

**DATE PRESENTING CLINICAL SIGNS**

3/17/22 Pt is long term hyperthyroid cat. Has history of chronic vomiting. Otherwise acting normal, no change to appetite.

PATIENT

Remy Insley Current Medications: None.
Lab Results: T4 3.9. CBC/Chem NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Oral gabapentin, no further sedation required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

DLH

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

Intact Male

The left kidney has a normal shape and size (3.53 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.

AGE

9/10/06

The right kidney has a normal shape and size (4.41 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

9.63 Pounds

INTERPRETED BY

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

Adrenal Glands

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

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Everhart VH

Liver

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Menefee

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.

INVOICE

36270

Gastrointestinal

The stomach is minimally distended with ingesta. The gastric wall appears diffusely severely thickened and hypoechoic with a complete loss of layering. Wall measures approximately 1.11 cm in thickness with no normal areas of gastric wall visualized. No focal lesions are identified.

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

The ileocecal junction was visualized and appears abnormal. There is significant wall thickening with a loss of typical layering pattern involving the cecum. The wall in that area appears thickened at 0.80 cm.

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

There is a scant amount of free abdominal fluid. There are prominent mesenteric lymph nodes visualized, particularly around the ileocecal junction, measuring 1.83 cm x 1.06 cm. Additionally, the gastric lymph node is enlarged measuring 1.98 cm x 0.83 cm.

Other

Ringdown artifact is visualized at the level of the diaphragm. This can be an indicator of intrathoracic disease. Recommend 3-view thoracic radiographs.

ULTRASONOGRAPHIC FINDINGS

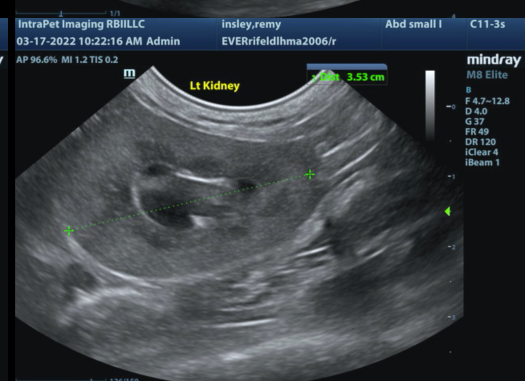
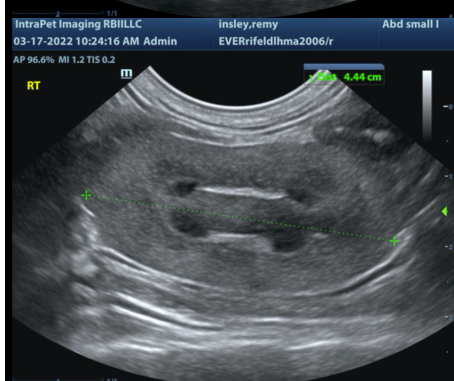
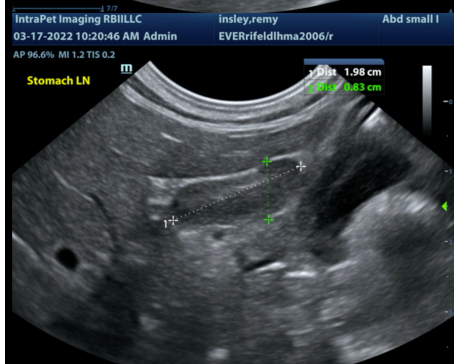
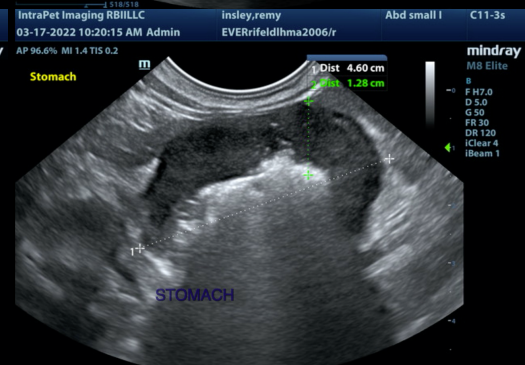
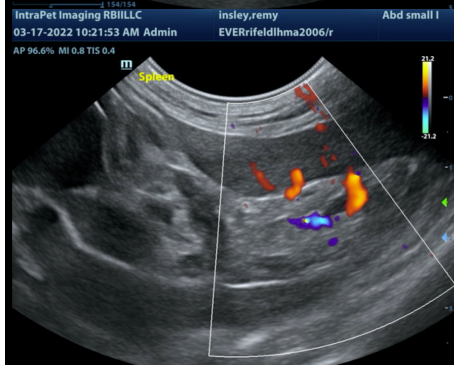
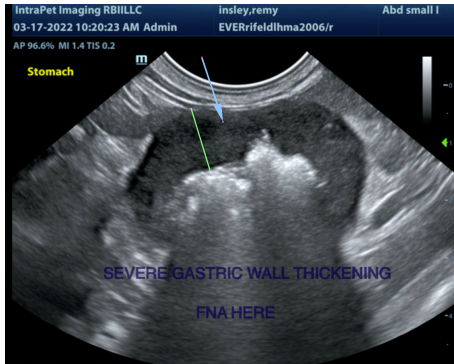
- Severe diffuse gastric wall thickening with a loss of layering – Findings are concerning for infiltrative round cell neoplasia, although other differentials exist. Recommend fine needle aspirate.
- Hypoechoic, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Wall thickening and loss of layering at the level of the cecum – Findings are concerning for infiltrative disease such as round cell neoplasia, inflammation, other.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall appears very abnormal in that it has a complete loss of layering and is severely thickened. This is concerning for infiltrative disease. Recommend a fine needle aspirate of the gastric wall. Additionally, the cecum is thickened with a loss of layering. This could be aspirated as well.

The liver appears hypoechoic and heterogeneous. This could be consistent with infiltrative disease to the liver, or could be a normal finding in this cat. Additionally, there are several clusters of prominent lymph nodes, which could be consistent with reactivity or metastasis.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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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