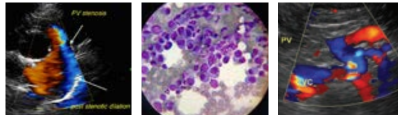


DATE
2/2/23

PATIENT
Lucy Corkran

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
2/14/08

WEIGHT
11.7 Pounds

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

HOSPITAL NAME
Everhart Vet Hospital

REFERRING VET
Dr. Menefee

INVOICE
44720

PRESENTING CLINICAL SIGNS

Pt presented 2/2 for anorexia and vomiting for 3 days. Abdomen very tense on palpation. Labs nsf. In house u/s - irregular gas pattern of intestines

Current Medications: None yet.
Lab Results: HCT 27, rest nsf
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (3.17 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.40 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 (0.56 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.

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 as somewhat thickened in some regions, varying between 0.5-0.32 cm 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, but there is surrounding lymphadenopathy.

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

The ileocecal junction was visualized with mild subjective thickening. Just distal to this, a section of transverse colon is visualized, which appears markedly thickened with complete loss of layering in this region. The transverse colon wall measures at 0.66 cm. This abnormal area extends for at least 4.0 cm of bowel and there is significant surrounding inflammation and a scant amount of fluid.

Pancreas

The pancreas is hypoechoic, irregular, and mottled. A focal section of pancreas appears hypoechoic and prominent, almost consistent with a mass lesion/infiltration, etc. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Scant free abdominal fluid is noted. There is a significant mesenteric lymphadenopathy present, particularly a large cluster of hypoechoic rounded nodes around the ileocecal junction, creating somewhat of a mass effect. These lymph nodes are clustered and measure approximately 1.3, 1.2, and 1.4 cm in diameter. Additionally, there are lymph nodes near the stomach measuring 0.65 cm and 0.58 cm, and a large lymph node near the urinary bladder (sublumbar) measuring 1.36 cm x 1.33 cm. The omentum is diffusely hyperechoic.

PRIMARY FINDINGS

- Subjectively mildly thickened gastric wall with intact wall layering and surrounding lymphadenopathy – Findings are most consistent with gastritis, but continued monitoring is warranted.

- Severe thickening of the transverse colon with complete loss of layering in the wall – Findings are concerning for infiltrative disease, severe colitis, but more concerning for neoplasia such as round cell neoplasia, carcinoma, etc.

- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

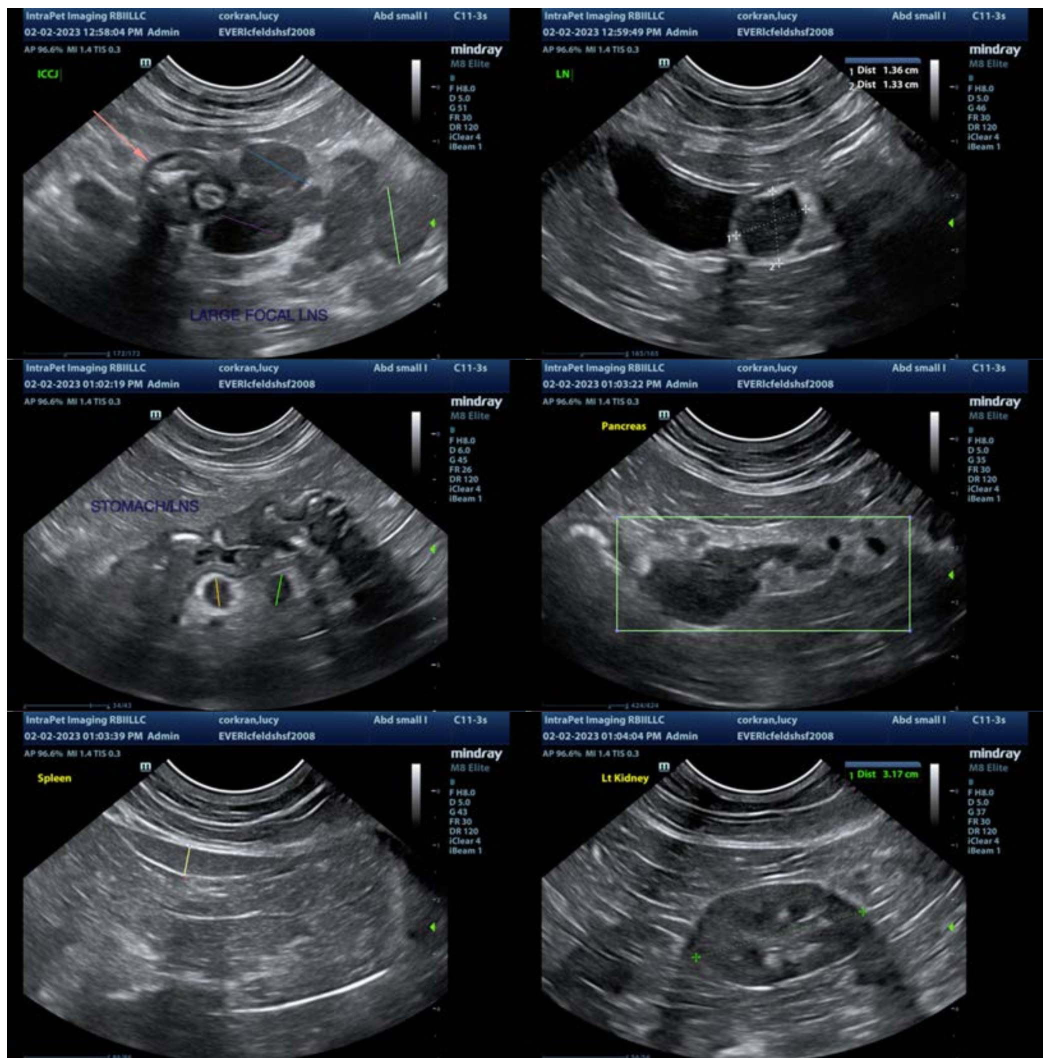
- Focally abnormal, hypoechoic pancreas – Recommend a fine needle aspirate.

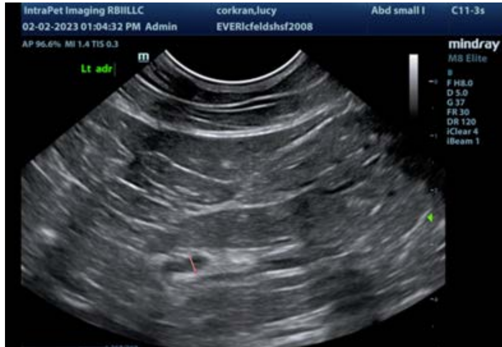
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe colonic wall thickening with a cluster of large, rounded lymph nodes/masses is very concerning for possible neoplastic disease. Alternative differentials would be FIP, bartonella, other. Recommend a fine needle aspirate of a mesenteric lymph node.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

If a cytologic diagnosis cannot be obtained, consider surgical biopsies. Consider possible referral to a veterinary surgeon, as a section of colon may need to be resected. Unfortunately, the prognosis for this type of presentation is poor.

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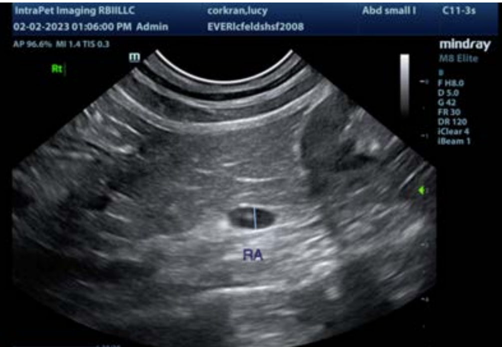
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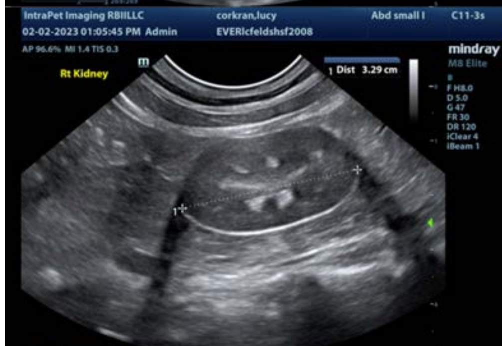
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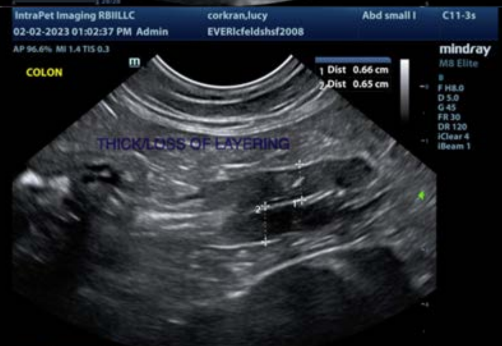
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COLON
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2 Dist 0.65 cm
THICK/LOSS OF LAYERING
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M8 Elite
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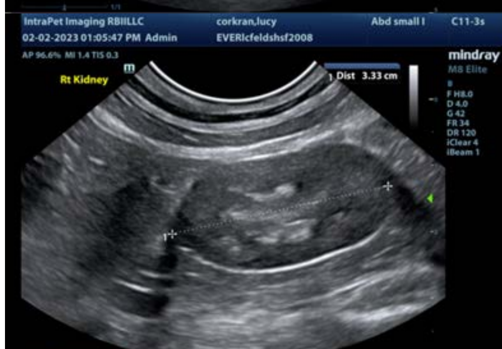
D 5.0
G 45
FR 30
DR 120
iClear 4
iBeam 1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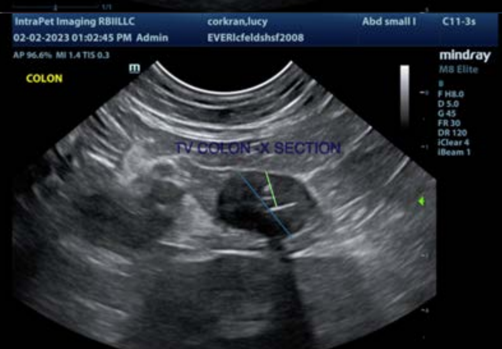
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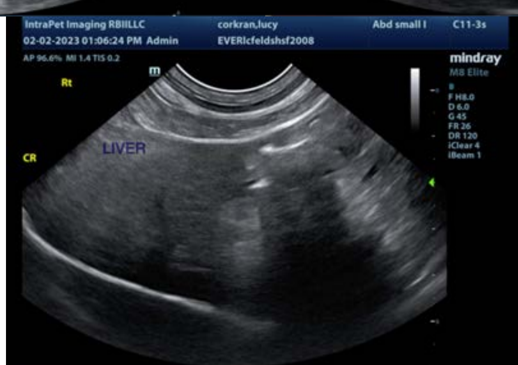
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CR
LIVER
mindray
M8 Elite
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D 6.0
G 45
FR 26
DR 120
iClear 4
iBeam 1

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)
kathleen.sennello@sonopath.com