

**DATE PRESENTING CLINICAL SIGNS**

5/3/23

Vomiting initially noted December 2022, increased in frequency in January and started losing weight. Brief US by rDVM revealed thickened segment of distal SI and enlarged mesenteric LN, negative explore for FB but noted marked inflammation of intestines, particularly distal jejunum and proximal ileum, marked mesenteric lymphadenopathy. Biopsy revealed marked neutrophilic inflammation (severe chronic-active ulcerosuppurative enteritis) and reactive LN. Did OK initially with diet but developed progressive vomiting and continued weight loss. Vomiting is projectile per owner.

PATIENT

Neelix Maizels

SPECIES

Feline

Current Medications: Cerenia 8mg PRN, Prednisolone 5mg/day, B12 injections monthly 0.25mL, Fortiflora
Lab Results: 3/4: neuts 29K, albumin 2.6, cholesterol 82

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Neutered Male

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.

AGE

2/23/21

The left kidney has a normal shape and size (4.05 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.

WEIGHT

4.6 kg

INTERPRETED BY

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

The right kidney has a normal shape and size (3.92 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.

HOSPITAL NAME

Nexus Vet Specialists

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

REFERRING VET

Dr. Steele

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 is visualized.

Spleen

The spleen is subjectively normal in size (0.56 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.

INVOICE

47079

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 0.23 cm. Visualized peristalsis appears appropriate. There are multiple areas of small bowel that appear thickened and have a complete loss of layering. One of these regions appears to be in the jejunum where there is focal thickening and loss of layering coalescing into shadowing material, which is concerning for possible obstructive foreign material. In this region, the bowel wall measures at 0.70 cm. Additionally, the ileum appears progressively thickened and irregular as it approaches the ileocecal junction. The ileocecal junction appears thickened and irregular. In this region, there is a complete loss of layering, and the wall of the ileum measures at 0.51 cm.

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 normal and isoechoic to surrounding 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 diffuse mesenteric lymphadenopathy with examples of lymph nodes measuring 1.03, 0.96, and 0.78 cm. The omentum is hyperechoic around the enlarged lymph node and the abnormal bowel.

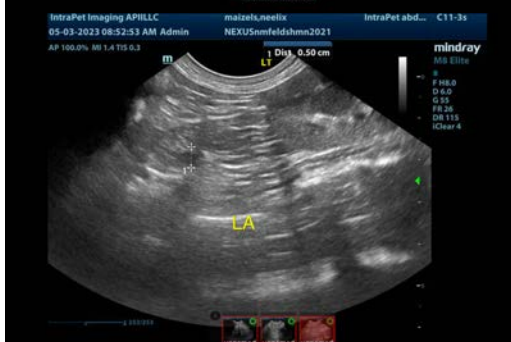
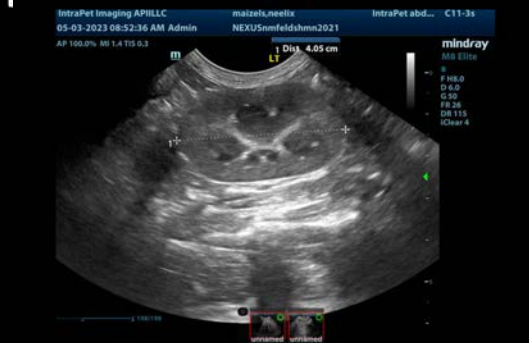
ULTRASONOGRAPHIC FINDINGS

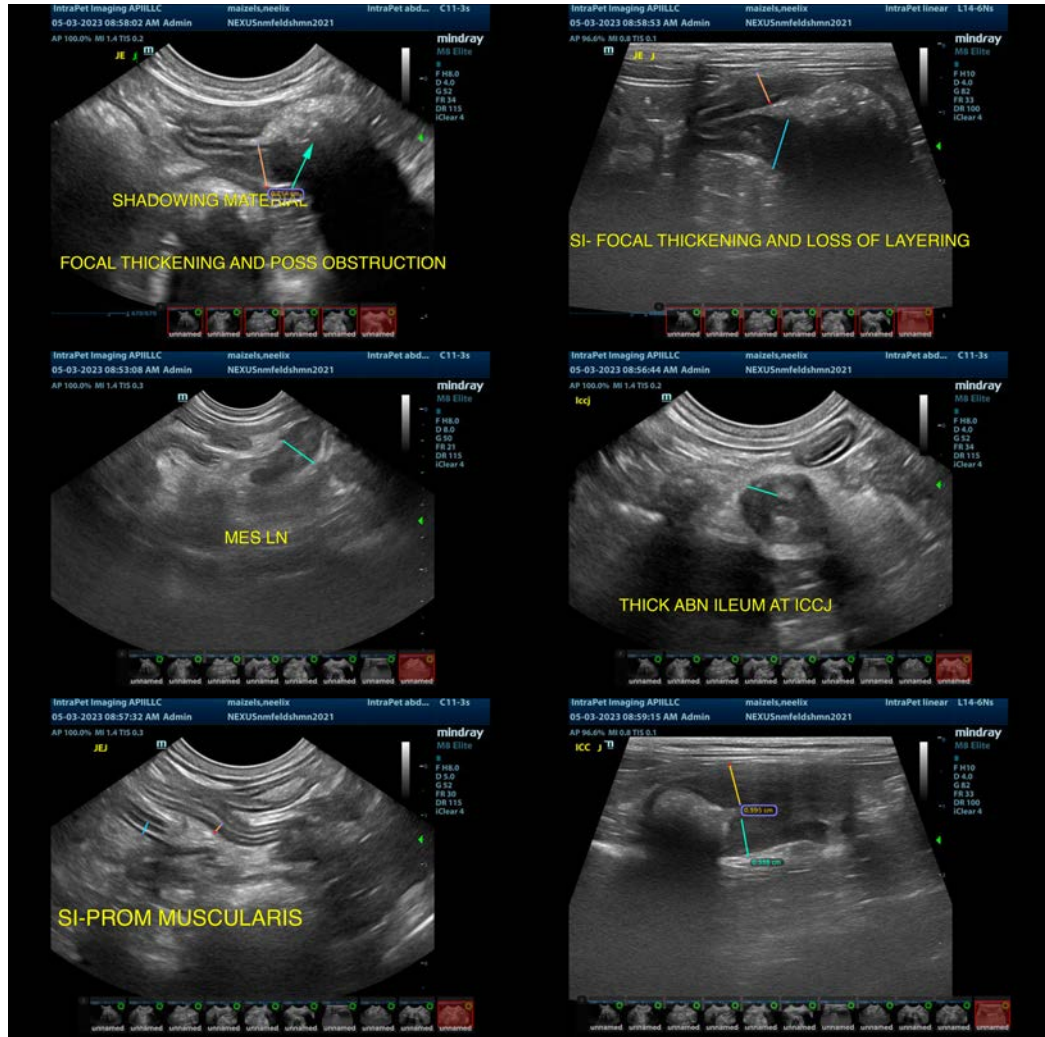
- Focal loss of layering and thickening of the jejunum with intraluminal shadowing material – Findings are concerning for infiltrative disease and possibly trapped/obstructive foreign material.
- Thickened, irregular ileum with loss of layering and thickening at the level of the ileocecal junction – Findings are concerning for possible infiltrative disease.
- Mild mesenteric lymphadenopathy – 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

Ultrasonographic findings include a jejunal mass associated with possible foreign material. This could be causing an obstruction or partial obstruction. Additionally, the ileum appears abnormal and thickened, and the ileocecal junction is thickened and irregular. Additionally, there is diffuse prominence of muscularis layer of the small intestine and prominent mesenteric lymph nodes.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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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