SonoPath
Clinical Sonography & Telecytology
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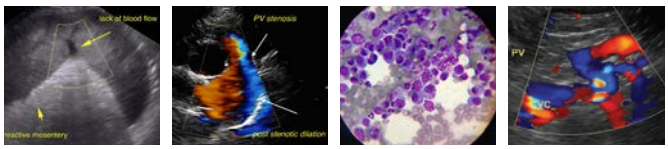


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Bella Prittie

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
14.5 Years

WEIGHT
9.2 Pounds

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

IMAGING PERFORMED BY
Emily Kirk

HOSPITAL NAME
Shiloh Animal Hospital

REFERRING VET
Dr. Shayne Zimmerman

INVOICE
47120

DATE
5/4/23

PRESENTING CLINICAL SIGNS

Significant decline in appetite. Minimal vomiting. Acting like she is interested in food but not taking much in. Abdominal x-rays taken 3/22/23 show abnormal gas pattern and possible bunching of small intestinal tract. Ultrasound performed to help rule out chronic linear foreign body, mural disease, mass or other

Abnormal PE/Chem/CBC/UA Results: TP 5.1 L (6.3-8.8) Albumin 1.6 L (2.6-3.9) ALP 180 H (12-59) Full lab work attached.

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 (3.38 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 (3.89 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.

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 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

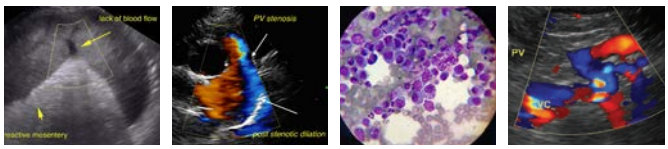
The spleen is subjectively normal in size (0.53 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is mildly hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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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 mild to moderate 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 is a section of small intestine with significant fluid dilation and a thickened wall measuring at 0.32 cm. This section of bowel has a double lumen effect with another loop of bowel within the primary loop, most consistent with an intussusception. Additionally, there are some focal areas of bowel corrugation visualized, consistent with focal enteritis.

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 area of 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Prominent muscularis layer of the small intestine and areas of bowel corrugation – Although a prominent muscularis layer can be seen in some normal older cats, I suspect this is associated with a primary enteropathy and enteritis as indicated by the areas of bowel corrugation.
- Double lumen effect visualized – Findings are most consistent with an intussusception.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an area of intussuscepted bowel visualized that is significantly dilated with fluid. This is likely source of the anorexia reported. The remainder of the bowel appears somewhat thickened with prominent muscularis layer and some focal areas of enteritis, indicating possible underlying gastrointestinal disease. Recommend surgical evaluation and obtaining GI biopsies of the stomach, duodenum, jejunum, and ileum. A biopsy of the liver could be considered as well. In some views, the liver appears slightly hyperechoic. This could be due to early fatty infiltration if this patient has been losing weight. Some intussusceptions are sliding. If this is not present at the time of surgery, obtaining GI biopsies is still recommended. Recommend 3-view thoracic radiographs prior to surgery.

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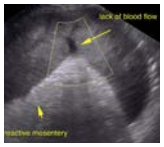
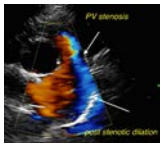
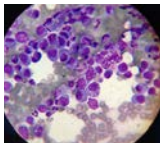
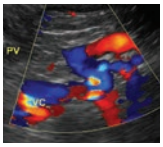

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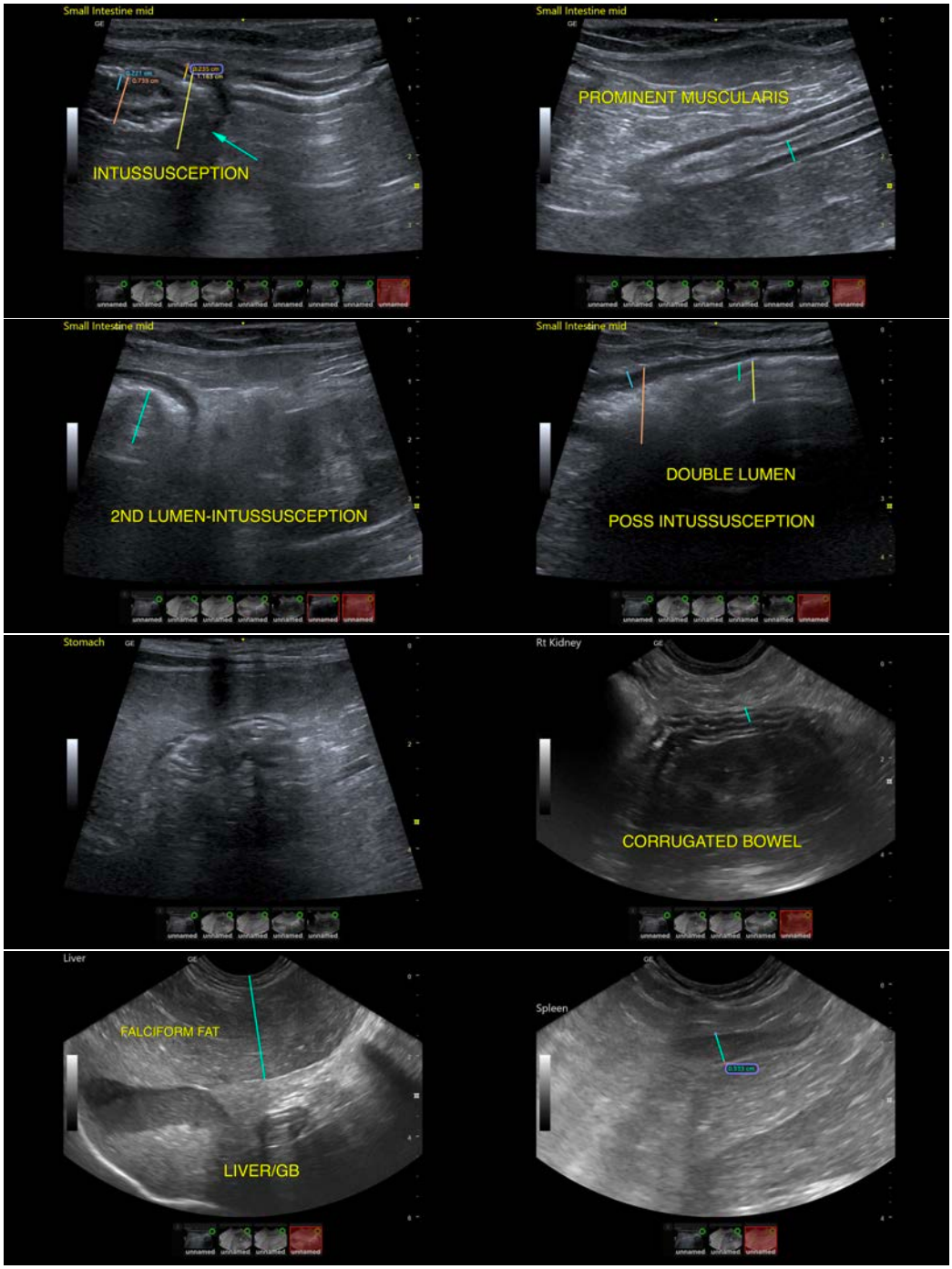
**Shiloh Animal Hospital was called to update on ultrasound results -Dr Sennello spoke to Dr. Tabor and relayed information- 5:20PM.



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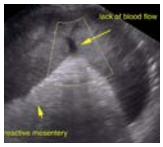
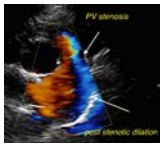
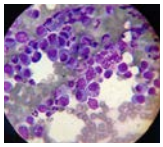
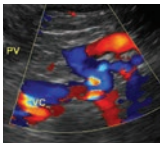

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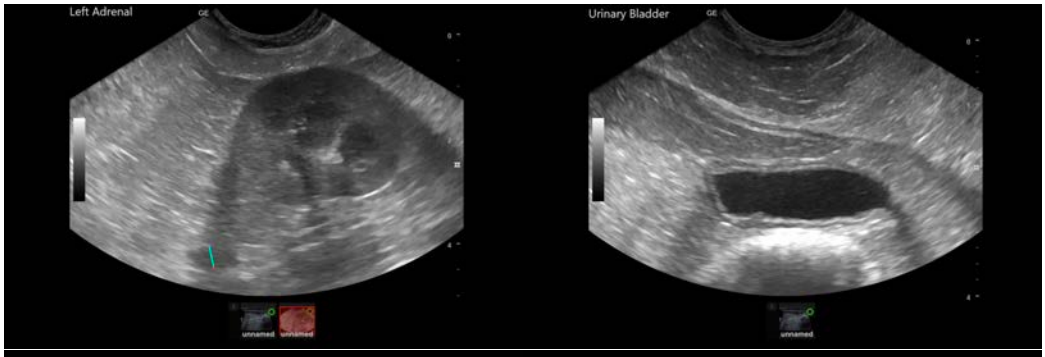

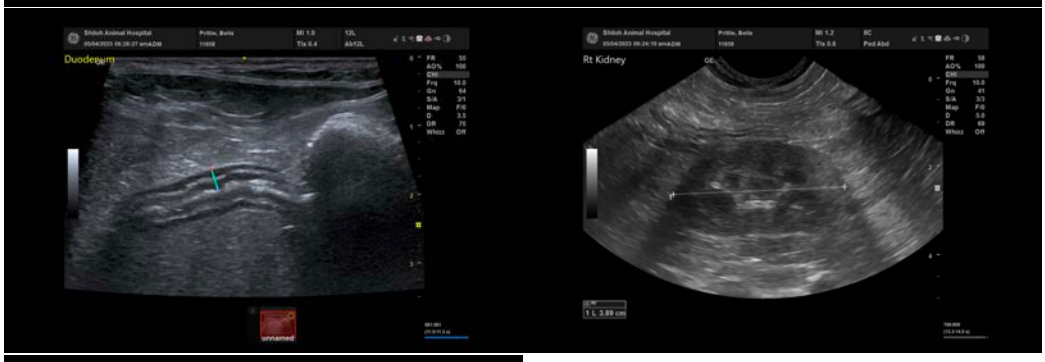

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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