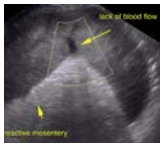
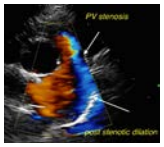
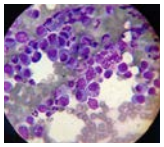
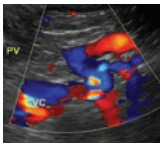
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

**PATIENT**

Lincoln Innocent

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

15.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. John Ammeraal

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

Dr. Ilka Bott Wentworth

**INVOICE**

46220

**DATE**

3/28/23

## PRESENTING CLINICAL SIGNS

Vomited 2 days partial food & white foamy flem. Vomited today the same as 2 days ago. Hx of IBS Normal Bowel Movements. P did eat this morning. O does have Cerenia 16mg at home. Tried to give P a 1/2 tablet by mouth earlier after P vomited. O doesn't think P got into anything. On HIlls Sensitive stomach

Abnormal PE/Chem/CBC/UA Results: Overweight, Abdominal Distended on palpation, BW 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 (4.37 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 is normal in size and echogenicity at 5.01 cm, but it is irregular in shape (likely due to previous infarct). There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.55 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 0.41 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*

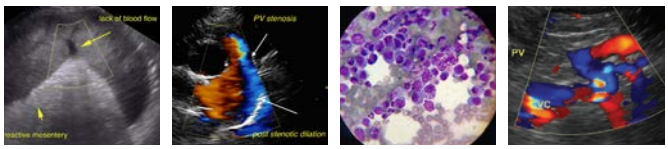
The spleen is subjectively normal in size (0.97 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hyperechoic nodule visualized associated with the splenic parenchyma, measuring 0.94 cm in diameter.

### *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. There is a small anechoic lesion most consistent with a hepatic cyst visualized measuring 0.86 cm.

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*



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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 uniform diameter with moderate fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.22-.0.27 cm. Visualized peristalsis appears appropriate. Numerous loops of bowel appear moderately fluid dilated. In some loops of bowel, there is some focal shadowing material, which does not appear overtly obstructive, but could be causing a partial obstruction. Additionally, some areas of bowel appear to have thickened bowel wall with reduced distinction of wall layering. In this area the bowel wall measures 0.41 cm. Additionally, there is a focal area of bowel with asymmetrical wall thickening and reduced distinction of wall layering. In this area the bowel wall measures 0.55 cm in thickness.

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 area of 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 scant free abdominal fluid. No lymphadenopathy. The omentum is hyperechoic in the caudal abdomen around the abnormal bowel loops.

## PRIMARY FINDINGS

- Moderate, somewhat diffuse fluid distention of the small bowel with occasional intraluminal shadowing material and focal areas of bowel with thickening and reduced distinction of wall layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. The intraluminal shadowing material could be consistent with non-obstructive ingesta or ingested foreign material.
- Asymmetrical thickening of the small intestine with reduced distinction of wall layering – Finding is concerning for possible infiltrative disease to the small bowel. Possible differentials include round cell neoplasia, severe focal enteritis, carcinoma, adenoma, other.
- Scant free abdominal fluid.

## SECONDARY FINDINGS

- Hyperechoic nodule in the spleen – The significance of this is unclear, although the hyperechoic nature trends towards a more benign lesion. Consider fine needle aspirate.
- Small hypoechoic cystic structure visualized in the liver – Findings are most consistent with a benign hepatic cyst.

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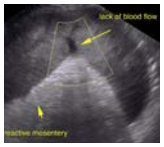
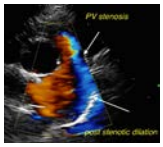
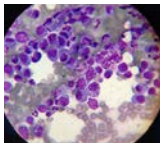
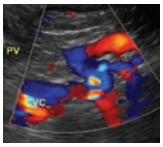

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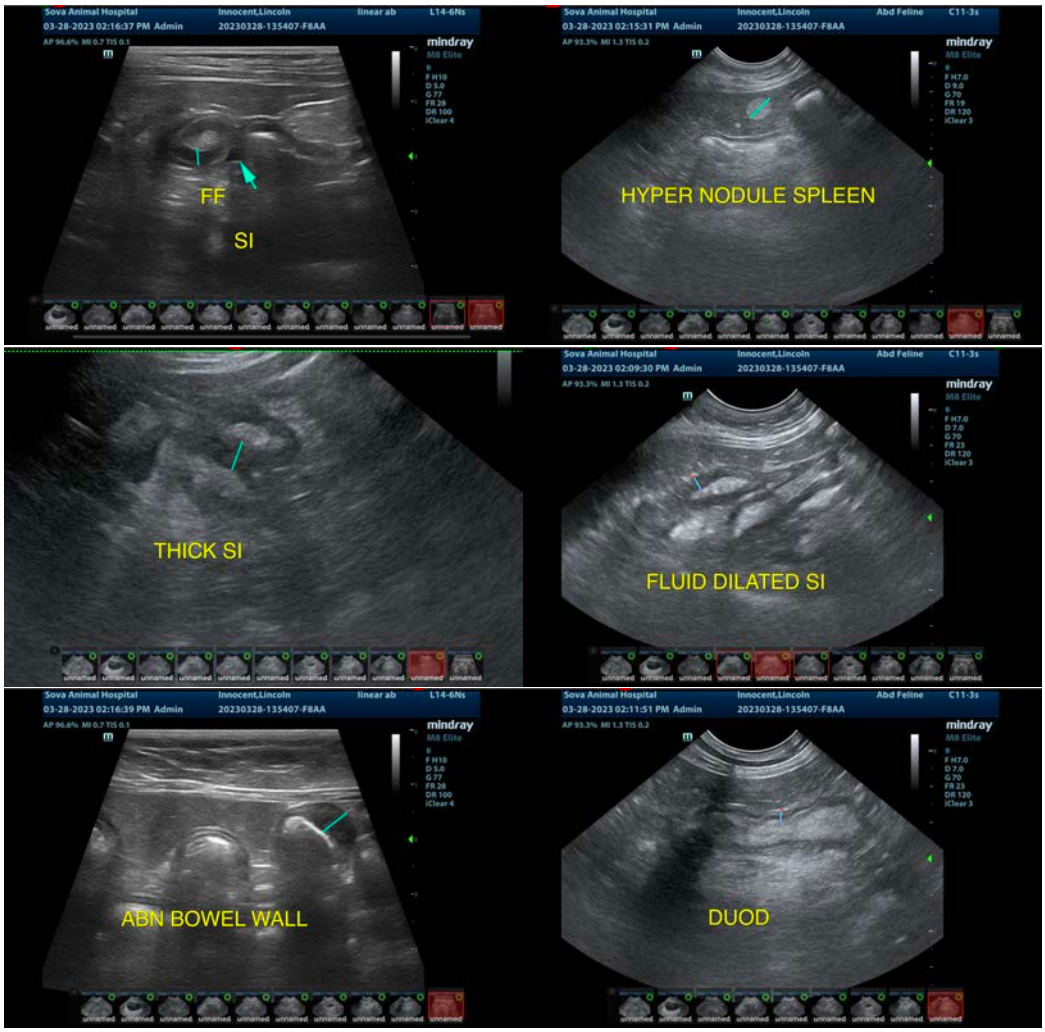
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of fluid distended bowel with shadowing material in some areas, which mostly appears to be soft shadowing and does not distinctly appear to be obstructive, but could be causing partial obstructions, enteritis, etc. Additionally, there are some loops of bowel that appear to have thickened walls and reduced distinction of wall layering. This could be consistent with severe enteritis, but there is a significant concern for possible infiltrative disease, as there is a focal area of bowel that appears to have asymmetrical thickening and significantly reduced detail of wall layering.

Options moving forward would include continued medical management in addition to radiographs and 3-view thoracic radiographs. If the response to medical therapy is not significant, then consider either reimaging or consider exploratory to look for possible obstructive foreign material and abnormal bowel from which to obtain biopsies for histopathology.



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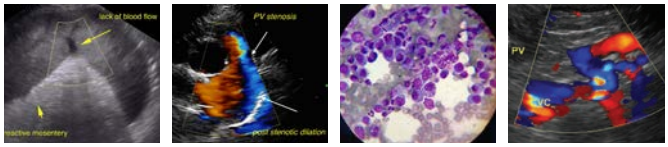

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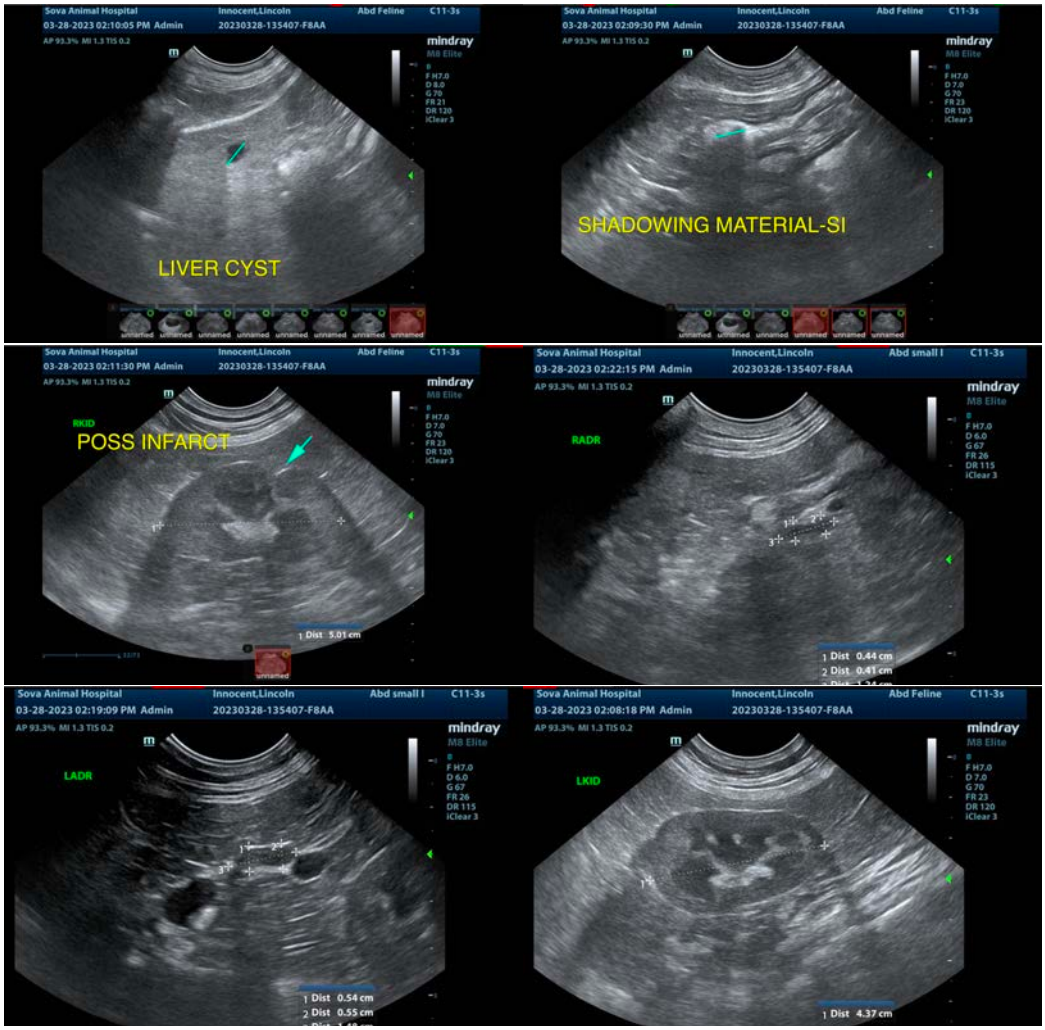


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

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