

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE PRESENTING CLINICAL SIGNS**

12/22/22

Maggie presented for a consult after not eating for 48 hours. She has not been seen drinking in 72 hours. Elimination has been normal. She had been acting like herself until yesterday when she seemed lethargic. She has also been seen licking her lips more than usual. She normally gets Friskies shreds wet food AM and PM and Purina cat chow hard food stays out all day for her. She is not interested in any food. Her owners have tried warming up her wet food and tried enticing her with cheese and treats which she loves but nothing has worked thus far. No medications.

**PATIENT**

Maggie Przybyl

**SPECIES**

Feline

Current Medications: Mirtazipine transdermal  
Lab Results: Spec fPL performed wnl; Lab work mostly wnl  
Radiographs: Thoracic/Abdominal radiographs: Cardiopulmonary structures within normal limits. Abdominal serosal detail is excellent. No organomegaly or masses noted. There is a dilated bowel loop in the mid-abdomen which appears to be in the area of the transverse and descending colon on the VD projection.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

DSH

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

12/19/16

**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.

**WEIGHT**

5.26 kg

The left kidney has a normal shape and size (4.09 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.23 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.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**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.

**HOSPITAL NAME**

Nexus Vet Specialists

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.

**REFERRING VET**

Dr. Steele

**Spleen**

The spleen is subjectively normal in size (0.83 cm in width at the level of the hilus), 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.

**INVOICE**

43690

**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 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 significant non-progressive 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 0.21 cm. Visualized peristalsis appears appropriate. There is occasional intraluminal shadowing material visualized without evidence of an obstructive pattern, as fluid dilation exists proximal and distal to these areas.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. All visualized sections of colon appear relatively fluid dilated with a lack of progressive motility. 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***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A sublumbar lymph node is visualized and mildly enlarged, measuring 0.69 cm. The omentum is of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

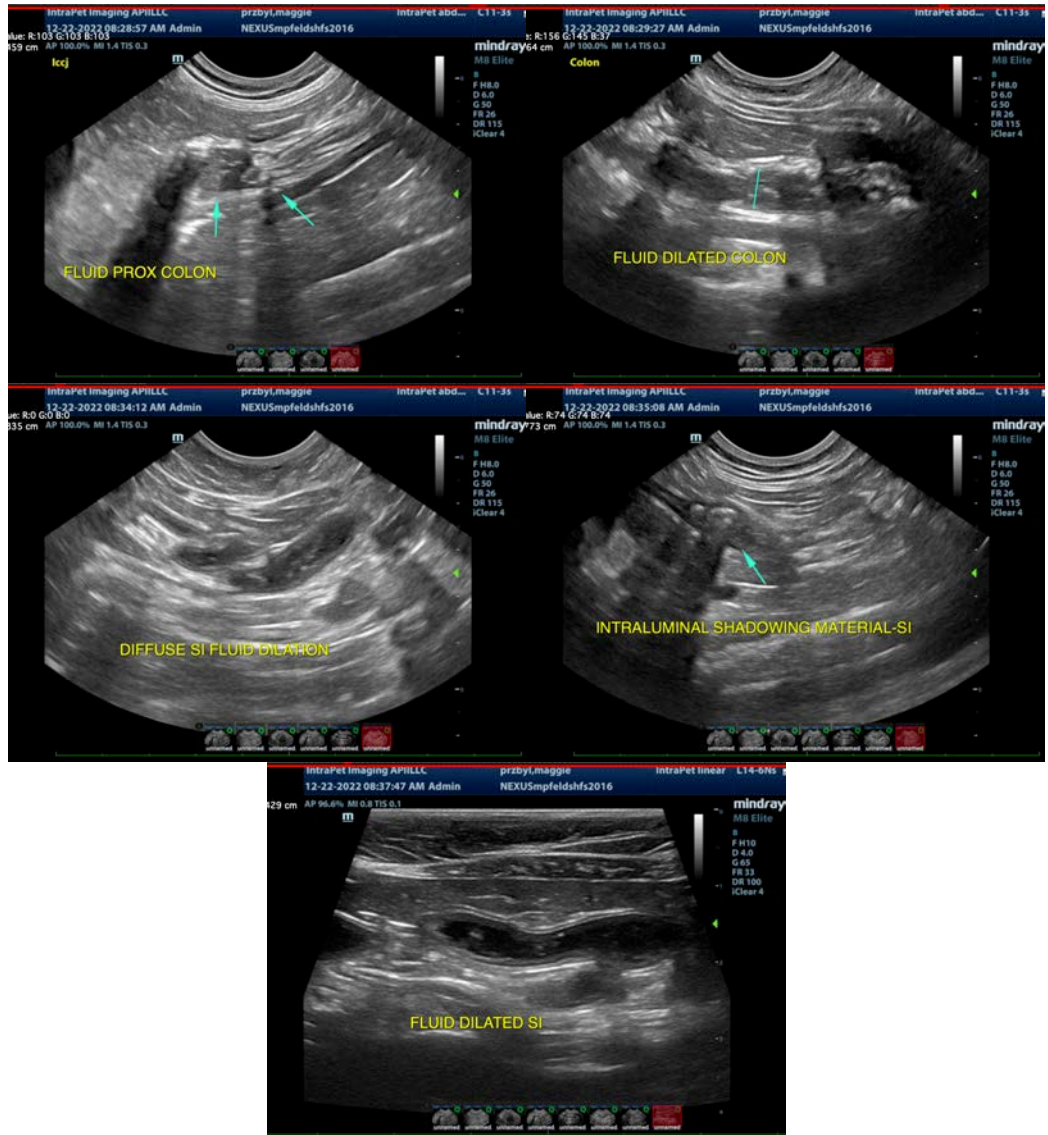
- Diffuse fluid dilation of the small and large bowel – Findings are most consistent with diffuse ileus, although numerous small partial obstructions cannot be definitively ruled out.
- Moderate lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings include diffuse fluid dilation of the small and large bowel with no progressive peristalsis visualized, occasional shadowing intraluminal objects with no evidence of obstruction, and a prominent sublumbar lymph node.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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.

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