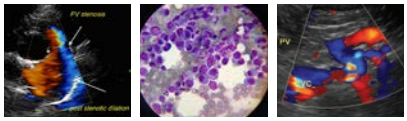
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

4/6/23

PATIENT

Atlas Moore

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10/11/14

WEIGHT

12.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Hicks

INVOICE

46446

PRESENTING CLINICAL SIGNS

Referral from Companion Animal Care Center for possible FB. ATO P has been vomiting liquid for 4 days - not grooming as much - no interest in food since Monday night. New kitten in house, had URI, kitten seems to stress P out. Reg Vet Diagnostics – BW 1. TP 9.5 (H) 2. Glob 6.1 (H) 3. CBC – unremarkable 4. TT4 2.7 (wnl) 5. UA USG >1.050, unremarkable
- Xrays (L and V/D abd) -rDVM states - mineral denity-type opacity in caudal ventral abdomen suspicious for foreign body - rDVM gave Cerenia SQ at 3:30 pm (4/5/23)

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (4.48 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.

The right kidney has a normal shape and size (4.26 cm) with mild pyelectasia at 0.26 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.37 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 subjectively normal in size (0.93 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.

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 mild and 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 measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The area of the ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. More distally, the descending colon appears thickened with intact wall layering and measurements of approximately 0.35 cm. Findings are most consistent with colitis.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis. Prominent pancreatic duct noted.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy at the mesenteric root, with lymph nodes measuring 0.49 cm and 0.56 cm in width. The mesentery is hyperechoic around the abnormal lymph nodes and the pancreas.

There is a focal hypoechoic shadowing structure visualized in the caudal abdomen, most consistent with a bates body, measuring 1.32 cm.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic prominent pancreas with prominent pancreatic duct and mild surrounding inflammation – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Subjectively thickened small intestine with prominent muscularis layer – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

- Prominent thickened colon wall with intact wall layering – findings are most consistent with colitis.

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

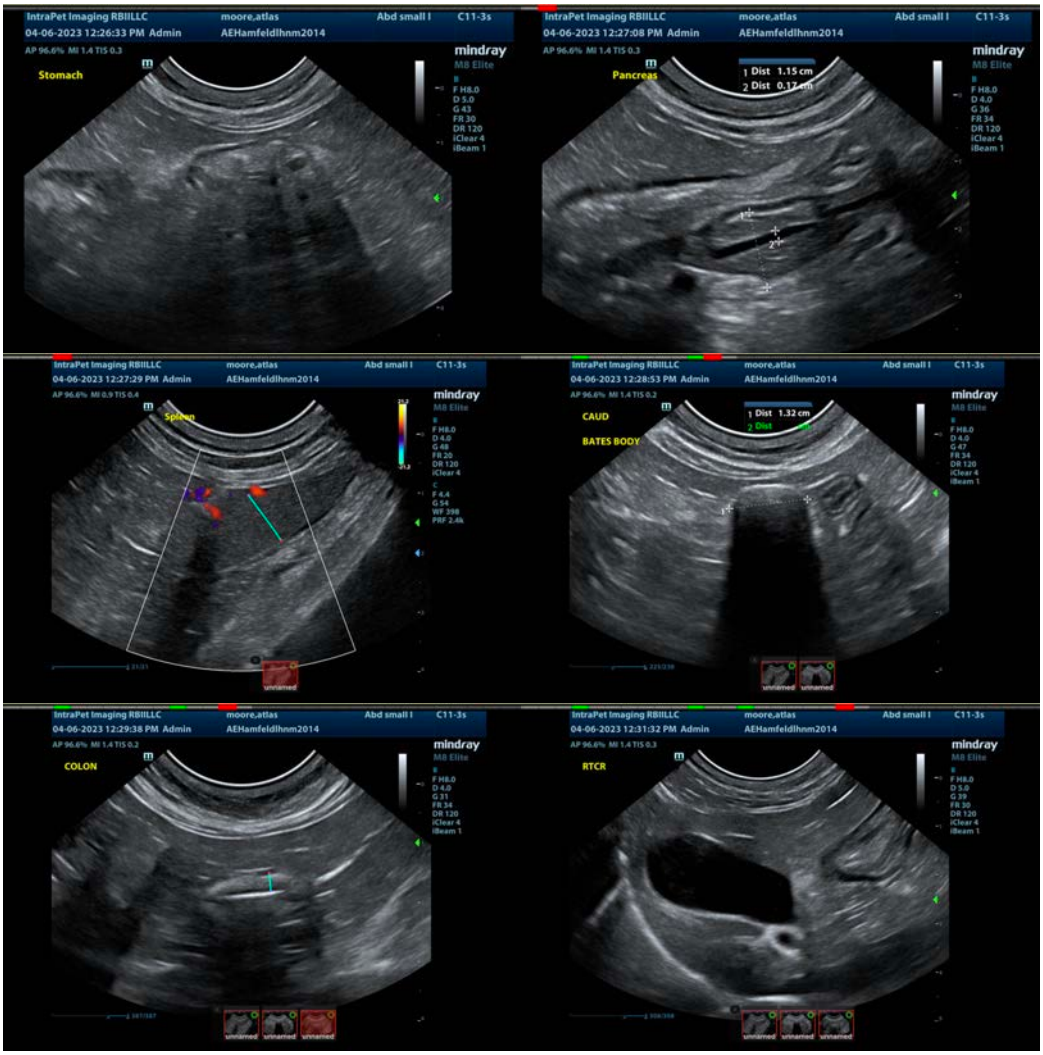
- Focal hyperechoic shadowing structure visualized within abdomen – findings are most consistent with a bates body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

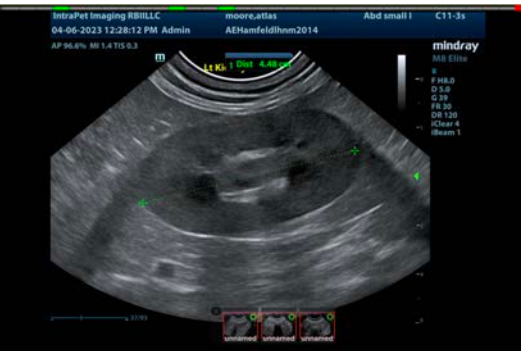
No obvious obstructive process is foreign body is observed on today's exam. Recommend continued monitoring and serial imaging, as this cannot be definitively ruled out at this time. The pancreas does appear mildly prominent with mild surrounding inflammation and a prominent pancreatic duct. This could be consistent with mild active pancreatitis or a previous episode of pancreatic inflammation. Correlate these findings with a quantitative fPLI level.

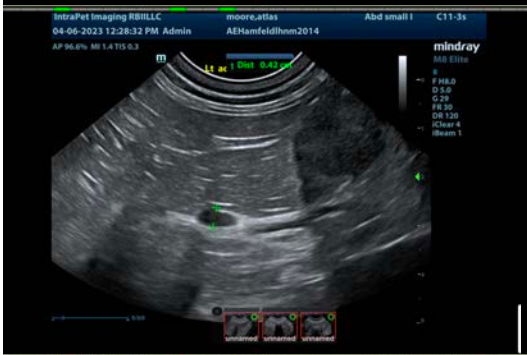
Additionally, the small bowel appears somewhat "ropey" with a prominent muscularis layer, and the colon wall is thickened with intact wall layering. Findings could be consistent with diffuse enterocolitis, but infiltrative disease cannot be ruled out.

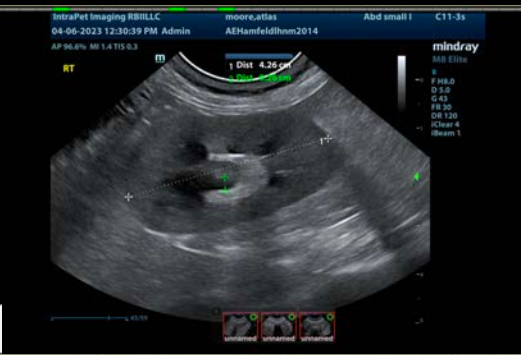
Recommend medical management for acute enterocolitis/pancreatitis, and serial imaging (radiographs +/- ultrasound). If symptoms do not improve, consider repeat ultrasound.




IntraPet Imaging RBIILLC
moore,atlas
linear ab
L14-6Ns
04-06-2023 12:32:43 PM Admin
AEHamfeldlhnm2014
mindray
COLON
Dist 0.35 cm


IntraPet Imaging RBIILLC
moore,atlas
Abd small I
C11-3s
04-06-2023 12:28:12 PM Admin
AEHamfeldlhnm2014
mindray
Lt Kid
Dist 4.48 cm


IntraPet Imaging RBIILLC
moore,atlas
Abd small I
C11-3s
04-06-2023 12:28:32 PM Admin
AEHamfeldlhnm2014
mindray
Lt ac
Dist 0.42 cm


IntraPet Imaging RBIILLC
moore,atlas
Abd small I
C11-3s
04-06-2023 12:30:39 PM Admin
AEHamfeldlhnm2014
mindray
RT
Dist 4.26 cm


IntraPet Imaging RBIILLC
moore,atlas
Abd small I
C11-3s
04-06-2023 12:30:57 PM Admin
AEHamfeldlhnm2014
mindray
RTADR
Dist 0.54 cm


IntraPet Imaging RBIILLC
moore,atlas
linear ab
L14-6Ns
04-06-2023 12:33:54 PM Admin
AEHamfeldlhnm2014
mindray
LT
Dist 0.85 cm
PANC


IntraPet Imaging RBIILLC
moore,atlas
linear ab
L14-6Ns
04-06-2023 12:35:40 PM Admin
AEHamfeldlhnm2014
mindray
SI- PROM MUSCULARIS


IntraPet Imaging RBIILLC
moore,atlas
linear ab
L14-6Ns
04-06-2023 12:36:23 PM Admin
AEHamfeldlhnm2014
mindray
MES ROOT
LN

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.

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