

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

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DATE PRESENTING CLINICAL SIGNS

4/13/22 Decreased appetite, not using the litter box for 48 hours. 1# weight loss over 1 year. Was eating a canned food diet for several months, then pt. had profuse vomiting, owner changed diet and it subsided (happened a few months ago). Now eating Purina 1 diet. Had similar episode of inappetance ~1 year ago that seemed to improve with treatment.

PATIENT

Annie Hollenbach

SPECIES

Feline

Current Medications: buprenorphine oral 0.06 mg trans-mucosal BID, cerenia 8 mg PO SID.
Lab Results: CBC/Chem 17-wnl on 4/11/2022. When sick May of 2021-CBC/Chem 17-wnl; fPL-normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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

5/3/09

The left kidney has a normal shape and size (3.45 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

9 Pounds

The right kidney has a normal shape and size (3.7 cm). Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Paradise AH

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.

REFERRING VET

Dr. Twardzik

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.

INVOICE

36862

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 0.24 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.

Pancreas

The pancreas is prominent and hypoechoic as 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 prominent, hypoechoic mesenteric lymph nodes visualized measuring 0.51 and 0.60 cm. The mesentery is of increased echogenicity around these lymph nodes.

ULTRASONOGRAPHIC FINDINGS

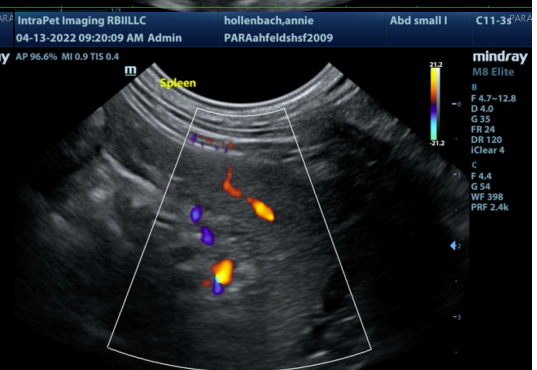
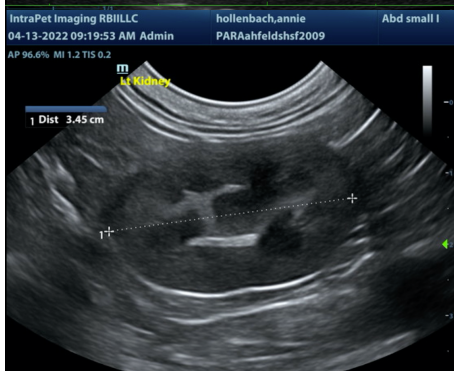
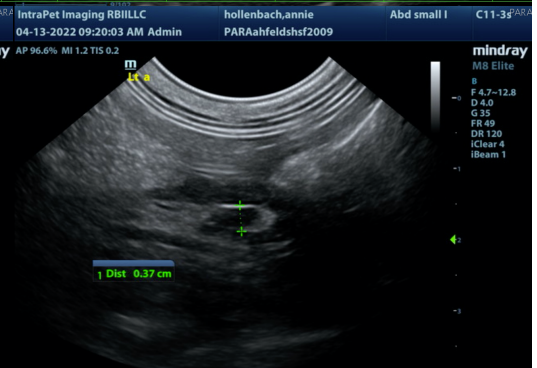
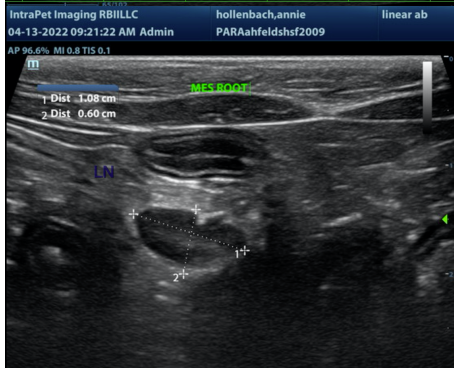
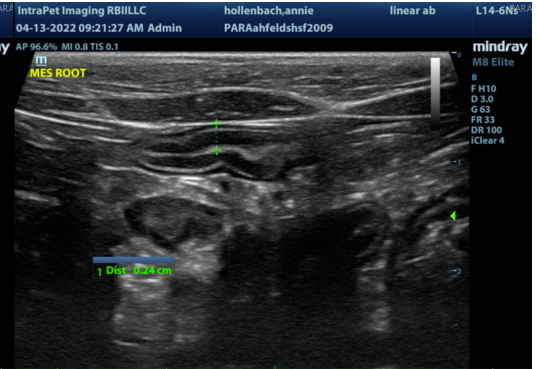
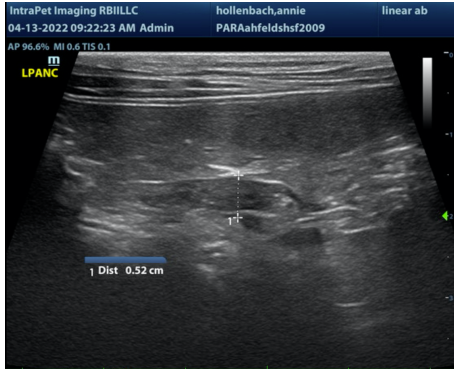
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly prominent muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Hypoechoic, prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

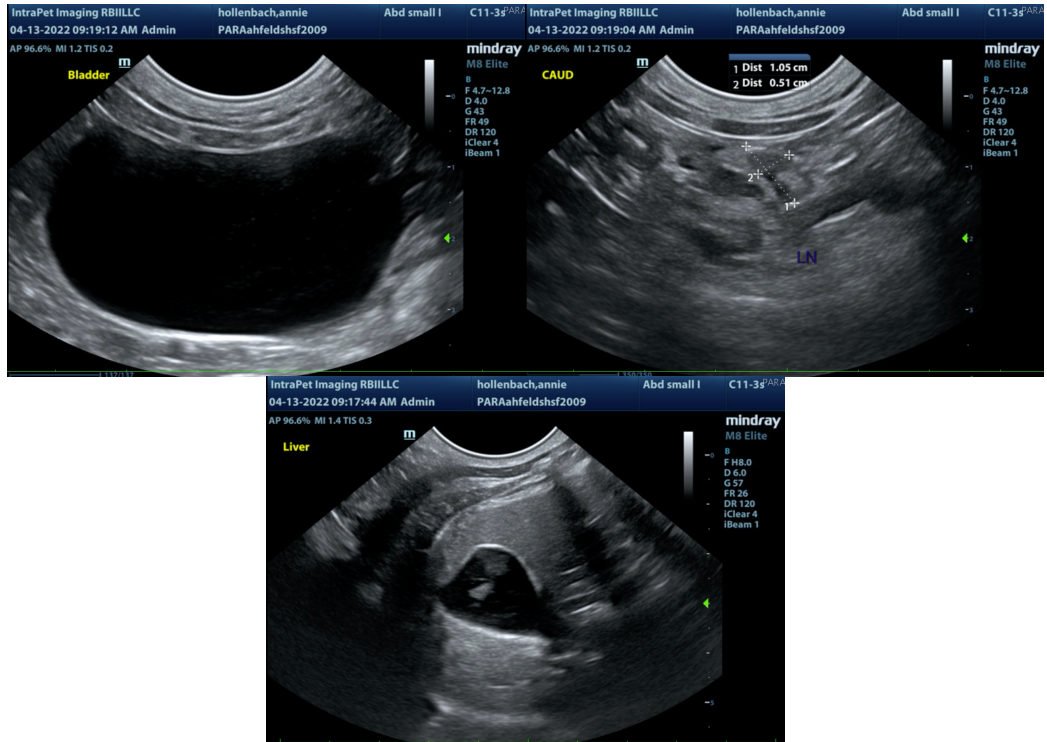
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No mass lesions are visualized to explain the inappetence reported. The pancreas does appear hypoechoic and prominent. Consider an fPLI, TLI, cobalamin and folate to Texas A&M (GI panel) to further evaluate the pancreatic and small intestinal changes. Additionally, there is a somewhat prominent muscularis layer and hypoechoic prominent mesenteric lymph nodes. Consider a fine needle aspirate of a mesenteric lymph node to further evaluate this enlargement.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Recommend symptomatic treatment for pancreatitis while awaiting additional diagnostics. If cytology is unrewarding, and there is no response to treatment for pancreatic disease, then consider obtaining GI biopsies.





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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