



PATIENT

Jolene Grau

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

37620

DATE

5/11/22

PRESENTING CLINICAL SIGNS

post spay adhesions had caused constipation and urine retention, broken down and then had recurrence of adhesions/abd issues, another exploratory cleaned up the abd and cat was adopted from barks (first scan was under Barks), on cisapride and lactulose, always has a little extra stool in body, 3rd incidence of malaise, inappetence, low grade fever, failure to defecate
Abnormal PE/Chem/CBC/UA Results: becoming wasted, doughy abdomen, CBC/Chem normal, rad has standard mild increase in stool volume but not obstipation, decreasing abd detail, concerns from chronic peritonitis based on overzealous inflammatory reaction from previous abd entries

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 (4.03 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.77 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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 right adrenal gland is normal in size measuring 0.33 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, 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 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



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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions.

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Free Abdomen

There is a small amount of free abdominal fluid. No lymphadenopathy is noted. The omentum and mesentery are abnormal in that they generally appear hyperechoic, particularly more so in the caudal abdomen with evidence of edema and free fluid. Findings are most consistent with diffuse peritonitis.

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ULTRASONOGRAPHIC FINDINGS

- Diffusely hyperechoic abnormal omentum/mesentery with edema and pockets of free fluid – findings are consistent with diffuse peritonitis +/- steatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The general impression of this abdomen is that of inflammation and a small amount of fluid. All of the abdominal structures are surrounded by this inflammatory tissue, and this causes some serosal reaction. No focal mass effects can be discerned. I'm concerned that you are dealing with severe recurrent adhesions or even feline gastrointestinal eosinophilic sclerosing fibroplasia. Reports of this condition are primarily in older cats, but if histopathology has not been performed on these tissues, this would be recommended.

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Chelsea Pastor

I would recommend consultation with a veterinary surgeon regarding recommendations in this situation. If surgical evaluation is performed, then recommend histopathology on the mesenteric abdominal tissue and culture with aerobic and anaerobic cultures. Additionally, you could consider obtaining a fluid sample percutaneously to submit for fluid analysis, cytology and aerobic/anaerobic culture. In some situations, anti-inflammatory/immunosuppressive medications have been utilized post-operatively, but this would be done with extreme caution provided infection is ruled out.

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Therapeutically, you could consider pain medication, Miralax to soften the stool, frequent evaluation for urinary tract infections, and if surgery is not to be performed, and infection is ruled out with a culture and cytology, anti-inflammatory treatment with steroids (0.25-0.5 mg/kg per day of Prednisolone) could be considered after a long discussion with the owner regarding the pros and cons of this challenging situation. Recommend 3-view thoracic radiographs to rule out concurrent intrathoracic disease.

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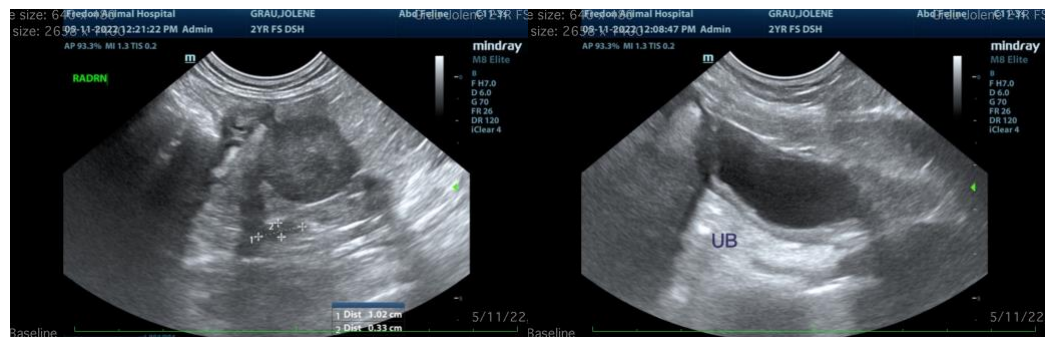
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com