

**DATE PRESENTING CLINICAL SIGNS**

4/12/23

Acute on chronic vomiting, diarrhea, anorexia, weight loss. History of occasional vomiting or soft stool accompanied by mild/short-lived inappetence. Owner feels he has been losing weight for 4-6 weeks but it has accelerated in past week. Since Friday, vomiting frequently, liquid diarrhea, not eating much since Saturday AM. Not a cat that typically gets into things, no known FB ingestion. A little dehydrated on exam but otherwise relatively unremarkable PE. Labs pending.

PATIENT

Mason Przybyl

SPECIES

Feline

Current Medications: Starting: Cerenia 12mg once daily, Mirataz TD daily, Provable kit

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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

3/31/10

The left kidney has a normal shape and size (4.21 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.

WEIGHT

6.7 kg

The right kidney has a normal shape and size (4.35 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.

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 is visualized.

HOSPITAL NAME

Nexus Vet Specialists

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 is visualized.

REFERRING VET

Dr. Steele

Spleen

The spleen is subjectively normal in size (0.92 cm), 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.

INVOICE

46596

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 mild and 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.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. In these areas, wall thickness is normal, with jejunum measuring 0.22 cm and distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There are some other areas of small bowel that appear somewhat fluid distended with lack of progressive motility. Some of these areas of bowel appear focally inflamed with slightly thickened bowel wall measuring at 0.36 cm with intact wall layering. Shadowing ingesta is visualized in some of these loops of bowel (doesn't appear obstructive). These areas of bowel are surrounded by severely hyperechoic mesentery and large hypoechoic mesenteric lymph nodes.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are large, hypoechoic mesenteric lymph nodes surrounded by hyperechoic mesentery, measuring at 0.61 cm, 0.95 cm, and 0.65 cm. The omentum is severely hyperechoic around the abnormal section of bowel and the enlarged lymph nodes, and is mildly hyperechoic around some of the regions of pancreas.

Other

A hyperechoic ovoid shadowing structure is visualized in the mesentery most consistent with a bates body measuring 0.8 cm in diameter.

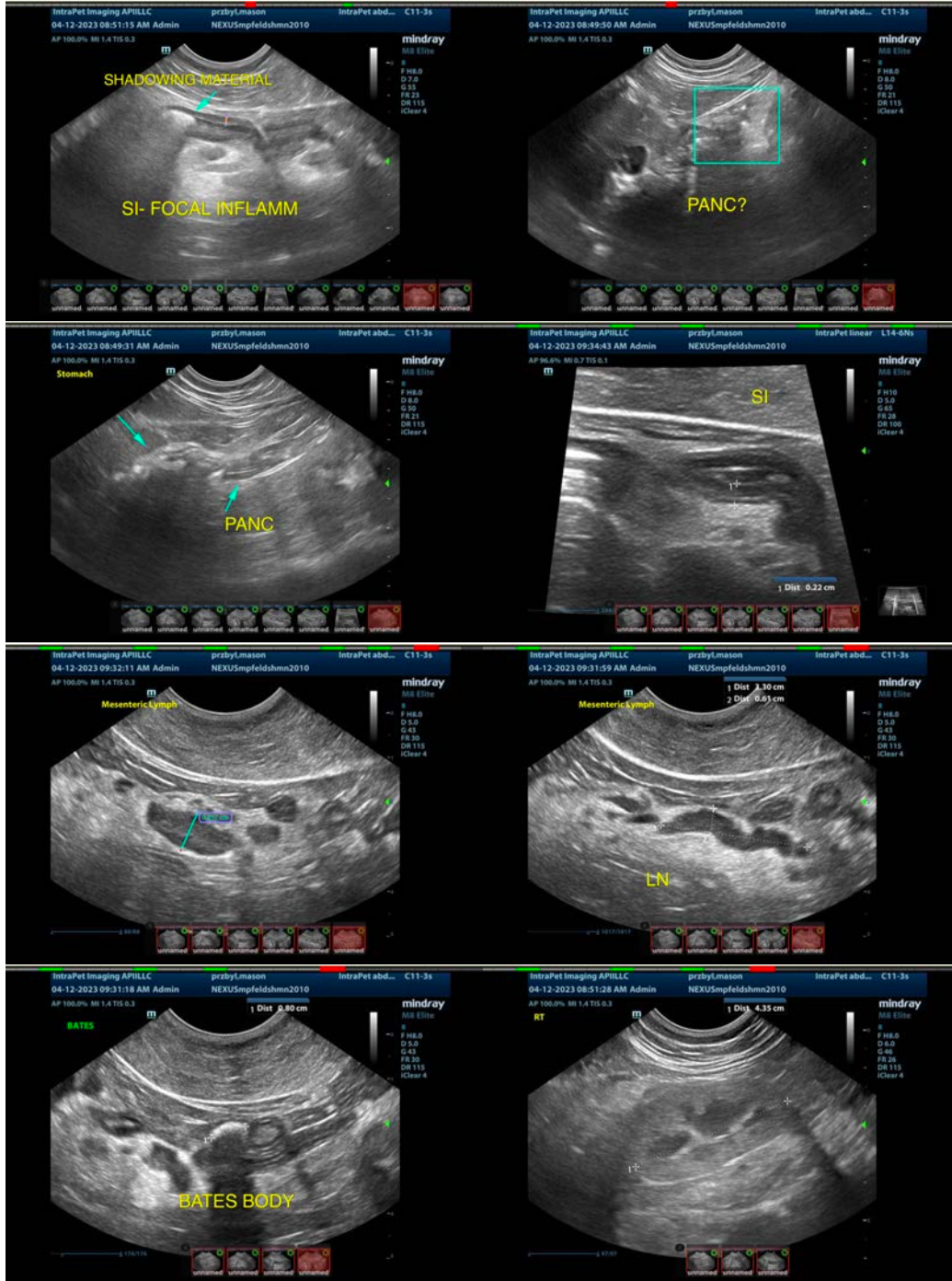
ULTRASONOGRAPHIC FINDINGS

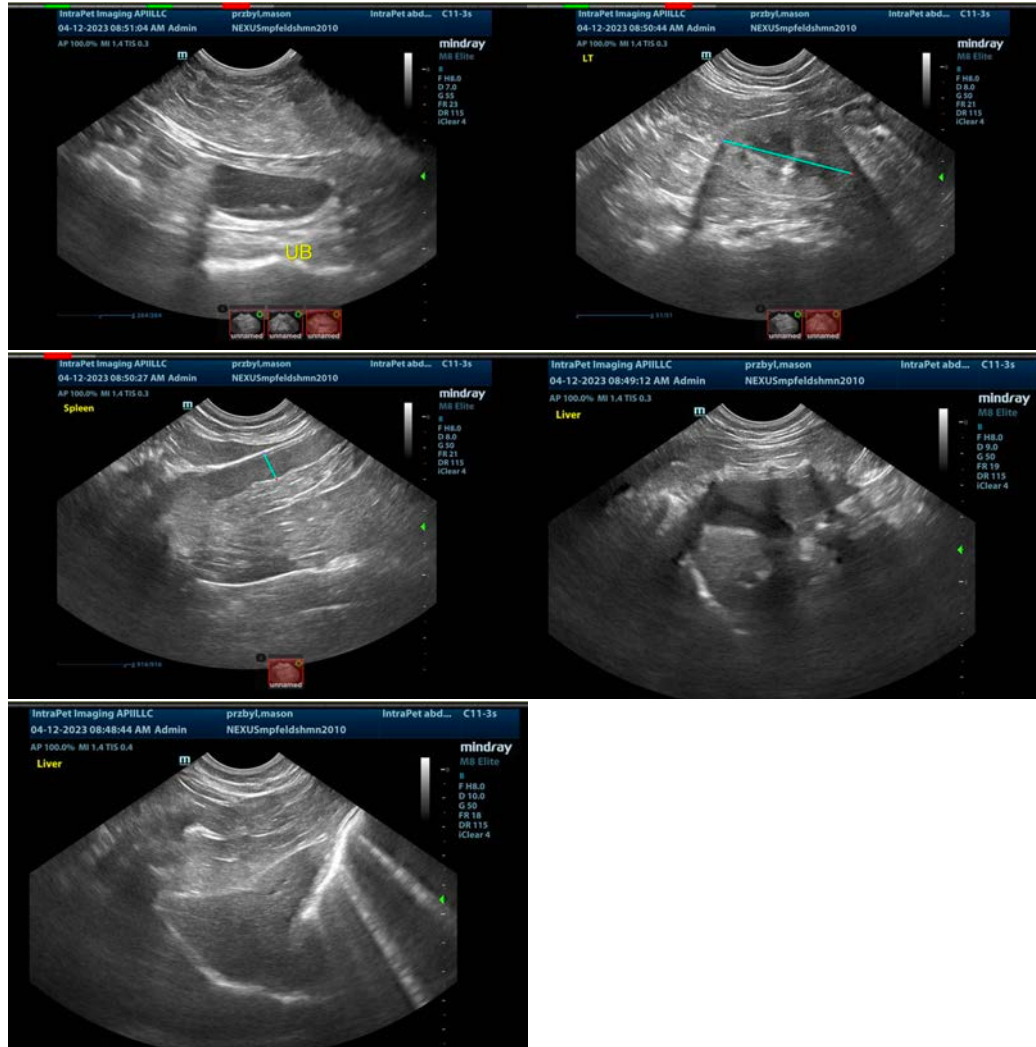
- Hypoechoic, prominent left and right limbs of the pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild to moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Mild to moderate fluid distention of the small intestine with focal areas of mildly thickened bowel surrounded by hyperechoic mesentery – Findings are most consistent with focal enteritis, although early infiltrative disease or inflammation due to passing foreign material cannot be ruled out.
- Large, hypoechoic prominent mesenteric lymph nodes with surrounding hyperechoic mesentery – 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

Ultrasonographic findings include a prominent, hypoechoic inflamed right and left limb of the pancreas with surrounding hyperechoic mesentery, a focal area of small intestine with wall thickening, intact wall layering, moderate fluid distention, with some shadowing intraluminal ingesta. This area of bowel is surrounded by hyperechoic mesentery and large hypoechoic, prominent mesenteric lymph nodes.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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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