

**DATE PRESENTING CLINICAL SIGNS**

3/9/22

Patient has had a history of chronic IBD, pancreatitis and abdominal discomfort. Pet also has a history of IVDD-surgery completed 8/21/21. Presented 2/10/22 for abdominal discomfort. Pet had been laying in a "loaf position" for about a day which is uncommon. Not interested in food and seemed nauseated. No vomiting appreciated. On PE pet was BAR and irritable. She was overweight, with an ideal BW of 12lbs.

PATIENT

Adobe Crispens

Compliant, non painful abdomen on palpation.

SPECIES

Feline

Radiographs taken, pet tx SQ fluid and Cerenia. Pet improved but owner is interested in a recheck abdominal US as this keeps occurring for pet.

BREED

DSH

Current Medications: Amantadine- unsure of dosage (prescribed by neurologist), Gabapentin 100mg SID PRN. Will have 100mg upon arrival to hospital.

SEX

Spayed Female

Lab Results: 1/7/22- CBC normal. Chemistry: ALT 19 (27-158). UA: USG 1.015, pH 5.5. TT4 normal. Radiographs: 2/10/22: Radiology Report: 1. Few loops of mildly distended small intestine. Differentials include enteritis, segmental ileus, gastrointestinal obstruction (partial or less likely complete), or infiltrative bowel disease. 2. Granular material within the stomach. This likely represents food material although a component of foreign material cannot be entirely excluded. 3. Subluxation at L4-5, mild. Correlate with any evidence of back pain or neurologic deficits. 4. Multilevel degenerative spinal changes as noted. 5. Minimal bilateral coxofemoral osteoarthritis, worse on the right. 6. Unremarkable thorax. Large volume of pericardial fat deposition.

AGE

11/1/05

Date of Previous IntraPet Ultrasound: 1/13/21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

16.69 Pounds

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

INTERPRETED BY

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

The left kidney has a normal shape and size (3.49 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.

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

The right kidney has a normal shape and size (3.55 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.

HOSPITAL NAME

Westminster VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

REFERRING VET

Dr. Hall

The right adrenal gland is normal in size measuring 0.30 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.

INVOICE

36031

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.

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.

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 uniform diameter with minimal 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 measured 0.21 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 prominent and mottled compared to the surrounding isoechoic 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, 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

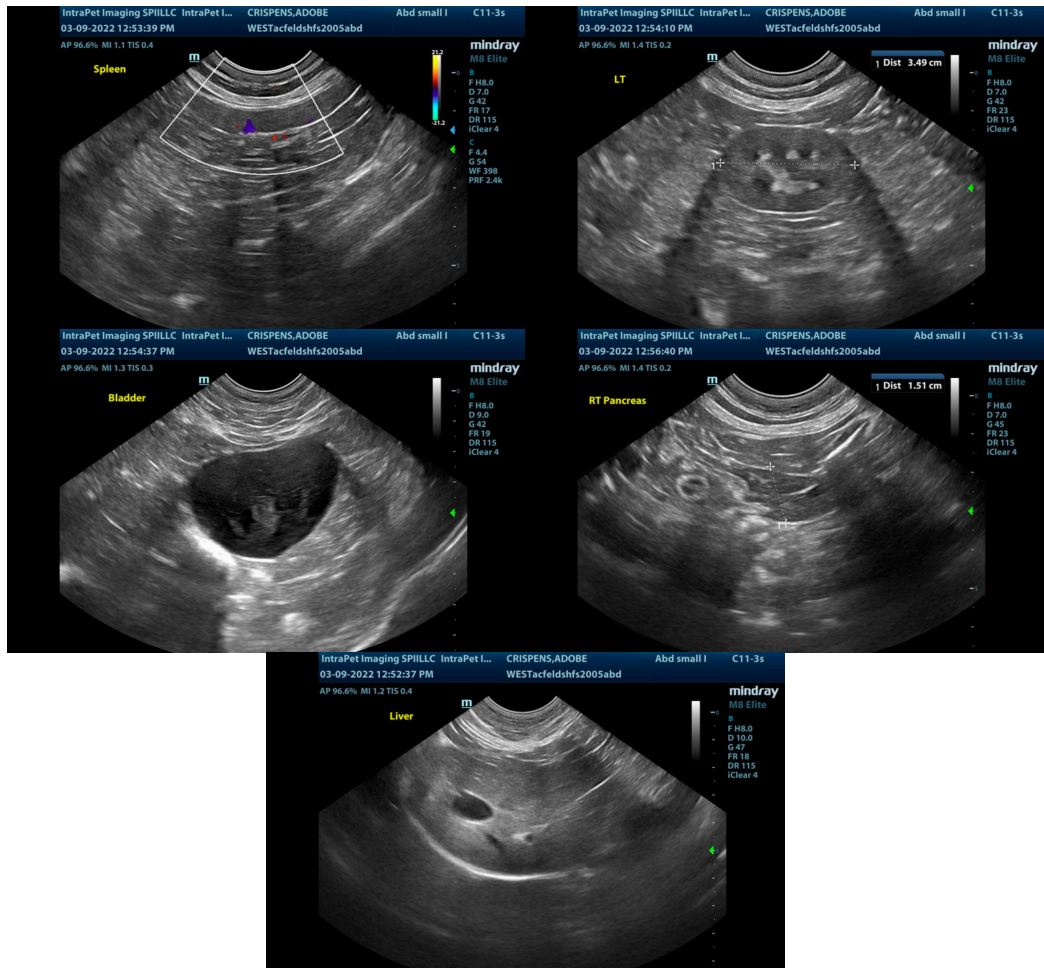
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings on today's exam are relatively mild and can be within normal limits for an older pet, but given the history of GI upset, etc., mild or previous pancreatic disease is possible as well as mild inflammatory intestinal disease.

- Consider GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Consider novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.

There is mildly echogenic debris in the urinary bladder. The bladder wall appears relatively normal. Consider urinalysis and culture.



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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