.32 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 (0.11 cm). 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 region 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

There is no free fluid. There is a cluster of large, rounded, isoechoic lymph nodes visualized in the caudal abdomen, many in the area of the pancreas (cannot 100% rule out this is pancreatic tissue), measuring 0.8 cm and 1.2 cm in thickness. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate fluid dilation of the small bowel with some focal areas of corrugation. No evidence of foreign material was observed but this cannot be 100% ruled out. Recommend correlate with abdominal radiographs. Findings are most suggestive of mild ileus and enteritis.
- Large mesenteric lymph nodes. These lymph nodes are very prominent and isoechoic. Possible differentials include inflammation, infection or neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most prominent features of todays scan are the moderate fluid dilation of the small bowel with occasional corrugation and the prominent mesenteric lymph nodes. I cannot 100% say these lymph nodes are not pancreatic tissue, as I was not able to clearly visualize normal pancreatic tissue, but I lean towards them being lymph nodes and recommend a fine needle aspirate, as this will help differentiate.

I suspect the fluid dilation is most consistent with a degree of ileus. This can be present secondary to small intestinal disease. Additionally, some areas of bowel appear somewhat corrugated and irritated but no significant wall changes are present. These types of changes would be most consistent with dietary indiscretion, dietary intolerance, etc., but the prominent lymph nodes are unusual and more concerning.

- Recommend fine needle aspirate of the mesenteric lymph nodes
- Recommend Three-view thoracic radiographs

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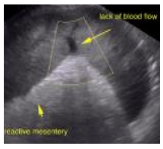
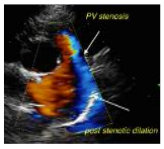
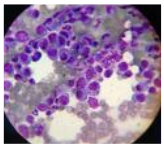
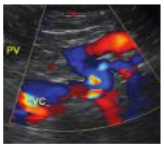

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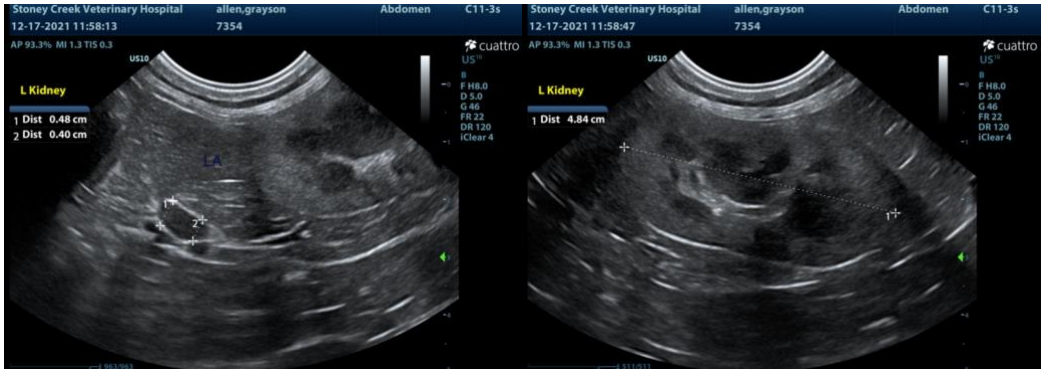
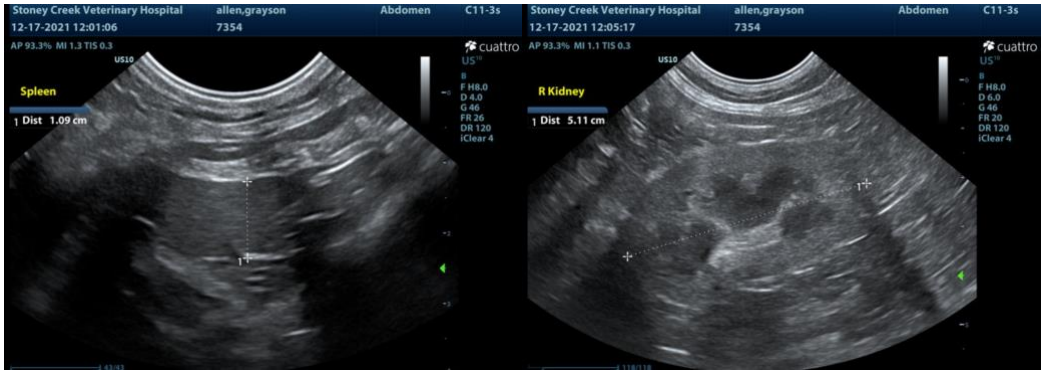
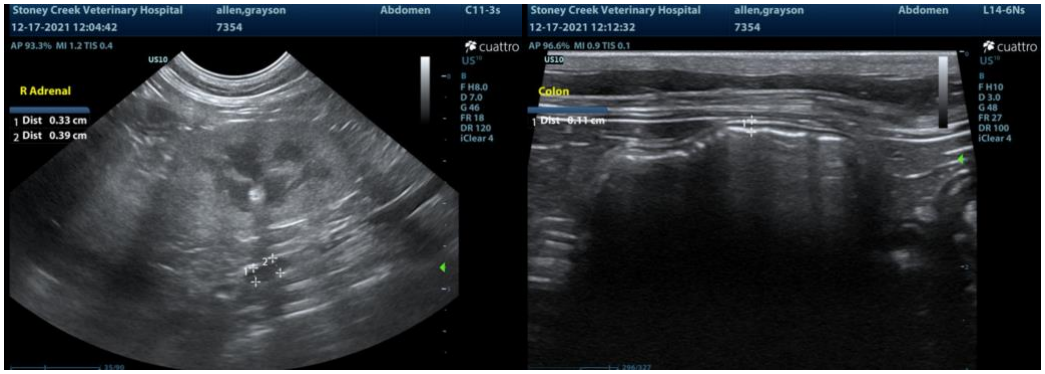
- Recommend a GI panel with qualitative FPLI, TLI, cobalamin and folate to further evaluate for abnormal pancreatic tissue and small intestinal disease.
- Consider metoclopramide as a possible treatment for ileus as long as no evidence of foreign material is present.
- Recommend a hydrolyzed protein or a novel protein prescription diet and trying to avoid treats, etc., in case they're dietary triggers.
- If symptoms persist, consider obtaining GI biopsies +/- biopsies of the mesenteric lymph nodes
- Recommended monitoring the lymph nodes closely







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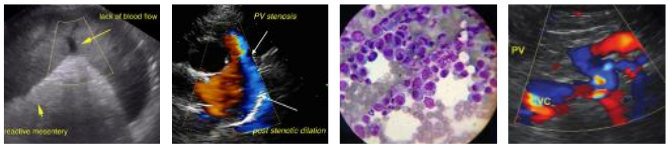

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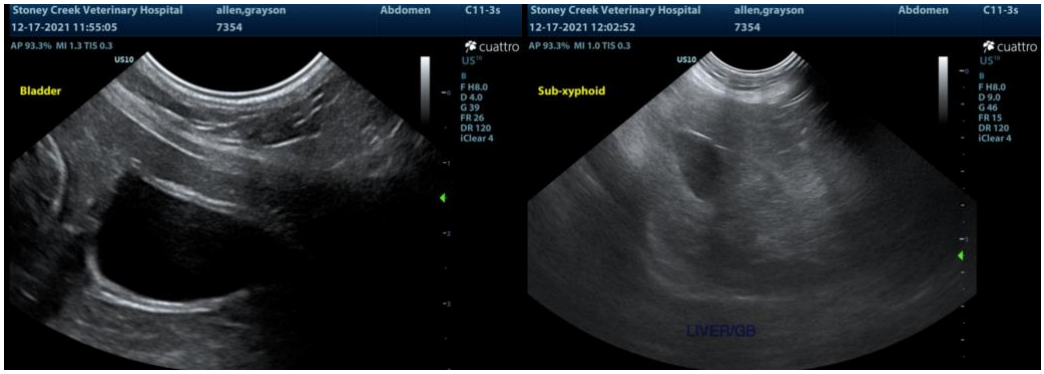

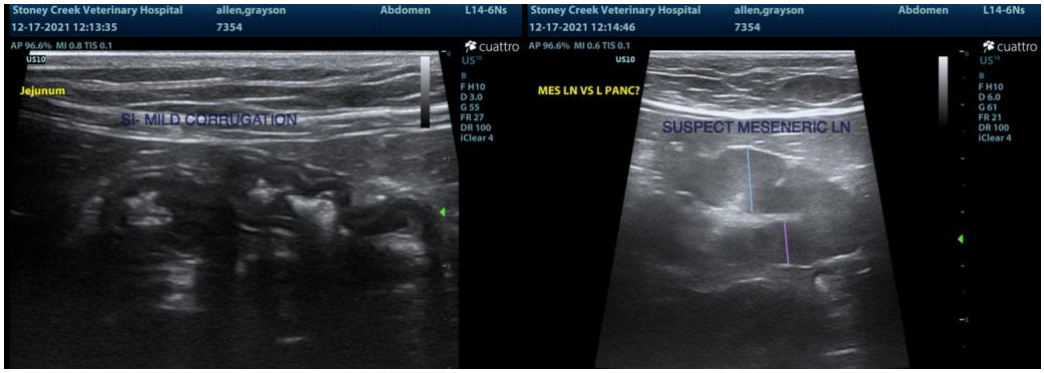

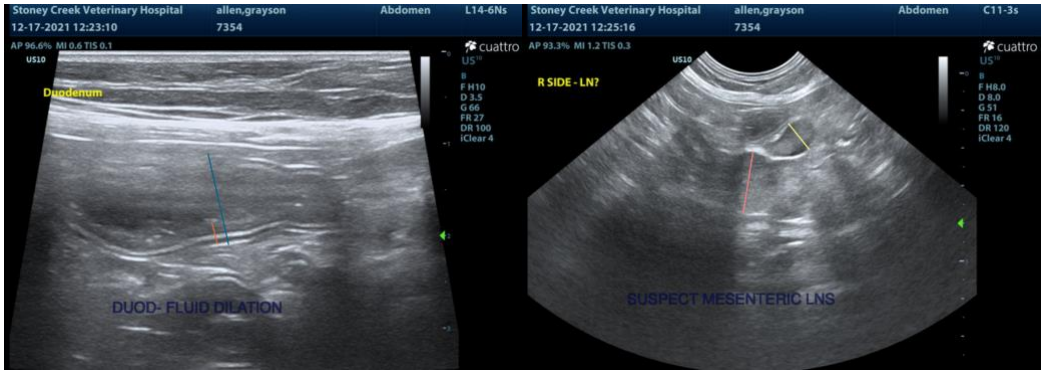

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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