

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE PRESENTING CLINICAL SIGNS

12/21/22 Chronic constipation issues, has presented 5-6 times for this issue, has been de-obstipated twice (last time was at ER 12/10/2022); no BM since de-obstipation procedure

PATIENT

Hobo Shifflett Current Medications: lactulose, cisapride, miralax, gabapentin, starting dasuquin and proviable.
Lab Results: monocytosis, all other BW findings wnl.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DMH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.81 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.

AGE

7/5/11

The right kidney has a normal shape and size (3.46 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.

WEIGHT

14.28 Pounds

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Frederick Road VH

Spleen

The spleen is borderline large and slightly irregular, measuring 1.1 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. Overall, the spleen appears relatively normal, but in several views, there is a mild isoechoic "bulging" effect caudal to the hilus. This could represent normal anatomic variation, or less likely a subtle isoechoic mass lesion.

REFERRING VET

Dr. Beyer

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.

INVOICE

43618

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 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 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. Many sections of colon are visualized and appear somewhat distended with formed shadowing stool starting at the ileocecal junction. There is no observed colon wall thickening or loss of layering. There is mild inflammation surrounding the ileocecal junction.

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. There is an isoechoic, slightly cystic structure visualized within the mesentery measuring 1.5 cm x 1.07 cm, most consistent with a cystic mesenteric lymph node. Additionally, there is a prominent lymph node near the ileocecal junction measuring 0.29 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

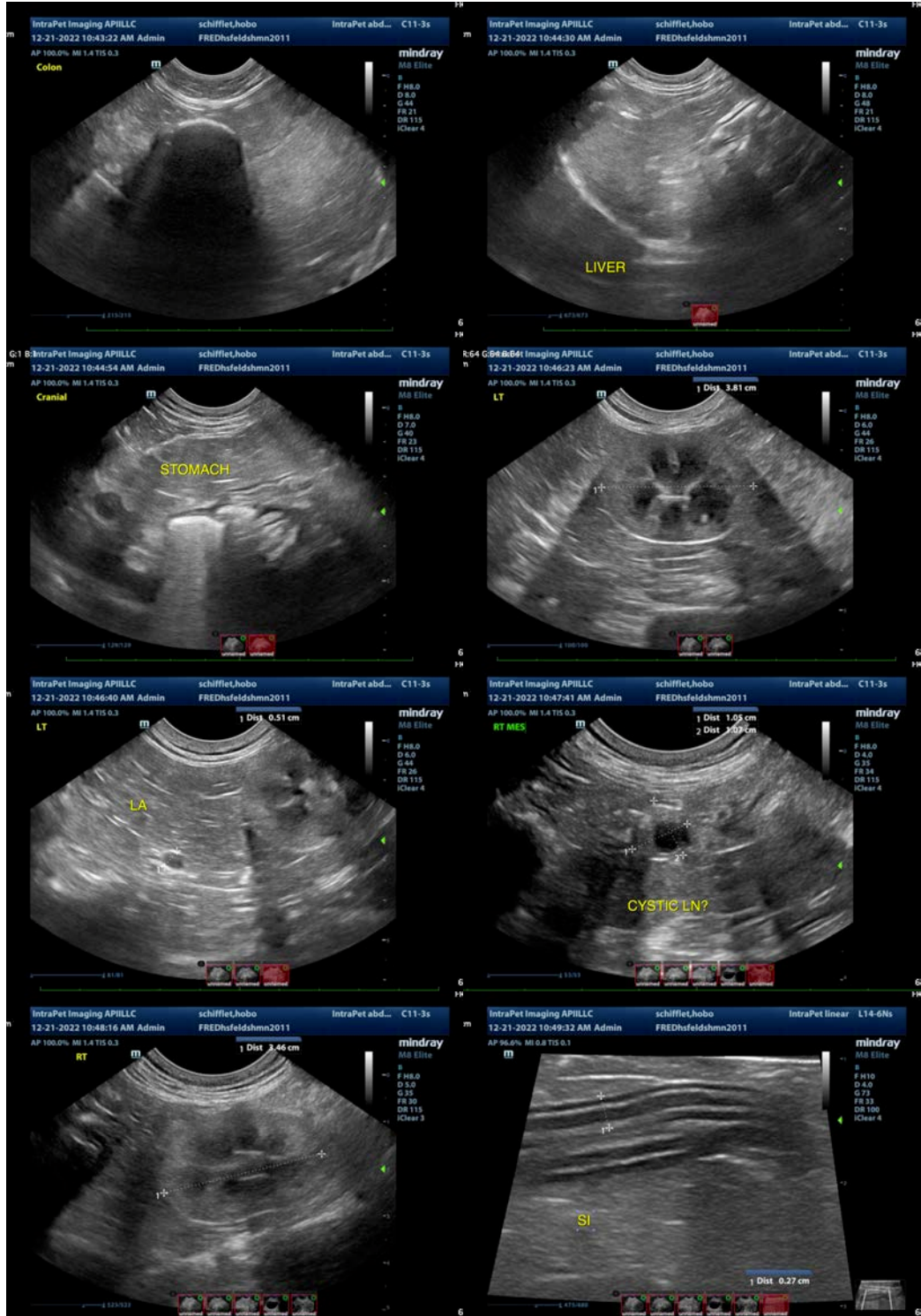
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Cystic mesenteric lymph node and a prominent lymph node near the ileocecal junction – The cystic lymph node is likely a benign lesion/incidental finding. Inflammation associated with the ileocecal junction may be secondary to constipation and de-obstipation.
- Borderline large spleen with an isoechoic “bulge” – This could represent normal anatomic variation in a large cat, or less likely could represent an isoechoic mass lesion. Recommend a fine needle aspirate or continued monitoring with ultrasound.

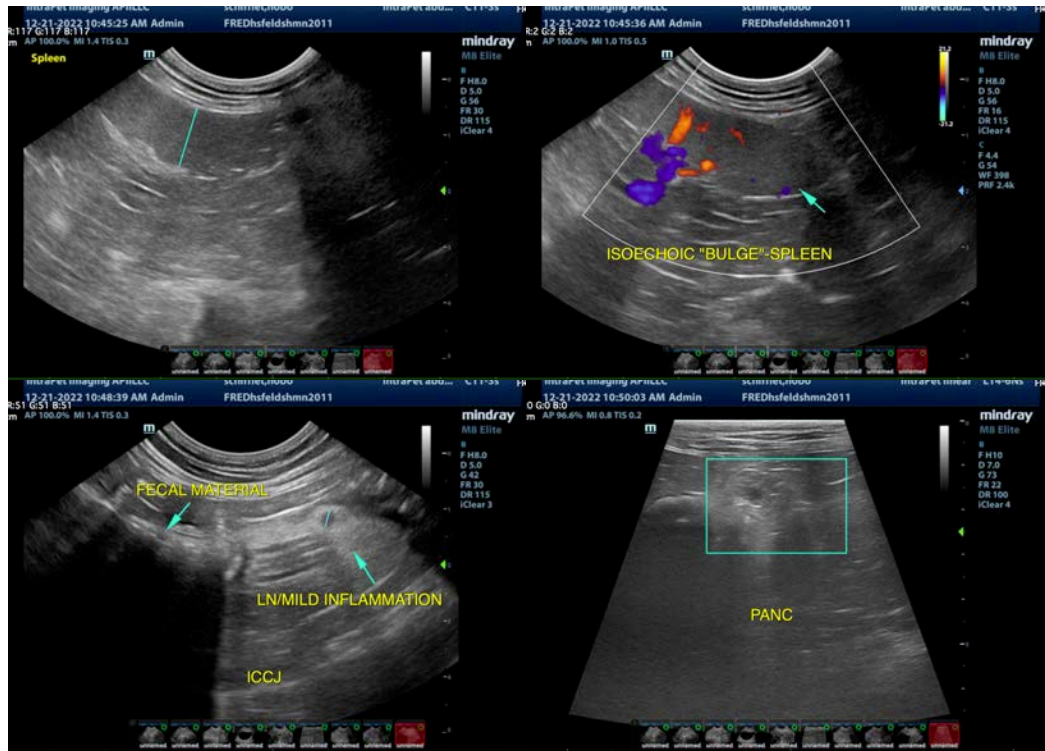
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions or obstructive processes are visualized associated with the colon. There is a large amount of shadowing stool visualized, consistent with the obstipation reported. Your medical plan is good in addition to ensuring hydration. If medical therapy does not work, a subtotal colectomy could be considered as a last resort.

The spleen appears somewhat large and slightly irregular with an isoechoic “bulge”. I suspect this is a benign lesion, but you could consider a fine needle aspirate of this region, or at least continued monitoring to ensure it does not progress to a more defined lesion.

The pancreas is somewhat mottled and prominent. Correlate this with a quantitative fPLI measurement, looking for evidence of chronic pancreatic inflammation.





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.

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