

**DATE PRESENTING CLINICAL SIGNS**

3/16/22 History of chronic vomiting; has not vomiting in 1st 2-3 weeks. Normal appetite. Recently presented for blood and mucus in stool. On exam, weight loss was noted, along with mild dental tartar and resistance to hip extension.

**PATIENT**

Allie Rosenberger Current Medications: Famotidine 2.5mg SID long term, Metronidazole 62.5mg started 3/5/22, Fluoxetine 5mg SID started 2/17/22.

**SPECIES**

Feline

Lab Results: CBC: elevated lymphs 8270. Chem: Decreased ALT, AST. T4/Spec FPL/Fecal all WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

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**

6/20/14

The left kidney has a normal shape and size (3.54 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.88 Pounds

The right kidney has a normal shape and size (3.64 cm). 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, nephroliths, 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 0.32 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 Brilhart RDMS

The right adrenal gland is normal in size measuring 0.29 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**

Paradise 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. Twardzik

**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.

**INVOICE**

36229

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 is significantly dilated with fluid and irregular shadowing material, most consistent with normal ingesta and gas (possible hair, other foreign material?). The visualized areas of the wall measure at a normal thickness of <0.36 cm with some variability due to the presence of rugal folds. In these areas, the distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Much of the gastric wall is not visualized due to the heavy shadowing of the intraluminal material. Additionally, the shadowing of this material impairs evaluation of other cranial abdominal structures.

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.

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 occasional prominent mesentery lymph nodes visualized. Examples measures 0.43 cm and 0.23 cm. The omentum is generally of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

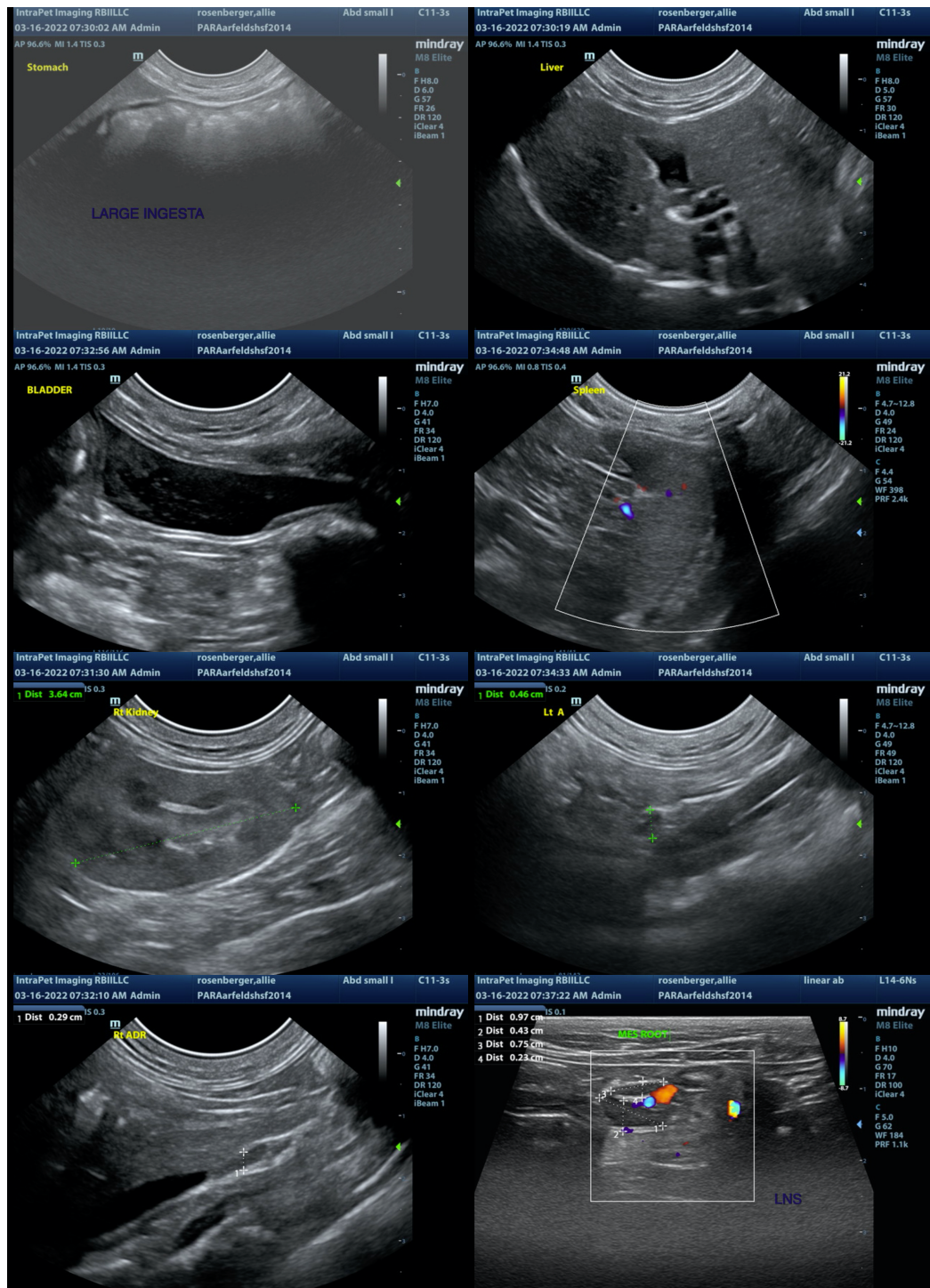
- Large stomach dilated with shadowing ingesta – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized). Evaluation of the stomach and associated structures is impaired due to this material.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

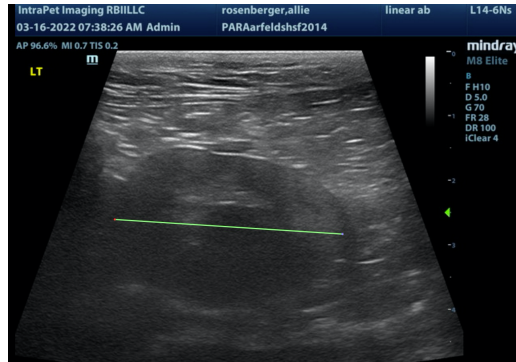
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal gastrointestinal lesions are observed to explain the vomiting reported. The stomach is very dilated with ingesta, so the outflow tract is not able to be evaluated, etc. Correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, this could represent delayed gastric emptying or gastric foreign material. Additionally, there were some prominent mesenteric lymph nodes, which could be an indicator of gastrointestinal inflammation (less likely neoplasia).

- Recommend a GI panel with quantitative fPLI, TLI, cobalamin and folate (to Texas A&M University) to further evaluate the pancreas and small intestine.
- Recommend a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- If vomiting is persistent, consider obtaining GI biopsies.
- Recommend 3-view thoracic radiographs.

The elevated lymphocyte count is not typical for a sick cat. Recommend a pathologist review of the CBC, as further evaluation may be recommended (bone marrow, flow cytometry, etc.).





**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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