

**DATE**

5/20/22

PRESENTING CLINICAL SIGNS

Ginger has been having a decreased appetite, more vomiting and has lost 1# since November 2021. Physical examination did not show any new issues except for the weight loss and loss of muscling. She does have ckd but it appears to be stable.

PATIENT

Ginger Griffin

Current Medications: Just started on Mirataz.

Lab Results: No significant abnormalities.

Date of Previous IntraPet Ultrasound: 10/22/21. See attached.

Sedation: Gabapentin PO, Torbugesic IV

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

7/22/09

WEIGHT

9.5 lbs

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline
Hospital

REFERRING VET

Dr. Sinclair

INVOICE

30599

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 (3.5 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted and measured 0.3 cm. A small cortical cyst was noted and measured 0.38 cm with pinpoint mineralized foci. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.8 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.41 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 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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The bile duct appears somewhat tortuous and dilated measuring 0.37 cm with no obstruction visualized.

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. The jejunum measured 0.32 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 non-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 hypoechoic as 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 moderate mesenteric lymphadenopathy with clusters of mesenteric lymph nodes at the root of the mesentery measuring 0.93 cm and 1.01 cm and hyperechoic mesentery surrounding these clusters of lymph nodes. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Subjectively thickened small intestine with prominent 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.
- Clusters of prominent/inflamed mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS:

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Prominent, hypoechoic pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia and a left-sided cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary changes observed on today's scan from the previous scan is a progression in the prominence of

the mesenteric lymph nodes and possibly progressive thickening of the small intestine. These are subjective findings, but they could correlate with the symptoms you are describing. The renal changes are most consistent with chronic progressive renal disease and the pancreas is prominent, yet not significantly changed from the previous exam. It is not clear what steps have been taken since the last scan, but consider these (if not already performed):

- Consider FNA of the mesenteric lymph node.
- Recommend a novel protein/hydrolyzed protein prescription diet
- Consider a GI panel to Texas A&M for qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Consider a urinalysis and culture to evaluate the echogenic debris in the urinary bladder and the mild left-sided pyelectasia.
- Recommend blood pressure evaluation.
- Recommend continued monitoring of the bile duct for progressive dilation or liver enzyme elevations.
- Consider three view thoracic radiographs if not recently done.





