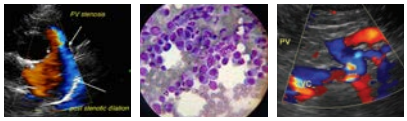
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/3/23

PATIENT

Izzy Wise

SPECIES

Feline

BREED

Oriental Shorthair

SEX

Spayed Female

AGE

7/5/15

WEIGHT

7lb 13 oz

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

44729

PRESENTING CLINICAL SIGNS

Izzy was recently diagnosed with severe asthma. She was initially started on prednisolone and was doing well and has been transitioned over to the inhaled flovent. Starting on 1/23/23, Izzy has been not eating as well. The owner had gotten a new lot of food and since then, Izzy has become pickier and owner has tried several different foods to no avail. She came in on 1/30/23 for not eating, bloodwork was normal, X-rays showed some constipated stool and also either fluid/food in the stomach. She was started on lactulose and cerenia but the cerenia seemed to make her sleepy/dopey. She was restarted yesterday on oral prednisolone 5mg once daily. She ate well last night but hasn't wanted any food since then. X-ray this morning shows some possible fluid in her stomach. I am concerned about a possible stomach outflow issue.

Current Medications: Prednisolone 5mg given yesterday
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT 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 (3.34 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.

The right kidney has a normal shape and size (3.42 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.24 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 0.32 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 (0.90 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 is significantly dilated with shadowing ingesta. 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 0.22 cm. Duodenum wall measures 0.26 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. There is a large amount of shadowing material visualized at the ileocecal junction, most consistent with stool. The more distal colon is moderately fluid distended. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, prominent pancreas with prominent pancreatic duct and mild surrounding inflammation – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Large stomach distended with shadowing ingesta and fluid – Consider such differentials as delayed gastric emptying/ileus, or a pyloric outflow tract obstruction (none observed).

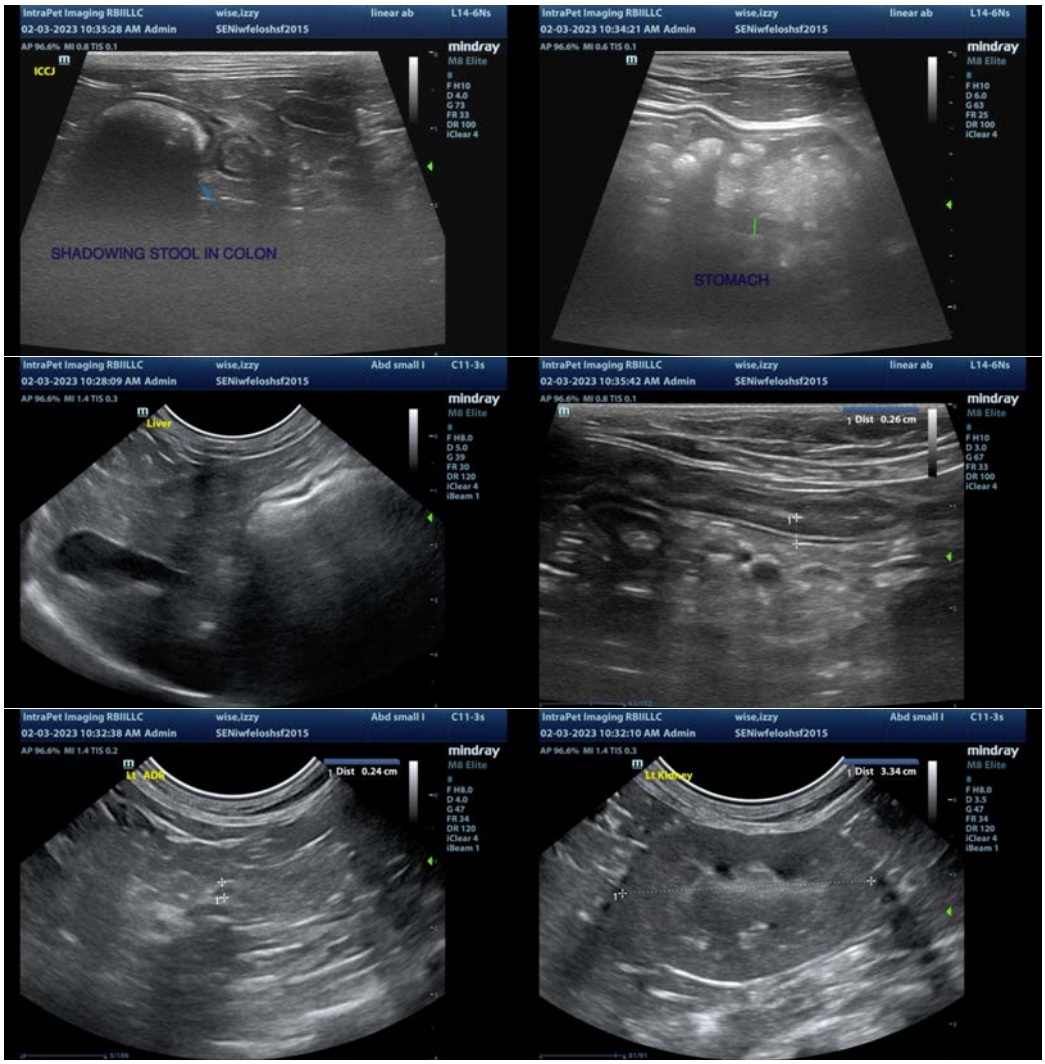
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

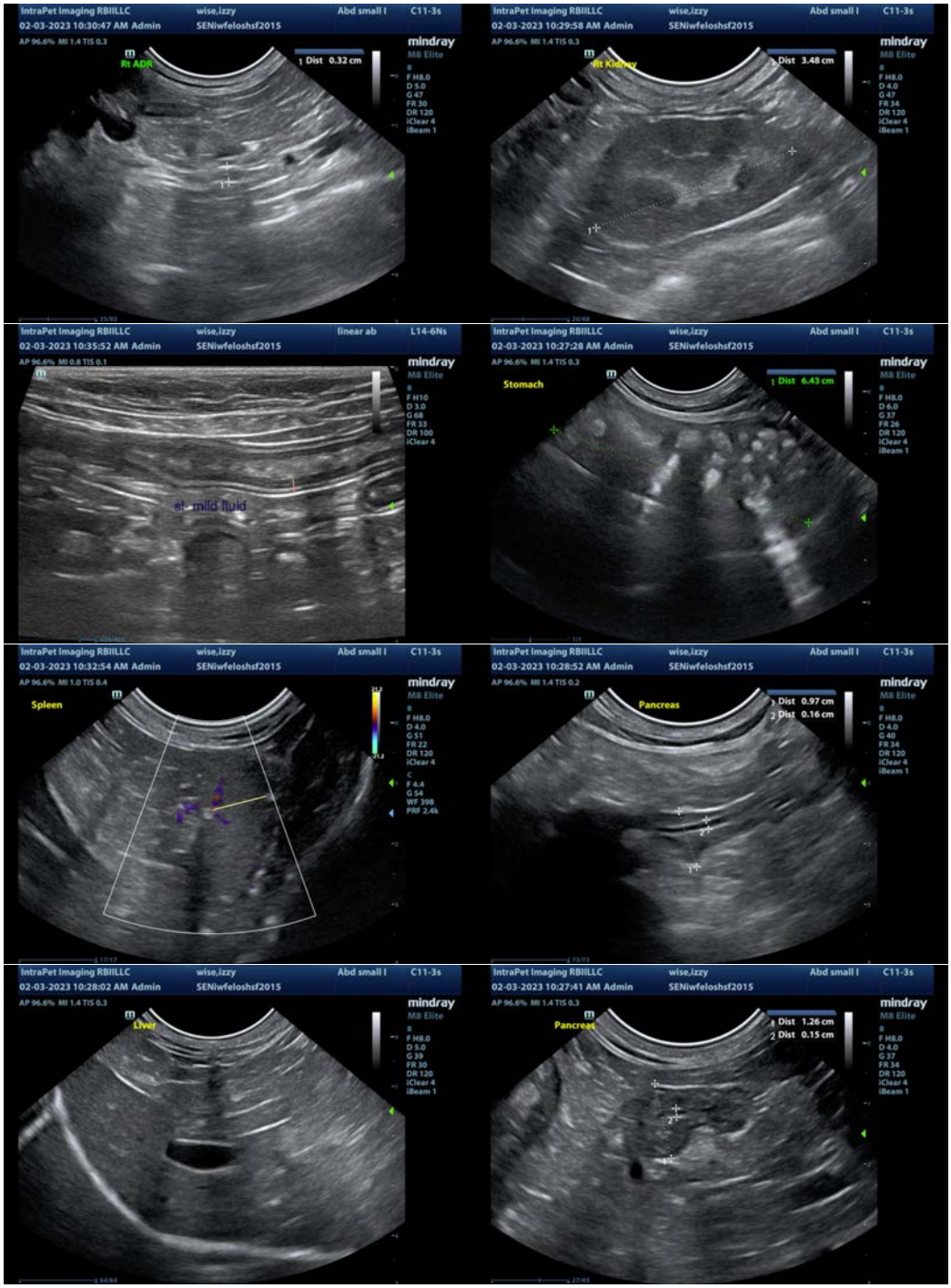
The stomach is significantly distended with shadowing irregular ingesta. This is abnormal, as this patient was fasted adequately. The region of the pylorus was somewhat obscured by the shadowing material, but evaluation revealed fluid in the pylorus but not obvious obstruction. Unfortunately, this is difficult to definitively rule out, as some types of foreign material, focal thickening, mass effects, etc. can be difficult to visualize.

The pancreas is prominent and there is mild surrounding inflammation. There is the possibility of ileus secondary to pancreatitis, although typically I would expect the pancreatic inflammation to be much more severe. Additionally, there is some mild fluid dilation in the distal bowel, which could be consistent with more of a generalized ileus.

Consider close monitoring and use of a prokinetic such as Metoclopramide to see if the stomach empties. Additionally consider symptomatic therapy for pancreatitis and a quantitative fPLI level. If symptoms persist and the stomach does not empty, then surgical evaluation may need to be considered. You can place and NG tube to empty the stomach somewhat if the contents are not too thick. Additionally, if the stomach clears somewhat, you could administer a small amount of barium with serial radiographs, watching it pass through to see if it outlines any abnormalities.

The historical use of Prednisone is interesting, as the symptoms may have flared up with its discontinuation. This could imply an underlying inflammatory or neoplastic etiology, iatrogenic Addison's if it was abruptly discontinued, etc. This could also be coincidence or could have been related to the pancreatitis suspected.




IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
02-03-2023 10:30:47 AM Admin
SENiwfeloshsf2015
mindray
Rt ADR
Dist 0.32 cm
IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
02-03-2023 10:29:58 AM Admin
SENiwfeloshsf2015
mindray
Rt Kidney
Dist 3.48 cm
IntraPet Imaging RBIIILLC
wise,izzy
linear ab
L14-6Ns
02-03-2023 10:35:52 AM Admin
SENiwfeloshsf2015
mindray
sl. mild fluid
IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
02-03-2023 10:27:28 AM Admin
SENiwfeloshsf2015
mindray
Stomach
Dist 6.43 cm
IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
02-03-2023 10:32:54 AM Admin
SENiwfeloshsf2015
mindray
Spleen
IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
02-03-2023 10:28:52 AM Admin
SENiwfeloshsf2015
mindray
Pancreas
Dist 0.97 cm
Dist 0.16 cm
IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
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SENiwfeloshsf2015
mindray
Liver
IntraPet Imaging RBIIILLC
wise,izzy
Abd small I
C11-3s
02-03-2023 10:27:41 AM Admin
SENiwfeloshsf2015
mindray
Pancreas
Dist 1.26 cm
Dist 0.15 cm

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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