



**PATIENT PRESENTING CLINICAL SIGNS**

Midnight Cordon

Ran outside on to lawn and possibly ate some grass and now seems quiet. Vomited 2 x in the last two days. Not wanting food. Drinking but less. M1 tender cranial abdomen. NO palpable FB, rectal exam showed M3 swollen pelvic muscles and M2 clear mucous fluid in rectum. Cytology on said fluid showed mucous, lymphocytes and bacteria. Has been on Onsior. Autoimmune myonitis, toxoplasmosis?

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork results. Rads showed empty stomach, digestia in small intestine, r/o fluid filled colon, abnormal shape of empty bladder, obvious and too well defined apaxial muscles.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

4 Years

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.

**WEIGHT**

4.95 kg

The left kidney has a normal shape and size (3.56 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)

The right kidney has a normal shape and size (4.45 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.

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.36 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.

**HOSPITAL NAME**

Main Street AH

The right adrenal gland is normal in size measuring 0.60 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.

**REFERRING VET**

Dr. Morris

**Spleen**

The spleen is subjectively normal in size (0.73 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**

46607

**Liver**

**DATE**

4/12/23

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.



**PATIENT** *Gastrointestinal*

**Midnight Cordon**  
**SPECIES** 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.

**Feline**  
**BREED** Many of 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 measures 0.23 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine visualized in the left mid to caudal abdomen, which appears somewhat corrugated with a thickened wall at 0.32 cm and mild fluid dilation. No distinct foreign material is visualized, but this cannot be ruled out, particularly linear foreign material. This bowel is surrounded by hyperechoic mesentery and enlarged lymph nodes.

**DSH**  
**SEX** 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.

**Spayed Female**

**AGE**

4 Years

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**Pancreas**

The pancreas (particularly the left limb) 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**

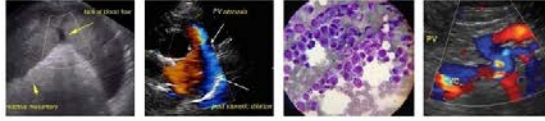
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are large mesenteric lymph nodes surrounding a thickened corrugated section of bowel, measuring 0.63, 0.51 cm. There is significant abdominal inflammation noted.

**ULTRASONOGRAPHIC FINDINGS**

- Prominent, mottled left limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Focal area of thickened, inflamed small intestine with surrounding reactive mesentery and enlarged mesenteric lymph nodes – Findings could be consistent with focal enteritis, ingested foreign material (none definitively observed), pancreatitis, or less likely infiltrative disease.
- Mild to moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hyperechoic, inflamed mesentery

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is the general impression of inflammation in the abdomen with a section of small bowel that appears somewhat thickened and is surrounded by reactive mesentery and lymph nodes. This area of bowel should be monitored closely for progressive thickening and reactivity. No obvious foreign material is visualized, but this cannot be definitively ruled out. Additionally, there is the possibility of infarction, infiltration, etc. If this area is worsening despite treatment for non-specific gastroenteritis, surgical evaluation could be considered with biopsies obtained.



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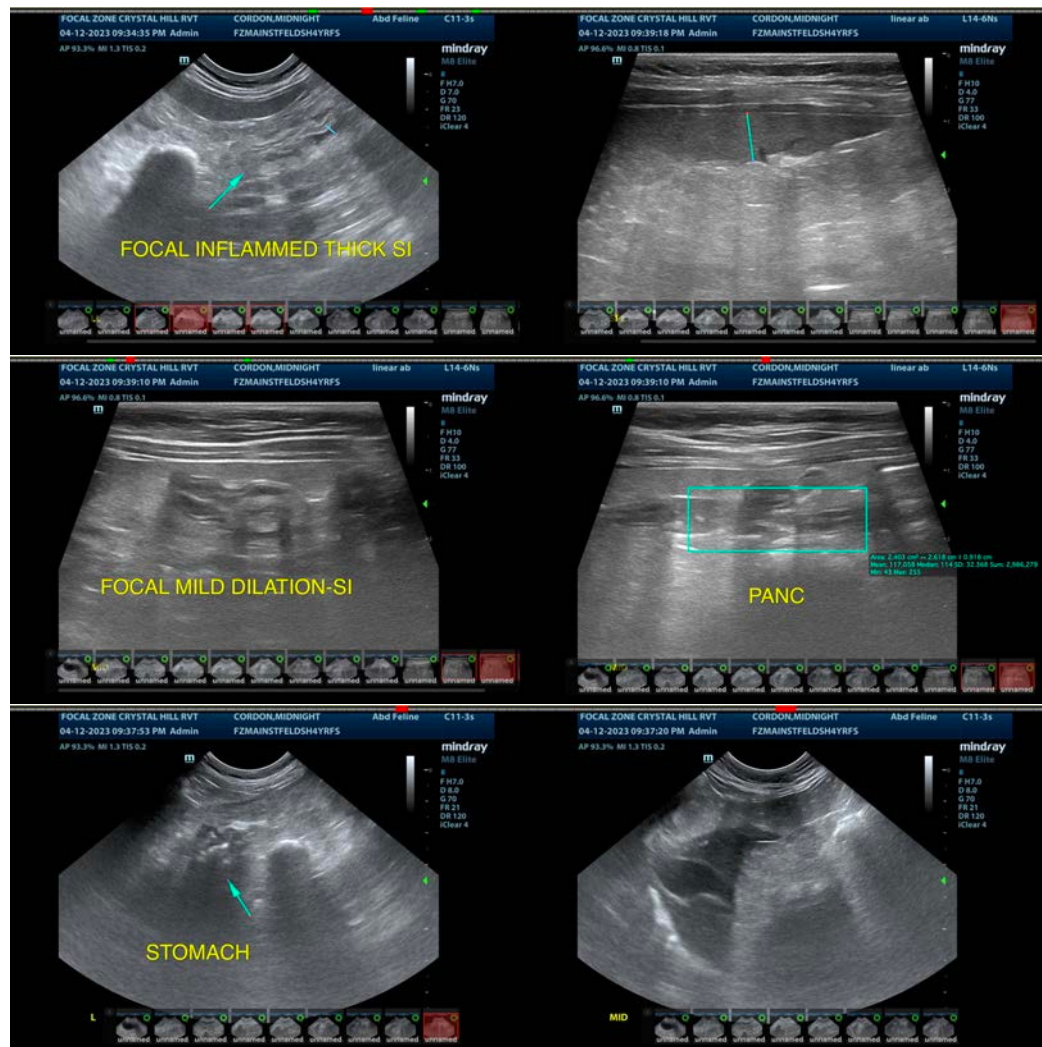
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The pancreas appears somewhat prominent and hypoechoic. This could be consistent with remodeling or with mild current inflammation. Correlate these findings with a quantitative fPLI level.

The significance of the lumbar changes noted is unknown, although there is significant inflammation in the abdomen, which could be causing abdominal splinting. The CK level is very mildly elevated, so a significant myopathy is less likely.

Recommend close continued monitoring, treatment for gastroenteritis/pancreatitis, and serial radiographs +/- ultrasound if the patient is not improving. If not already done, recommend 3-view thoracic radiographs.





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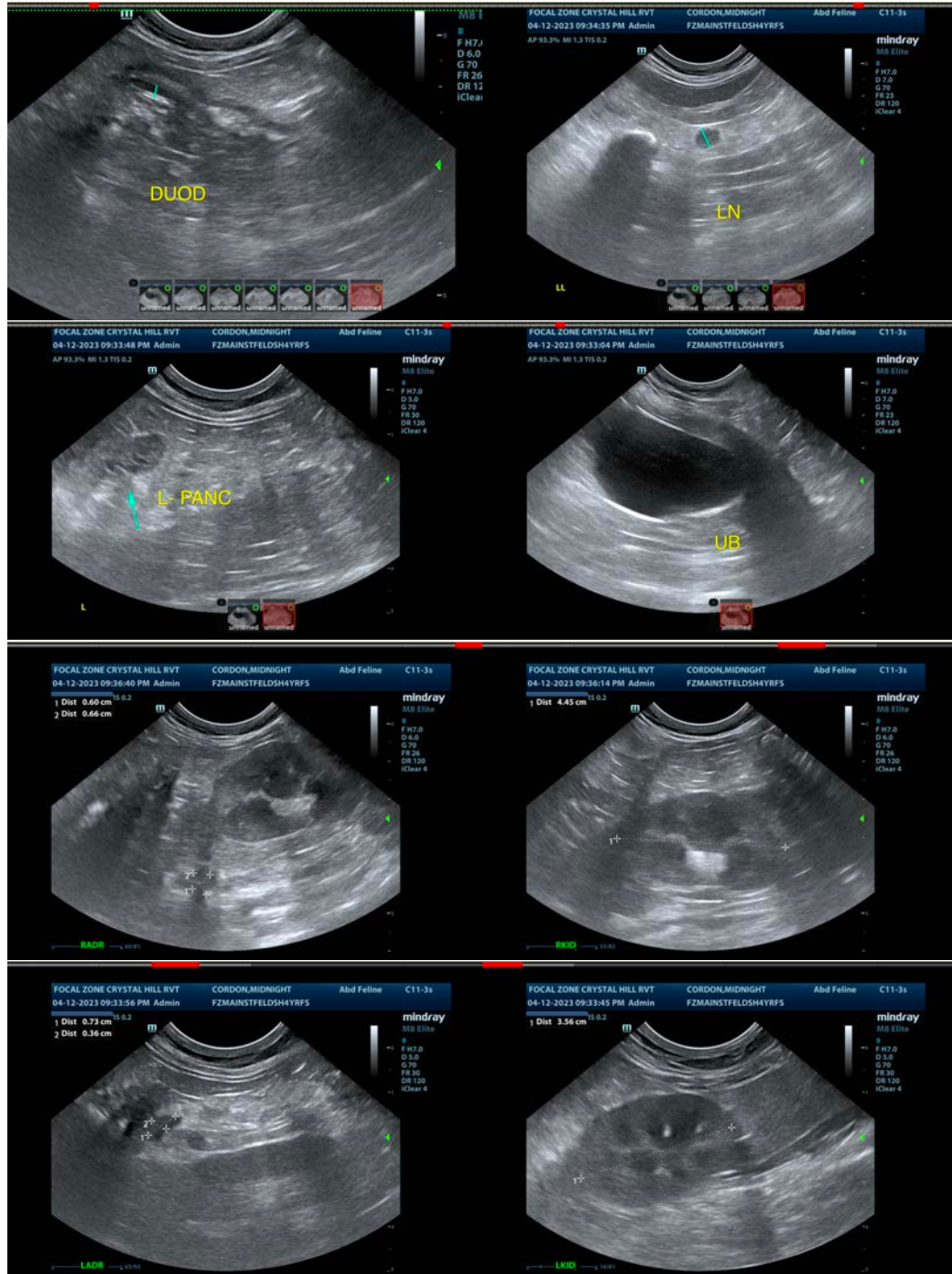
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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