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Clinical Sonography & Telecytology
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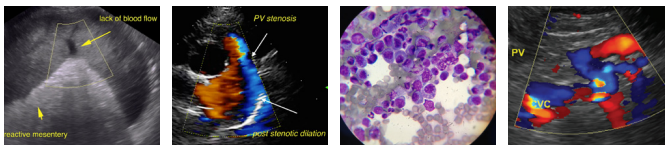

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PATIENT

Luna Spadea

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

4.5 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

36391

DATE

3/23/22

PRESENTING CLINICAL SIGNS

Presented for 3 days of lethargy, inappetence (only eating treats). Also an episode of vomiting 72 hrs ago. Weight down 1.6# from 11/21 (which had been stable prior). Prior history of presumed allergic dermatitis (received Depo-medrol injection for this in 11/21), else healthy. On lab work, CBC is pending, but PCV 55%, Chem unremarkable except K+ 2.9 (repeatable) and Urine unremarkable except SpGr 1.021. Blood pressure 90mmHg sys. Aldosterone level and GI panel pending.

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 (3.81 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.

The right kidney has a normal shape and size (3.7 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.26 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 (0.85 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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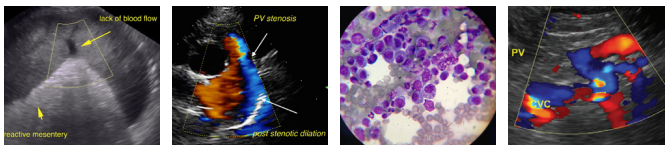

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Gastrointestinal

The stomach contains minimal luminal contents. 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 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. Duodenum wall measured 0.27 cm. Jejunum wall measured 0.19 cm, 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 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. Colon wall measured 0.20 cm in thickness.

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 is one prominent mesenteric lymph node visualized at 0.41 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic abnormalities visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the reported lethargy and vomiting is not visualized. Unfortunately, there are many causes for vomiting that cannot be diagnosed by ultrasound alone. Your initial metabolic workup looks good, and some diagnostic testing is still pending. If metabolic disease is determined to be unlikely, then consider possible primary gastrointestinal disease.

Consider such differentials as dietary intolerance/food allergy, GI parasitism, infectious enteritis, dietary indiscretion, and much less likely IBD or intestinal neoplasia.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend a GI panel to Texas A&M (already in progress).
- Consider chronic probiotic therapy.
- Correlate findings with abdominal and thoracic radiographs.
- If symptoms persist despite symptomatic treatment and additional diagnostics, consider serial imaging and/or obtaining GI biopsies.

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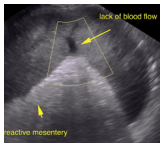

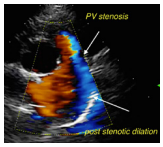

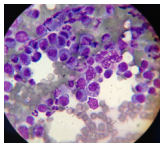
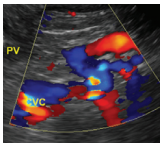

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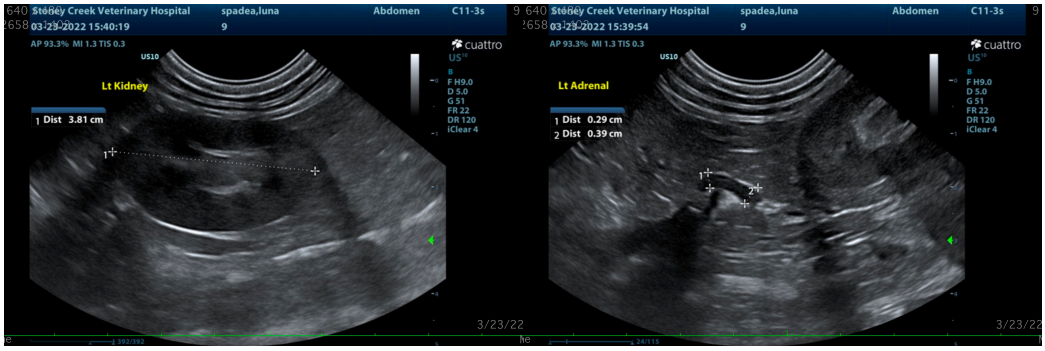

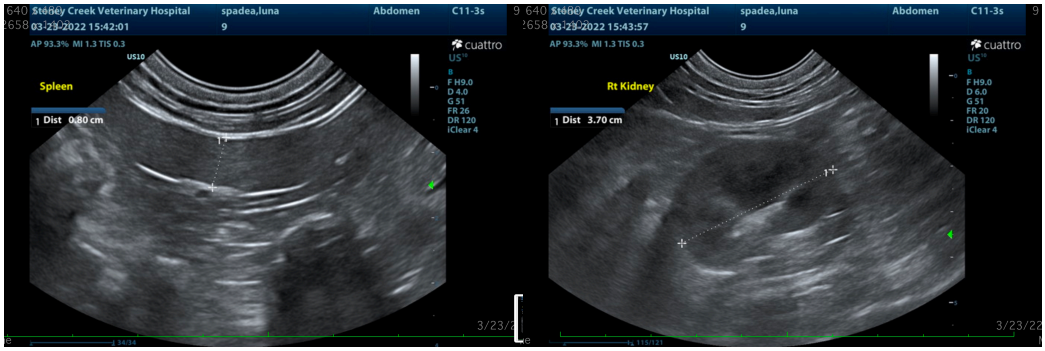

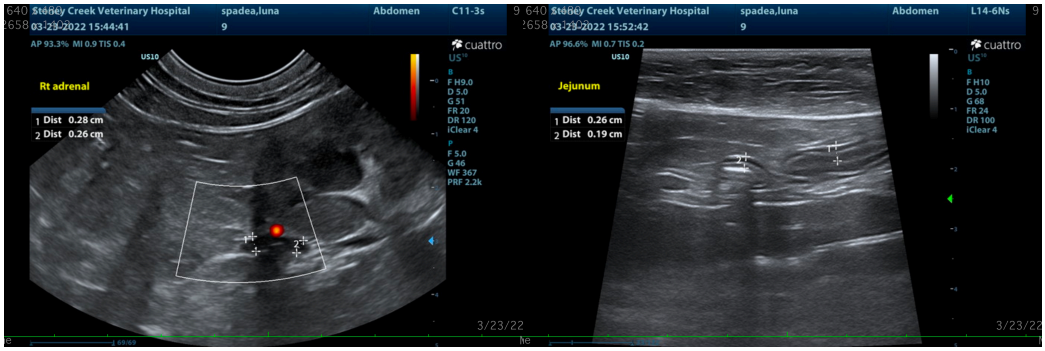

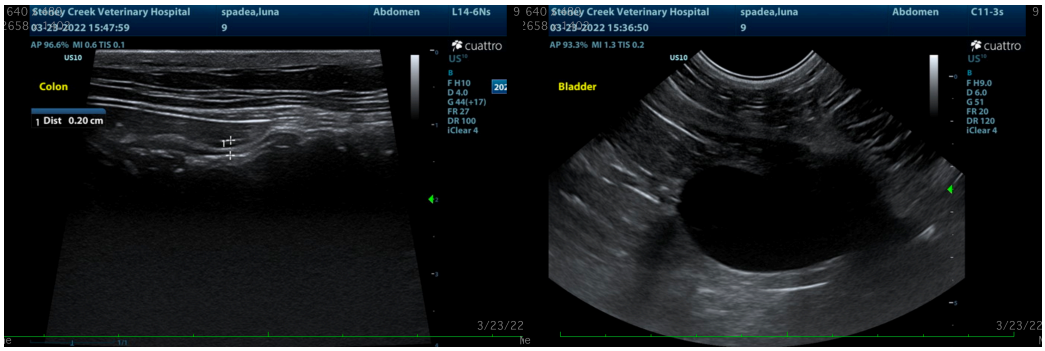

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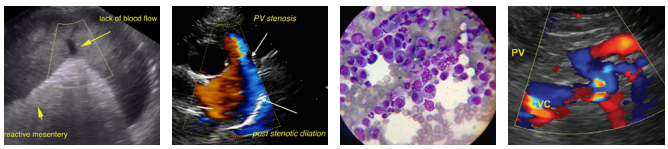

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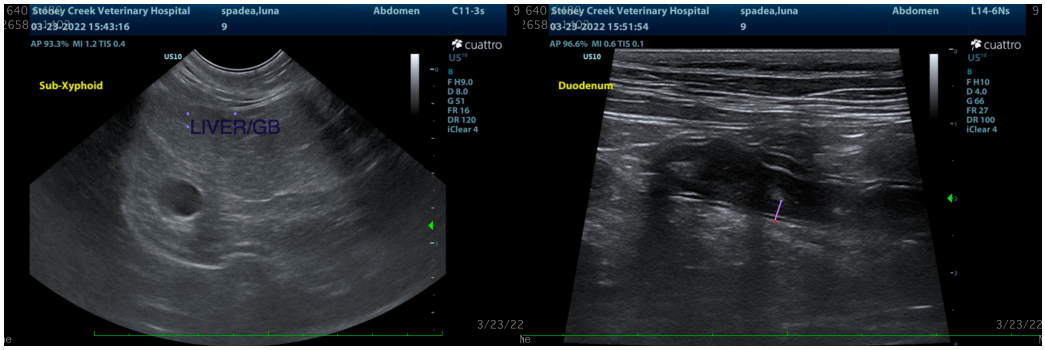

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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