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Clinical Sonography & Telecytology
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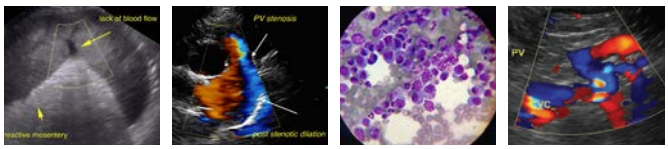

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PATIENT
Mouse Mays

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
18 Years

WEIGHT
9.56 Pounds

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

IMAGING PERFORMED BY
Dr. Judy Schroeder

HOSPITAL NAME
Animal Health Associates

REFERRING VET
Dr. Judy Schroeder

INVOICE
45575

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History of slow weight loss, anemia, and increase in kidney enzymes and spec fPL. New heart murmur with normal proBNP. (ECHO to follow). History of chronic GI disease, and skin and food sensitivities. Patient also has history of laryngeal nodule, and takes prednisolone 2.5 mg eod and maropitant chronically.

Abnormal PE/Chem/CBC/UA Results: Low RBC (4.39), Hct (24.2), Hg (7.5) Mild elevation in Monos (0.67) Elevated SDMA (21) and HIgh Normal Crea (1.8) Elevated Spec fPL (6.0) Borderline UPC (0.3) Casts in urine (2+) Normal T4 (1.7) Normal ProBNP (57)

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 (3.27 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 (3.75 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 0.44 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 0.43 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 (0.77 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.

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.

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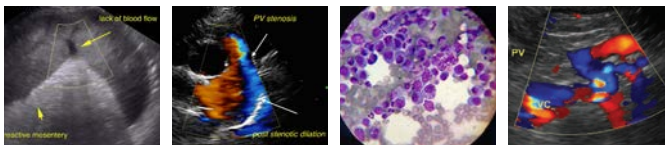

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Gastrointestinal

The stomach contains a large amount of fluid. 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 mild to moderate 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 0.24 cm. Visualized peristalsis appears appropriate. The stomach and proximal small intestine appear significantly fluid dilated with churning ingesta visualized but no obvious obstruction.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized measuring 0.65 cm and 0.61 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction of both kidneys – The bilateral renal findings are consistent with age-related change.
- Fluid dilated stomach and proximal small intestine – Findings could be consistent with ileus, but the non-diffuse nature of this lesion is concerning for an obstructive process, although no site of 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.

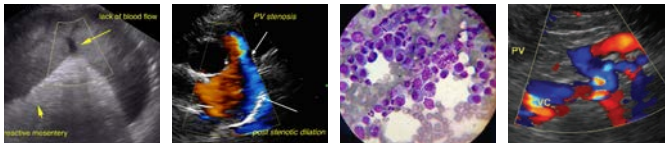
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for an 18 year old feline other than the stomach and proximal small bowel appearing significantly fluid dilated with increased motility, which appears somewhat non-progressive. These findings would be concerning for a possible obstructive process (mass, foreign body, etc.), but none is clearly observed. Correlate these findings with abdominal radiographs and the history. An alternate differential would be delayed gastric emptying, a very recent large meal, etc.

Many of the biochemical changes described are likely secondary to chronic age related renal disease. Consider urinalysis, culture, and blood pressure evaluation.

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

If the stomach remains dilated on serial imaging despite fasting, options moving forward would include administering a small amount of barium to see if it moves along the GI tract, repeat ultrasound, or if



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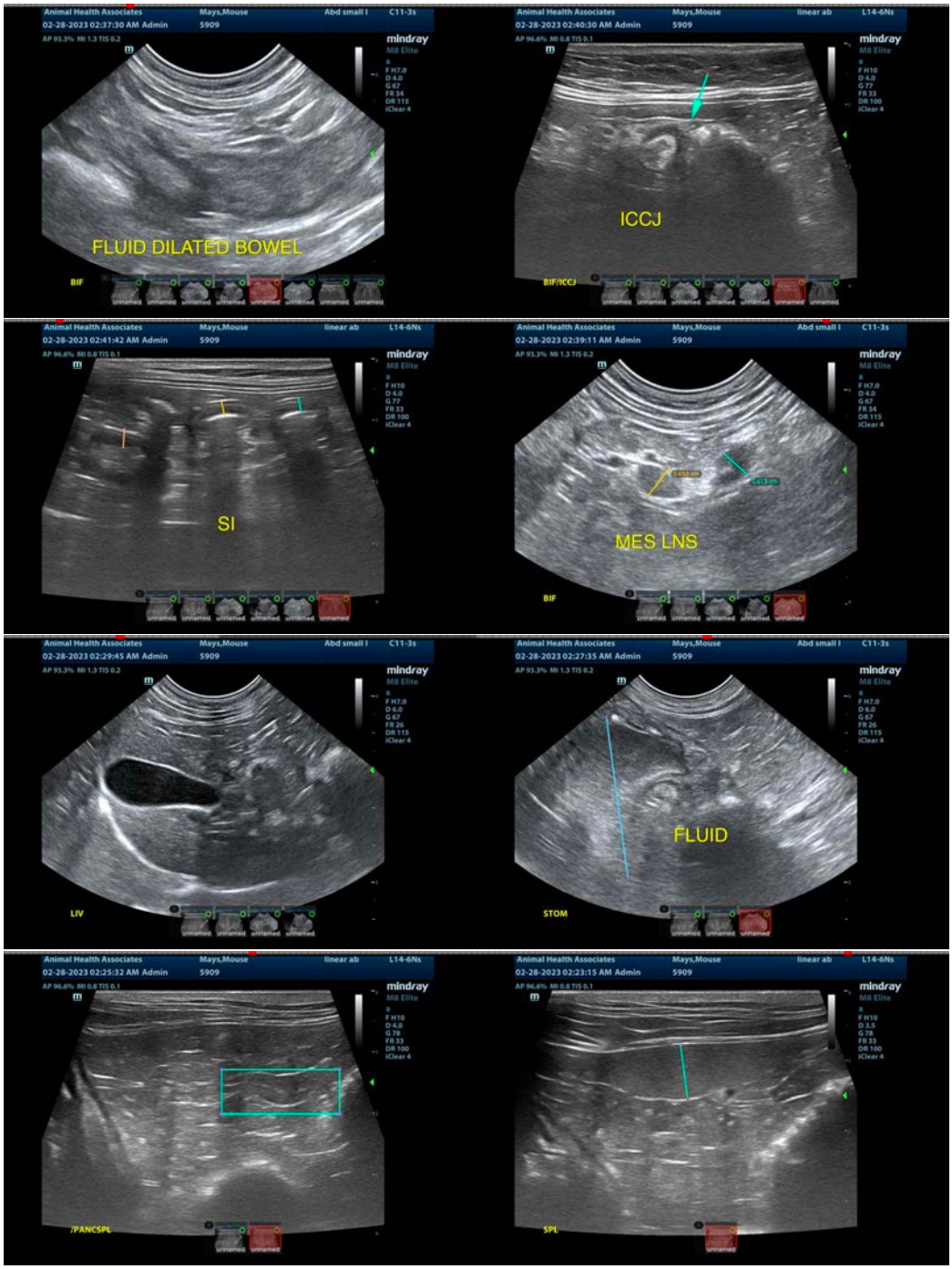
suspicions are very high for an obstructive process, exploratory. If this is just ileus, then consider a novel protein/hydrolyzed protein prescription diet, probiotic therapy, and consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for additional avenues of treatment.



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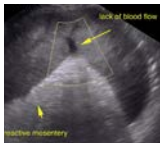
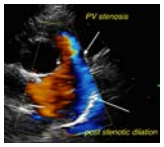
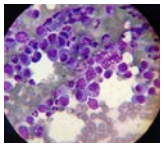
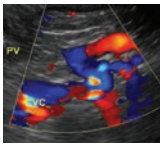

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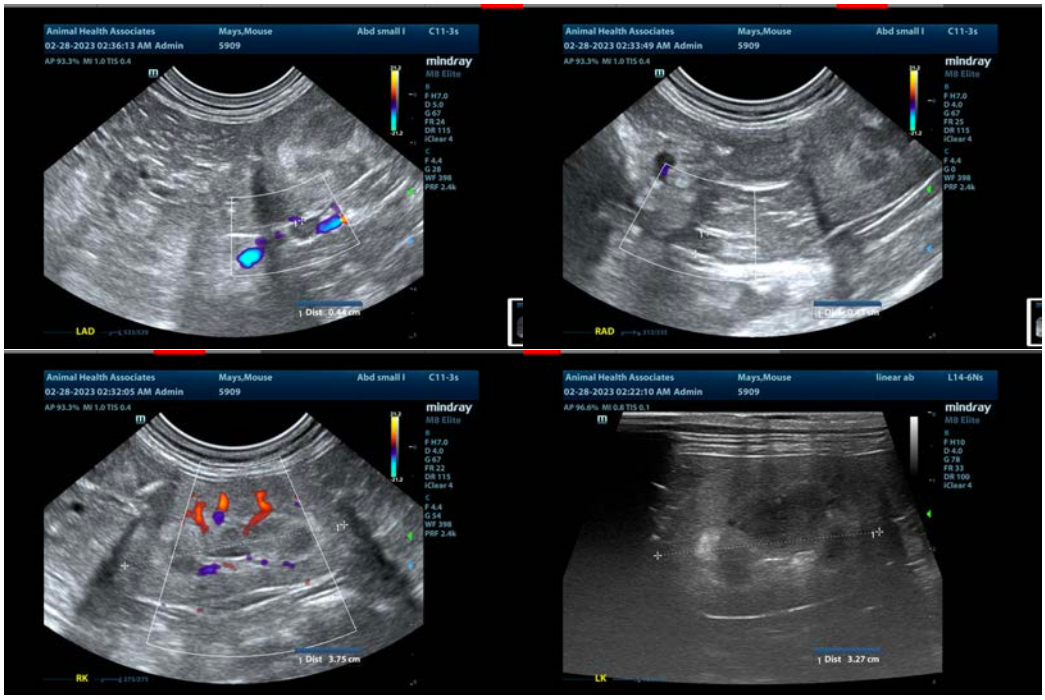

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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