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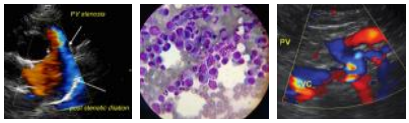

SonoPath
Clinical Sonography & Telecytology
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DATE

4/28/22

PATIENT

Sully Ferreira

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3/30/15

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Eavers

INVOICE

37268

PRESENTING CLINICAL SIGNS

P presented 3/28/2022 for decreased appetite and vomiting qod. Vomitus would be clear liquid or occasionally a hairball. The owner gives CatLax for hairball control. p had blood work and radiographs performed which showed NSF. Sully was started on Royal Canin Gastrointestinal diet and was initially doing well. On 4/11/22, the owner reported Sully had multiple episodes of vomiting and some of the vomitus contained frank blood. Sully received Cerenia and Famotidine injections and was prescribed Sucralfate. He responded well to treatment, but then vomited all of his dinner on 4/20/22.

Current Medications: Sucralfate 250mg BID.
Lab Results: CBC: neutrophilia 936 (2500-8500), eosinophilia 1781 (0-1000), Chem: amylase 1308 (100-1200).
Radiographs: WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

The left kidney has a normal shape and size (3.27 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.15 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

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.

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.

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.

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 large, shadowing intraluminal material. 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 0.34 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 nonformed 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 is a mesenteric lymphadenopathy, particularly near the root of the mesentery, with lymph nodes measuring 0.32 cm and 0.43 cm in diameter. The omentum around these prominent lymph nodes is hyperechoic.

PRIMARY FINDINGS

- Large amount of shadowing material within the gastric lumen – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).
- Thickened small intestine with increased muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- 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.

SECONDARY FINDINGS

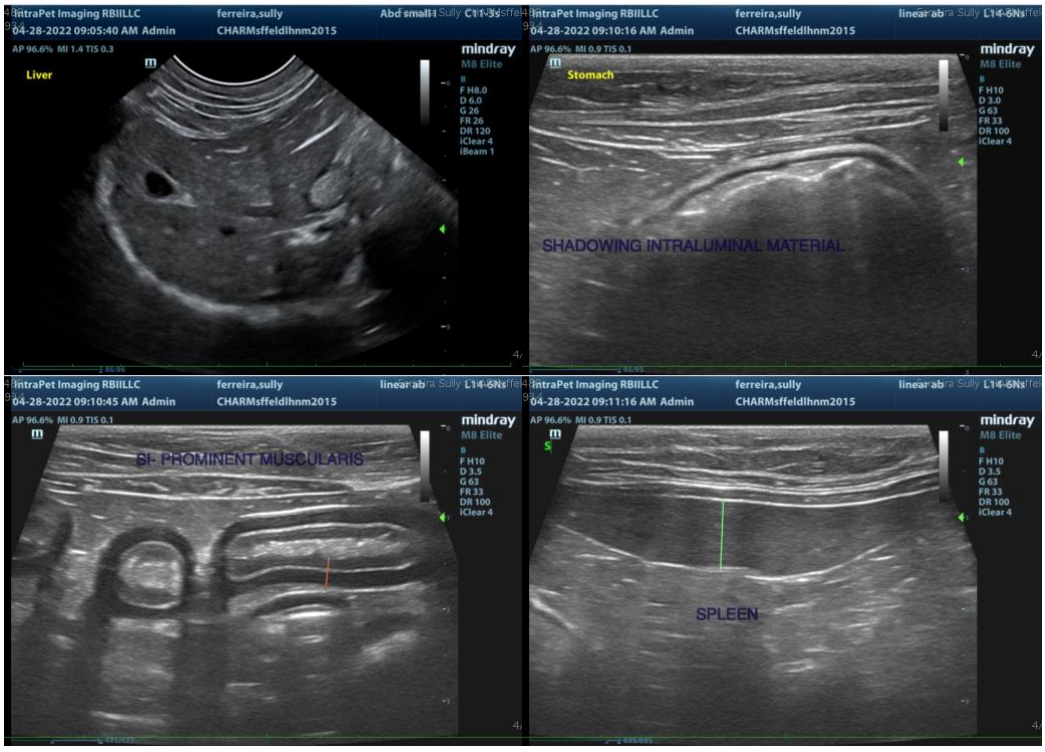
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. If liver values are not elevated, then this could be within normal limits.

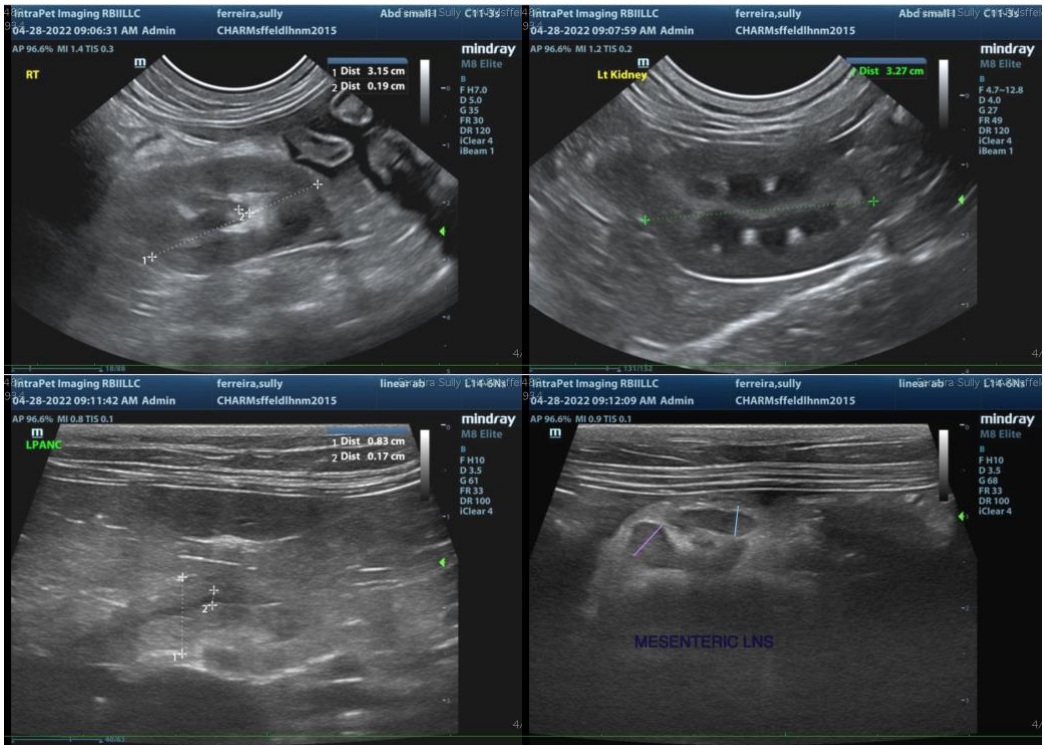
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no focal bowel lesions visualized on today's scan. The small intestine does appear diffusely thickened with a prominent muscularis layer. These types of changes are commonly seen with chronic inflammatory conditions, less likely underlying neoplastic conditions. Additionally, there are prominent mesenteric lymph nodes and a prominent pancreas. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

The stomach is somewhat dilated with ingesta and shadowing material. Correlate this with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying, gastric foreign material (hairballs?), etc.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider the aforementioned GI panel.
- Consider a fine needle aspirate of a mesenteric lymph node.
- If gastric contents do not diminish over time, then consider upper GI endoscopy to evaluate for possible hairball and to obtain GI biopsies.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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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