

PATIENT

Kiko Joyner

PRESENTING CLINICAL SIGNS

Hx of diarrhea chronic which resolved on prednisolone and now hard stool- weight loss- mildly dehydrated- r/o IBD, gi disease

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 22.1 NEU 19.81 LYMP 1.12 AMY 1786 BUN 46 K+ 3.4 T4 normal

BREED

Siamese

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.

SEX

Neutered Male

The left kidney has a normal shape and is borderline large in size, measuring 4.89 cm. Overall echogenicity is significantly increased. The cortex is hyperechoic with mildly decreased corticomedullary distinction. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8 Years

The right kidney has a normal shape and is borderline large in size, measuring 4.2 cm. Overall echogenicity is significantly increased. The cortex is hyperechoic with mildly decreased corticomedullary distinction. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8 Pounds

Adrenal Glands

INTERPRETED BY

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

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

The spleen is normal/borderline large in size (1.18 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.

HOSPITAL NAME

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.

REFERRING VET

Dr. Denny Nolet

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The common bile duct appears prominent and mildly dilated at 0.23 cm. No obstruction is visualized.

INVOICE

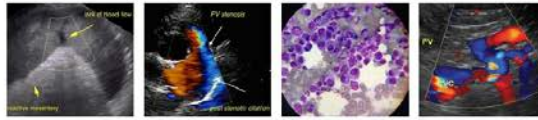
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Gastrointestinal

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.

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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 measured 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

BREED

Siamese

Pancreas

SEX

Neutered Male

The pancreas is prominent and hypoechoic as 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. Pancreatic duct measures 0.21 cm.

Free Abdomen

AGE

8 Years

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are mildly prominent mesenteric lymph nodes visualized with lymph nodes measuring 0.27, 0.29, and 0.27 cm. The omentum is generally of normal echogenicity.

WEIGHT

8 Pounds

Other

A brief view of the heart was submitted. No pericardial effusion was seen.

PRIMARY FINDINGS

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(Small Animal Internal
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- Borderline large, hyperechoic kidneys – likely consistent with interstitial nephritis and chronic renal disease, but acute kidney disease cannot be ruled out, or infiltrative disease to the kidneys.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Borderline enlarged spleen – The spleen has normal echotexture, and no focal lesions, so this could be normal for a larger cat. If lymphoma is suspected, you could consider a fine needle aspirate.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

SECONDARY FINDINGS

- Prominent and mildly dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other). No obstruction is visualized.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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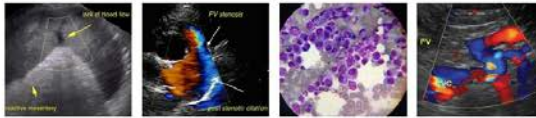
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No significant focal lesions were observed in the GI tract to explain the diarrhea and weight loss described. Unfortunately, there are many causes for diarrhea, which cannot be diagnosed by ultrasound alone. Based on the previous response to steroid therapy, some degree of previous inflammation is



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Kiko Joyner suspected. Unfortunately, sometimes steroid use can mask findings on ultrasound, making lesions less prominent.

SPECIES

Feline

The kidneys and spleen appear somewhat enlarged. This could be an incidental finding in a larger cat, but could also be considered with infiltrative disease. Additionally, the pancreas and mesenteric lymph nodes are prominent, which can be an indicator of small intestinal disease. Consider running a GI panel to Texas A&M's GI lab for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. This will also screen for exocrine pancreatic insufficiency.

BREED

Siamese

At this point I would consider:

SEX

Neutered Male

- Starting a hydrolyzed protein/novel protein prescription diet.
- Running a GI panel (as discussed above).
- Starting a probiotic.
- Recommend 3-view thoracic radiographs to evaluate for concurrent intrathoracic disease.
- If symptoms persist, recommend obtaining GI biopsies.

AGE

8 Years

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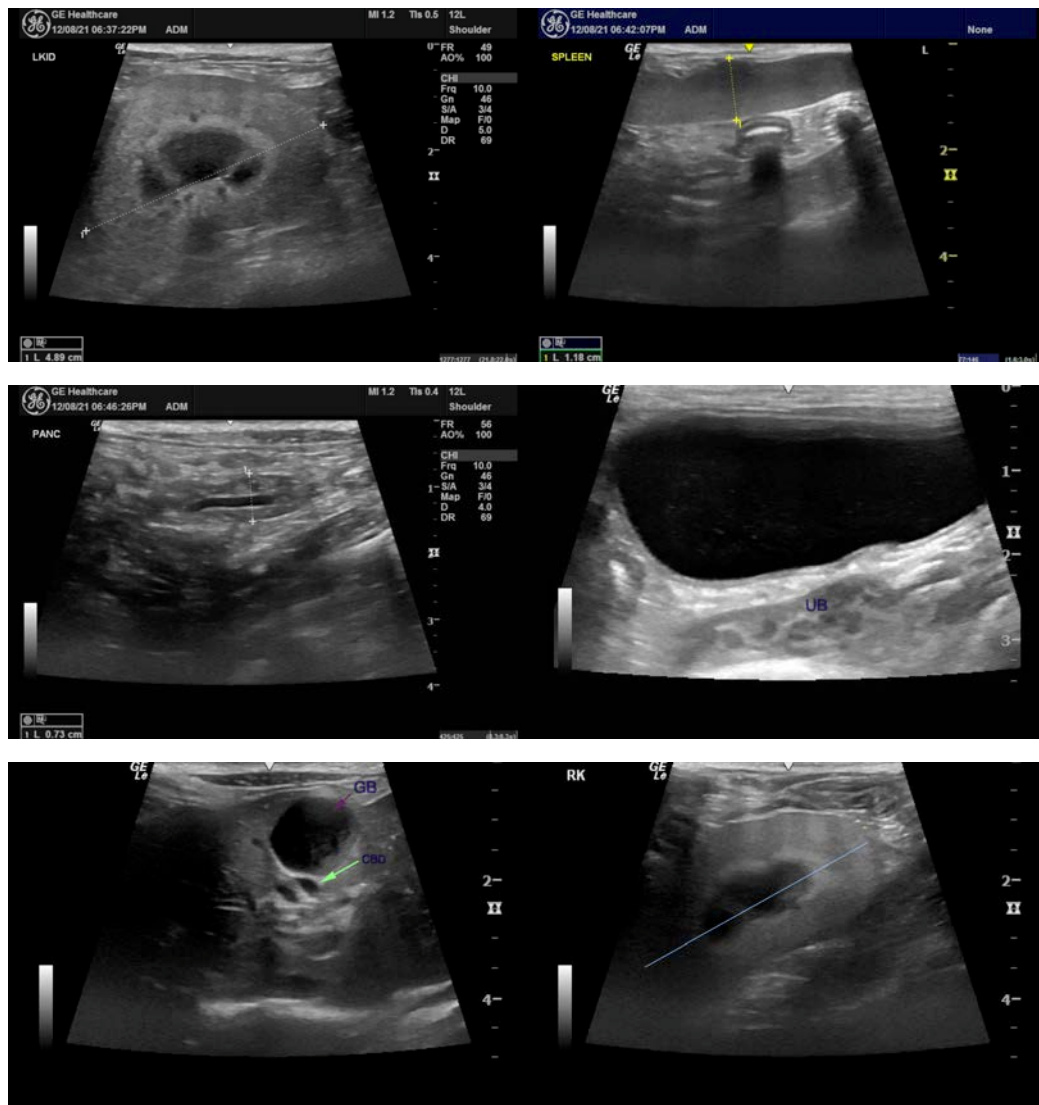
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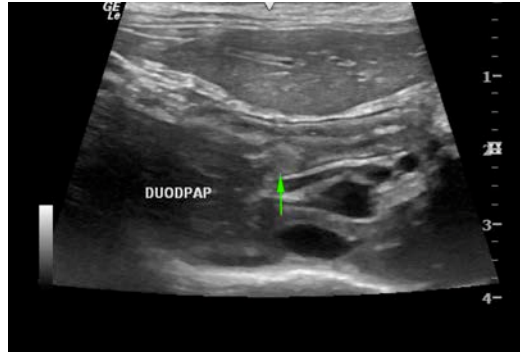
Kiko Joyner

SPECIES

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SEX

Neutered Male

AGE

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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.

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