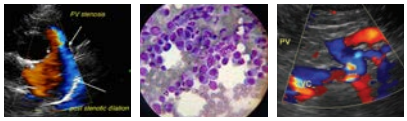
IMAGING PERFORMED BY

IntraPet.com



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

DATE

12/2/21

PATIENT

Riley Cohoon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/17/12

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. Beigel

INVOICE

33190

PRESENTING CLINICAL SIGNS

History: Hx (years) of chronic D+, recent hx of URI, Inappetance, and wt loss (decreased 1.6lbs since 9/29/21); administered Convenia 0.36cc SQ for URI, dispensed Mirtazapine for D+; on Gabapentin prn for anxiety/inappropriate urination (has not had a dose since last weekend d/t URI).

Current Medications: Mirtazapine.
Lab Results: Attached separately within request.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not 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. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. A hyperechoic region consistent with a previous infarct was noted. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.23 cm) with a non-obstructive nephrolith measuring 0.35 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.38 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.

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 measured 0.26 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 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

No free fluid. There is a mild mesenteric lymphadenopathy visualized with lymph nodes measuring 0.32 cm and 0.53 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

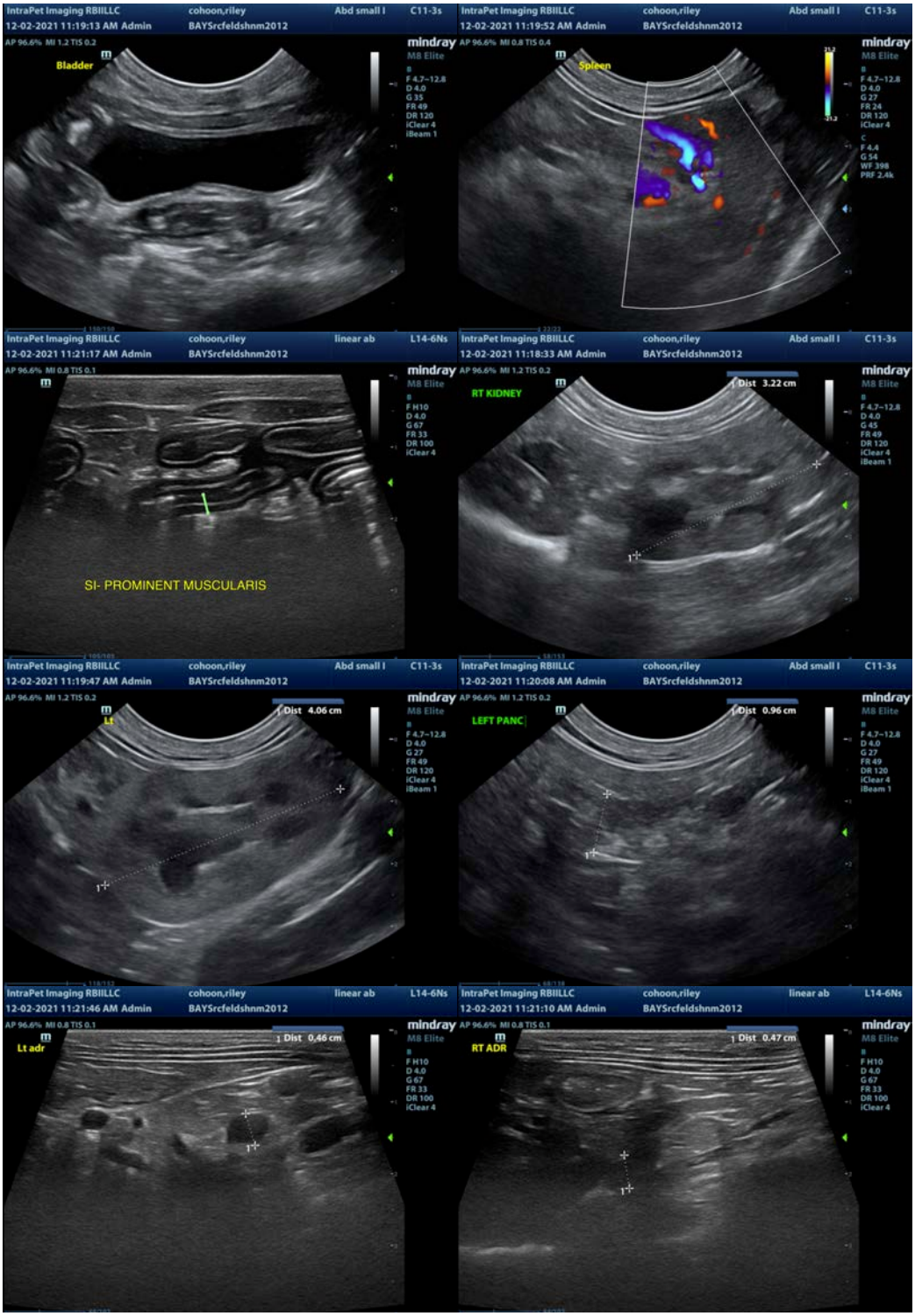
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

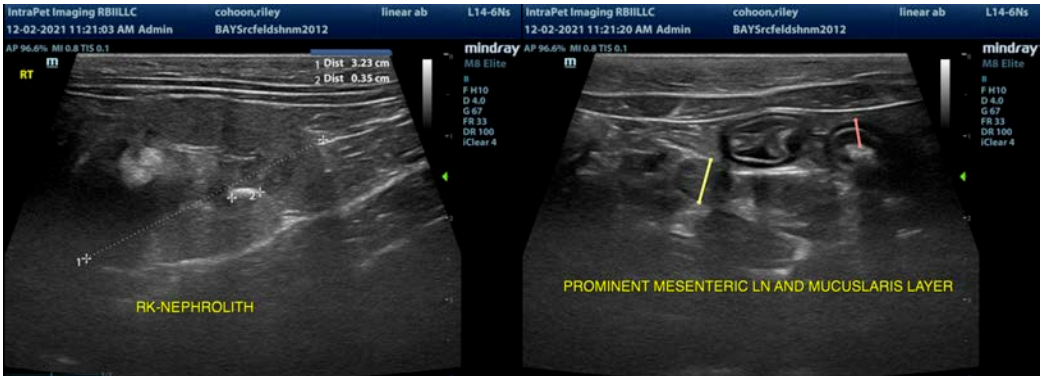
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With a history of chronic diarrhea, the prominent muscularis layer and mesenteric lymphadenopathy are consistent with likely small intestinal disease. No focal mass lesions are observed. In a pet like this with more chronic symptoms, I would most strongly consider food allergy, IBD, or intestinal neoplasia (seems less likely).

- Recommend a diet trial with a novel protein/hydrolyzed protein prescription diet.
- Recommend a GI panel for evaluation of fPLI, TLI, cobalamin and folate (to Texas A&M University) to further evaluate for B12 deficiency, exocrine pancreatic insufficiency, etc.).
- Recommend probiotic therapy.
- If symptoms persist, recommend obtaining GI biopsies.

Additionally, there are changes in both kidneys consistent with chronic progressive kidney disease. Recommend blood pressure evaluation, urinalysis and culture, and continued monitoring for azotemia and isosthenuric urine.


IntraPet Imaging RBIILLC
cohoon,riley
Abd small I
C11-3s
12-02-2021 11:19:13 AM Admin
BAYSrcfeldshnm2012
Bladder
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
Abd small I
C11-3s
12-02-2021 11:19:52 AM Admin
BAYSrcfeldshnm2012
Spleen
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
linear ab
L14-6Ns
12-02-2021 11:21:17 AM Admin
BAYSrcfeldshnm2012
SI- PROMINENT MUSCULARIS
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
Abd small I
C11-3s
12-02-2021 11:18:33 AM Admin
BAYSrcfeldshnm2012
RT KIDNEY
Dist 3.22 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
Abd small I
C11-3s
12-02-2021 11:19:47 AM Admin
BAYSrcfeldshnm2012
Lt
Dist 4.06 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
Abd small I
C11-3s
12-02-2021 11:20:08 AM Admin
BAYSrcfeldshnm2012
LEFT PANC
Dist 0.96 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
linear ab
L14-6Ns
12-02-2021 11:21:46 AM Admin
BAYSrcfeldshnm2012
Lt adr
Dist 0.46 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
cohoon,riley
linear ab
L14-6Ns
12-02-2021 11:21:10 AM Admin
BAYSrcfeldshnm2012
RT ADR
Dist 0.47 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