

**DATE PRESENTING CLINICAL SIGNS**

4/26/22

Patient initially presented on 03/18/2022 for decreased appetite for a few days. PE showed 2/4 calc but otherwise NSF. BW showed a mild increase in ALT (163) 12-130 is normal range for this machine. She was treated supportively with mirtazapine. On 3/25 she was rechecked and reportedly doing better. On 04/04/2022 owner called because episodes were reoccurring- recommended an AUS but owner declined and elected prednisolone. On 04/22/2022 O called because issues were persisting, and Jojo has been losing weight and there was no improvement on pred. Recc AUS at that time.

PATIENT

Jojo Sass

SPECIES

Feline

Current Medications: Prednisolone 10mg/ml: 1.2 ml PO SID x 14 then 0.6 ml PO SID x 14 -currently on 0.6 ml po sid.

BREED

DSH

Lab Results: Mild ALT elevation -163 (23-130 U/L).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Spayed Female

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.

AGE

6/1/08

The left kidney has a normal shape and size (4.09 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.

WEIGHT

13.5 Pounds

The right kidney has a normal shape and size (3.95 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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
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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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

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.

HOSPITAL NAME

Madonna Vet Clinic

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. Smith

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

37159

The gall bladder lumen is moderately distended with a large volume of hyperechoic, echogenic, non-organized debris. There is no evidence of significant wall thickening, but the wall does appear somewhat prominent.

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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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

There is a small amount of free abdominal fluid. There is a lymphadenopathy present with a cranial lymph node measuring at 1.07 cm in diameter, and a hypoechoic caudal abdominal structure most consistent with a lymph node measuring at 1.23 cm x 0.93 cm. The omentum generally appears hyperechoic and somewhat irregular.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Large amount of gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Free abdominal fluid with irregular hyperechoic mesentery – findings could be secondary to inflammatory change or carcinomatosis. Recommend fluid analysis and cytology.

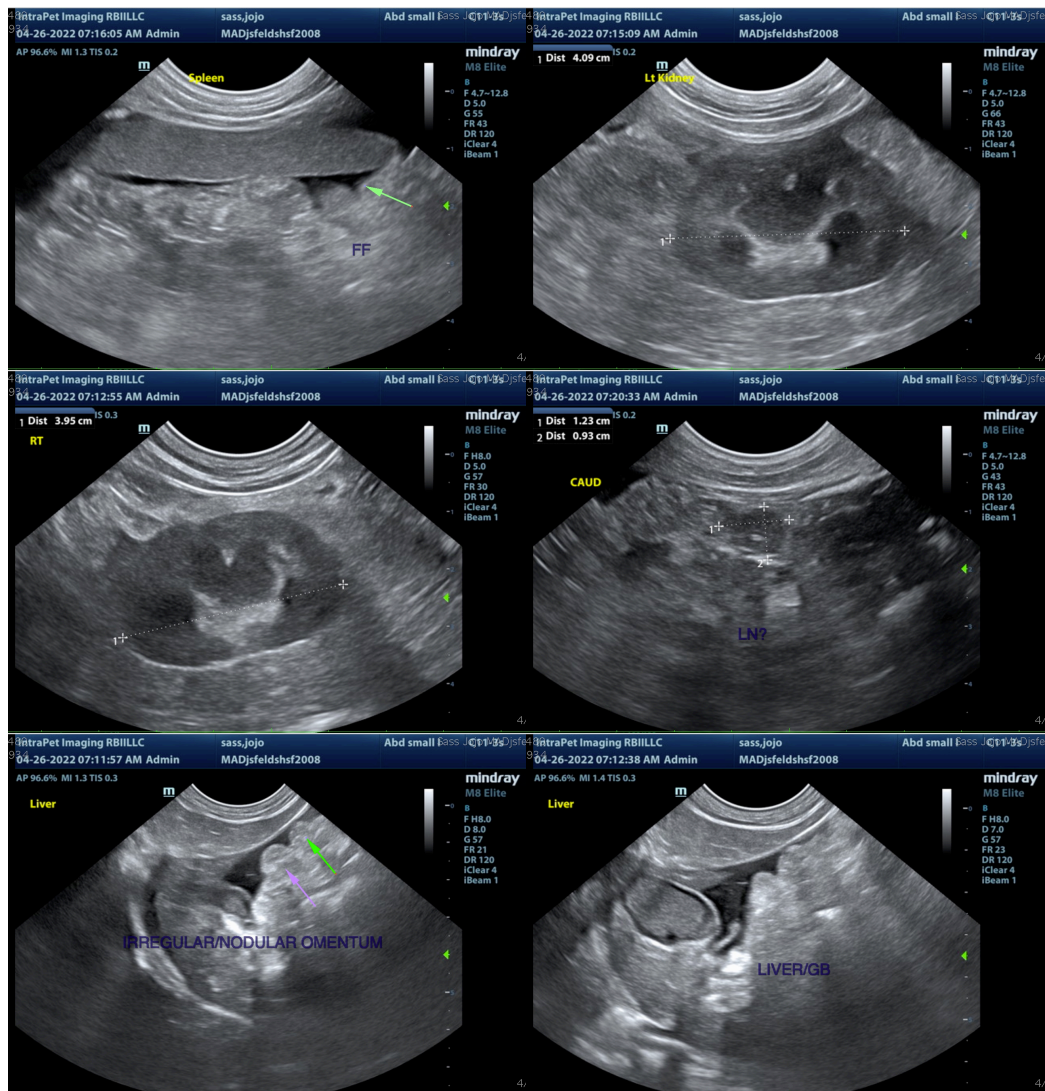
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

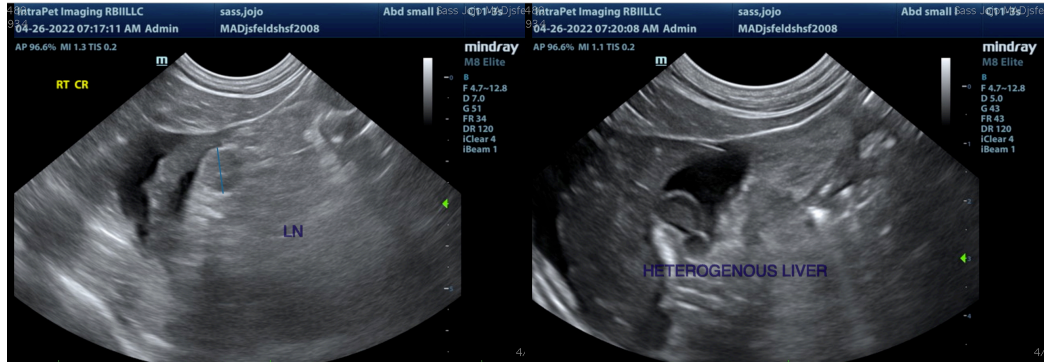
The liver is very heterogeneous and somewhat irregular. Additionally, the gallbladder has a large amount of debris within it, but no significant bile duct dilation is observed. Consider a fine needle aspirate of the liver and a liver function test.

There is a small to moderate amount of free abdominal fluid. The mesentery appears generally hyperechoic and slightly irregular, almost consistent with a carcinomatosis. Consider submitting a sample of abdominal

fluid for fluid analysis and cytology as well as a fine needle aspirate of an enlarged mesenteric lymph nodes. 3-view thoracic radiographs are recommended.

If cytology is non-diagnostic, and thoracic radiographs are normal, and there is no response to symptomatic treatment for pancreatitis/hepatitis, then consider surgical biopsies of the GI tract including omentum, lymph nodes, liver, etc.





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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