IMAGING PERFORMED BY

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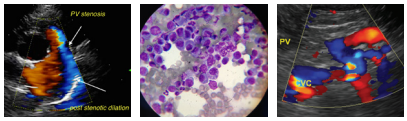

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DATE

4/26/22

PATIENT

Stitch Serafini

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/1/20

WEIGHT

10.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

37148

PRESENTING CLINICAL SIGNS

Intermittent vomiting past 7-10 days and ½ pound weight loss. PE unremarkable.

Current Medications: Gabapentin 100mg 2 hours prior to scan.
Lab Results: CBC/Chem 17, FPL WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Gabapentin PO.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (3.74 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.

The right kidney has a normal shape and size (3.84 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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.

The right adrenal gland is normal in size measuring 0.36 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.

Spleen

The spleen is normal/borderline large in size (1.0 cm at the level of the hilus), 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. This is likely normal in a larger cat like this.

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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. In some images, the gastric wall, particularly as it transitions into the pylorus, appears somewhat prominent and thickened, measuring up to 0.66 cm with mildly decreased layering detail. Findings are suggestive of gastritis, but infiltrative disease cannot be ruled out.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with 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. Jejunum wall measured 0.25 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. There are occasional prominent mesenteric lymph nodes, which do not appear overtly enlarged, measuring 0.27, 0.29, 0.31 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Moderate gastric distention with shadowing ingesta – findings could be consistent with a previous meal. Historical information suggests this patient was adequately fasted. Correlate these findings with abdominal radiographs. This could represent delayed gastric emptying, a partial outflow tract obstruction, or gastric foreign material.

- Mild fluid distention of the small intestine – This is not consistent with a classic obstructive pattern, but more suggestive of enteritis or ingested foreign material.

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS

- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

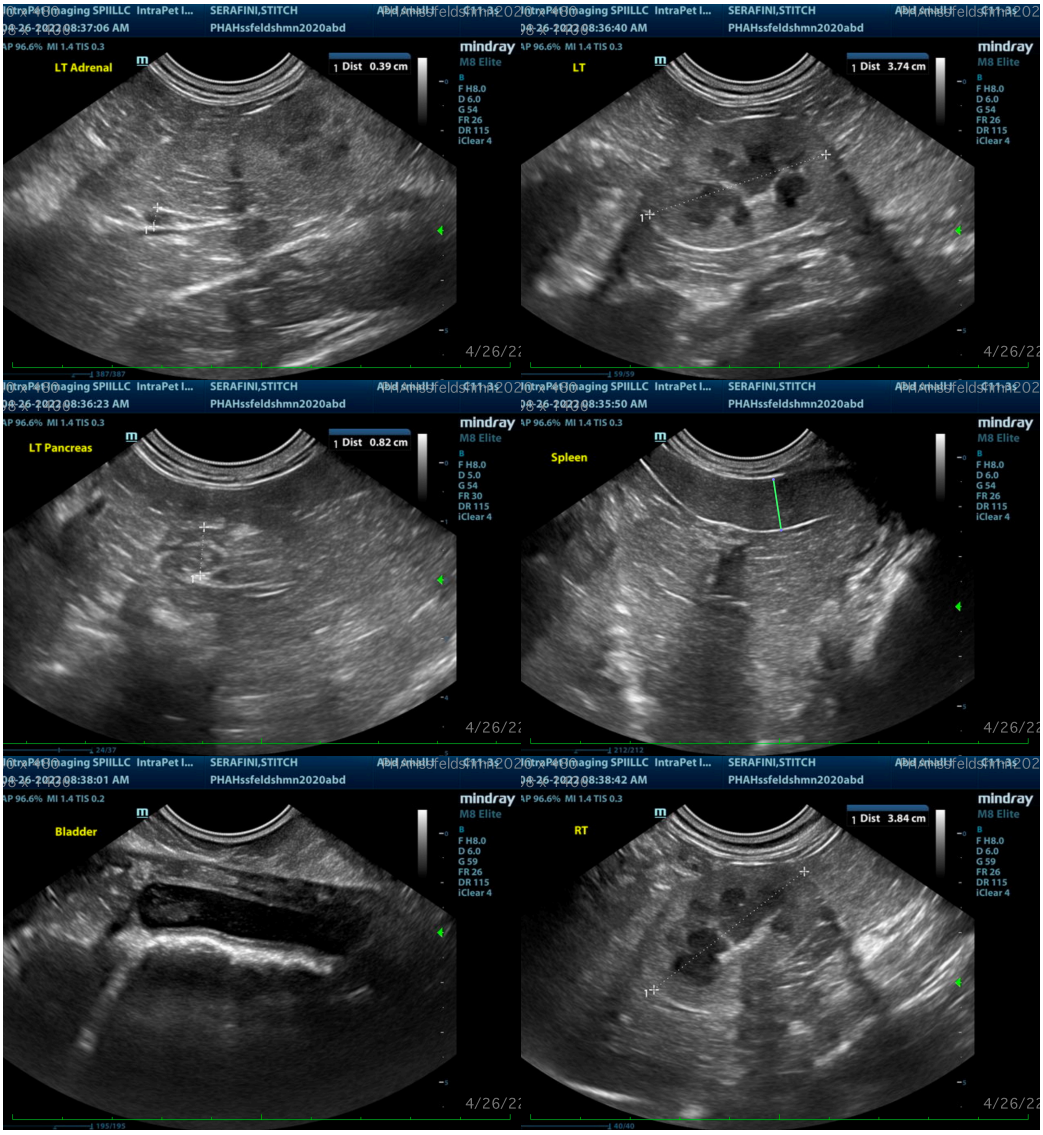
- Borderline large spleen – Findings are likely within normal limits for this larger cat, but infiltrative disease could be a differential.

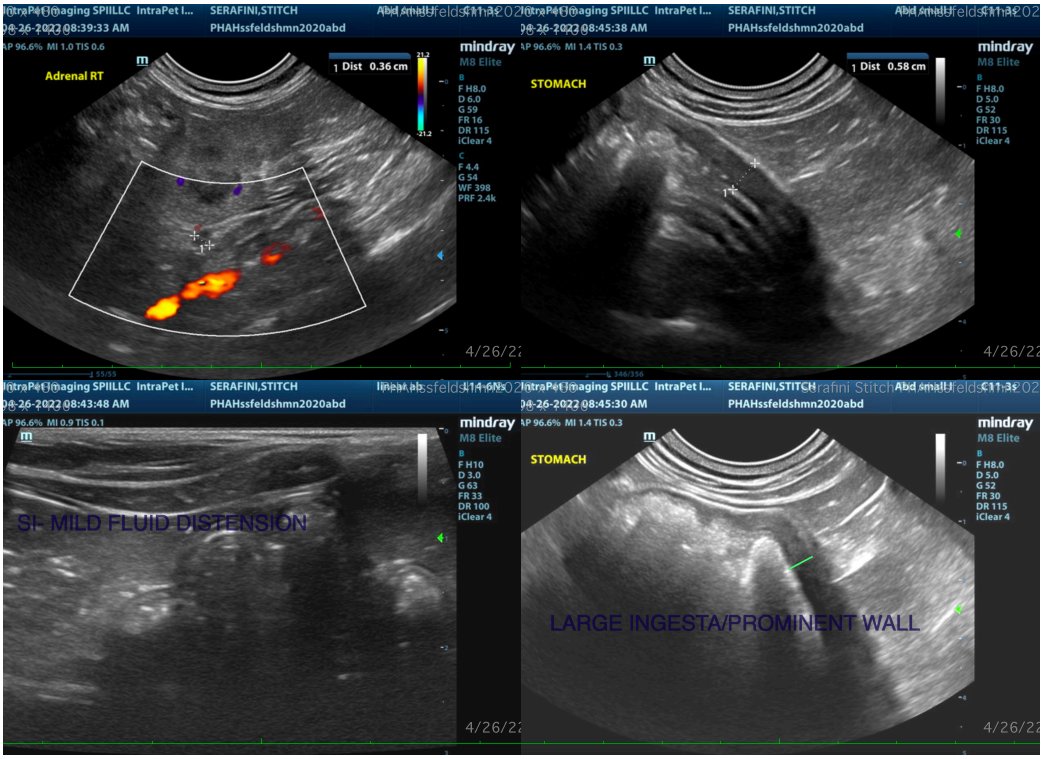
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious focal obstructive lesion is observed, but the stomach is distended with shadowing gastric material, most consistent with ingesta, but ingested soft foreign material such as hairball, etc. could be considered. Recommend continued monitoring with radiographs to see if this material eventually passes. In some images, the gastric wall as it nears the pylorus is somewhat prominent and thickened. This can be artifactual, or could be consistent with gastritis, or less likely an early neoplastic lesion. Recommend continued monitoring. If an obstruction is suspected, then biopsies of this region could be considered.

The pancreas is somewhat prominent, but there is no evidence of significant peripancreatic inflammation. Consider correlating these findings with a quantitative PLI to further evaluate the pancreas for active inflammation.





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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