

IMAGING PERFORMED BY

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DATE PRESENTING CLINICAL SIGNS

12/7/21

History: Owner inherited Annie from a relative in May (from South Carolina). Since owner adopted her, Annie has had frequent vomiting. The vomit can be clear fluid or sometimes partially digested food. She has been barbering so hairball medicine was tried but did not help. Bloodwork shows a very slightly elevated ALKP. Suspect primary intestinal disease with possible pancreatic/hepatic involvement.

PATIENT

Annie Franz

SPECIES

Feline

Current Medications: Laxatone daily.

Lab Results: ALKP=66 (12-59). Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: 0.05ml dexdomitor + 0.15ml midazolam + 0.1ml ketamine + 0.12ml torbugesic IM.

BREED

Stat Report: Not requested.

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

9/12/10

The left kidney has a normal shape and size (3.81 cm) with small non-obstructive nephroliths. 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.

WEIGHT

11 Pounds

The right kidney has a normal shape and size (4.14 cm) with small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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

Rachel Brillhart RDMS

The right adrenal gland is normal in size measuring 0.41 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.

HOSPITAL NAME

Cat Sense Feline AH

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.

REFERRING VET

Dr. Sinclair

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

33312

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 0.25 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. Occasional prominent mesenteric lymph nodes are visualized, measuring 0.28 cm and 0.35 cm. The omentum is generally of normal echogenicity.

Other

Ringdown artifact is visualized at the level of the diaphragm. This can be an indicator of pulmonary parenchymal disease.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with small, non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Subjectively heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- 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.

SECONDARY FINDINGS

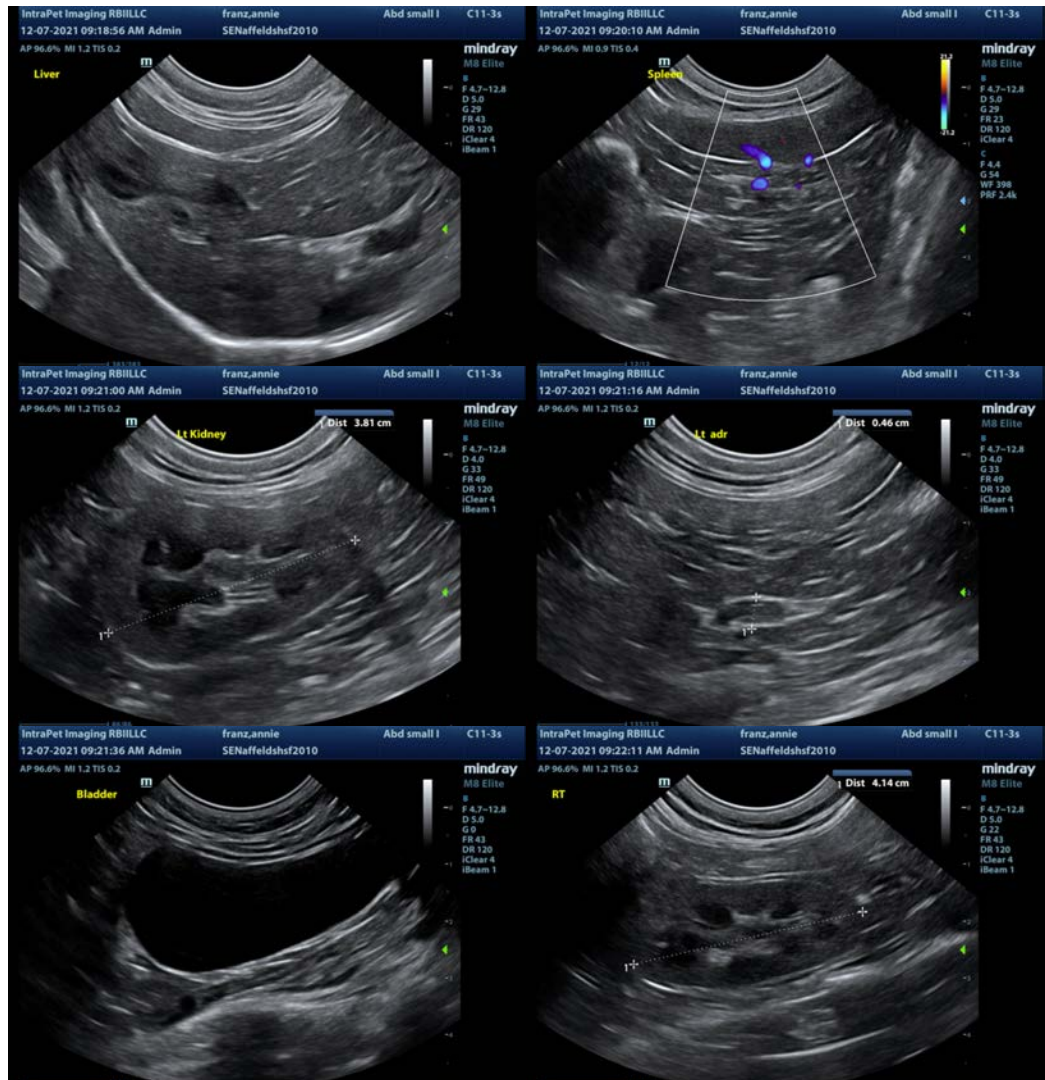
- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

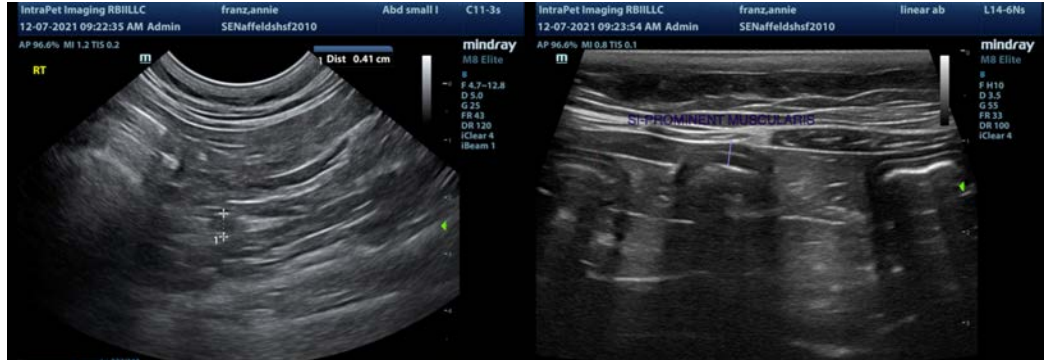
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal mass lesions were observed. The liver is somewhat heterogeneous. This is a subjective, non-specific finding. Considering the ALT elevation, you could consider liver function testing and a fine needle aspirate of the liver, or at the very least, continued monitoring to see if these values increase.

Additionally, the muscularis layer of the small intestine is somewhat prominent. This can be a normal finding in some older cats, but considering the history of vomiting, there would be concern for the possibility of small intestinal disease. Consider a GI panel to Texas A&M University for a quantitative fPLI, TLI, cobalamin and folate to further evaluate for pancreatic and small intestinal disease.

- Consider a novel protein or hydrolyzed protein prescription diet.
- Recommend GI panel (as recommended above).
- Consider starting probiotic therapy.
- If symptoms persist, and weight loss is evident, consider obtaining GI biopsies.





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.

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