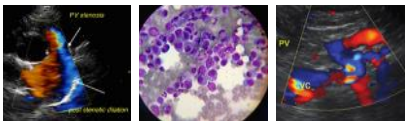
IMAGING PERFORMED BY

IntraPet.com



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

DATE
06/02/2022

PATIENT
Kitty Pettis

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
9 years

WEIGHT
9.5 lb

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

HOSPITAL NAME
Everhart Veterinary Hospital

REFERRING VET
Dr. Farris

INVOICE
10718ag

PRESENTING CLINICAL SIGNS

Chronic Diarrhea - was losing weight few months ago but over last month stable.

Current Medications: Currently on: on z/d diet longterm does seem to help skin hasn't been tried off it since starting the fluoxetine, on fluoxetine transdermal longterm for overgrooming/stress grooming

metronidazole liquid - effective when pet is on it (restarted 5-20-2022)

fortiflora- may be effective to some extent easy to administer (restarted 5-20-2022). GABAPENTIN FOR VISIT: O aware may need top off dosing depending on Intrapet timing or additional injectable. Tried but too hard to administer: tylan powder - too difficult to give so unsure if effective

cerenia tabs - too difficult to give as crushed or original pill (disc 5-20-2022 we could compound this to ear med too) so unable to tell if effective

Lab Results: cbc/chem nsf last month. fecal/giardia was negative about 8m ago.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, 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 at 4.15 cm in length. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is mild corticomedullary rim sign visualized. There is no evidence of 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 at 4.51 cm in length. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is mild corticomedullary rim sign visualized.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 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 region of right adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size at 0.96 cm in height at the level of the hilus, 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 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 0.28 mm in diameter. 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 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

There is no free fluid. There is a significant mesenteric lymphadenopathy present with a lymph node near the ileocecal junction measuring 0.97 cm in diameter and another mesenteric lymph node measuring 0.73 cm.

ULTRASONOGRAPHIC FINDINGS

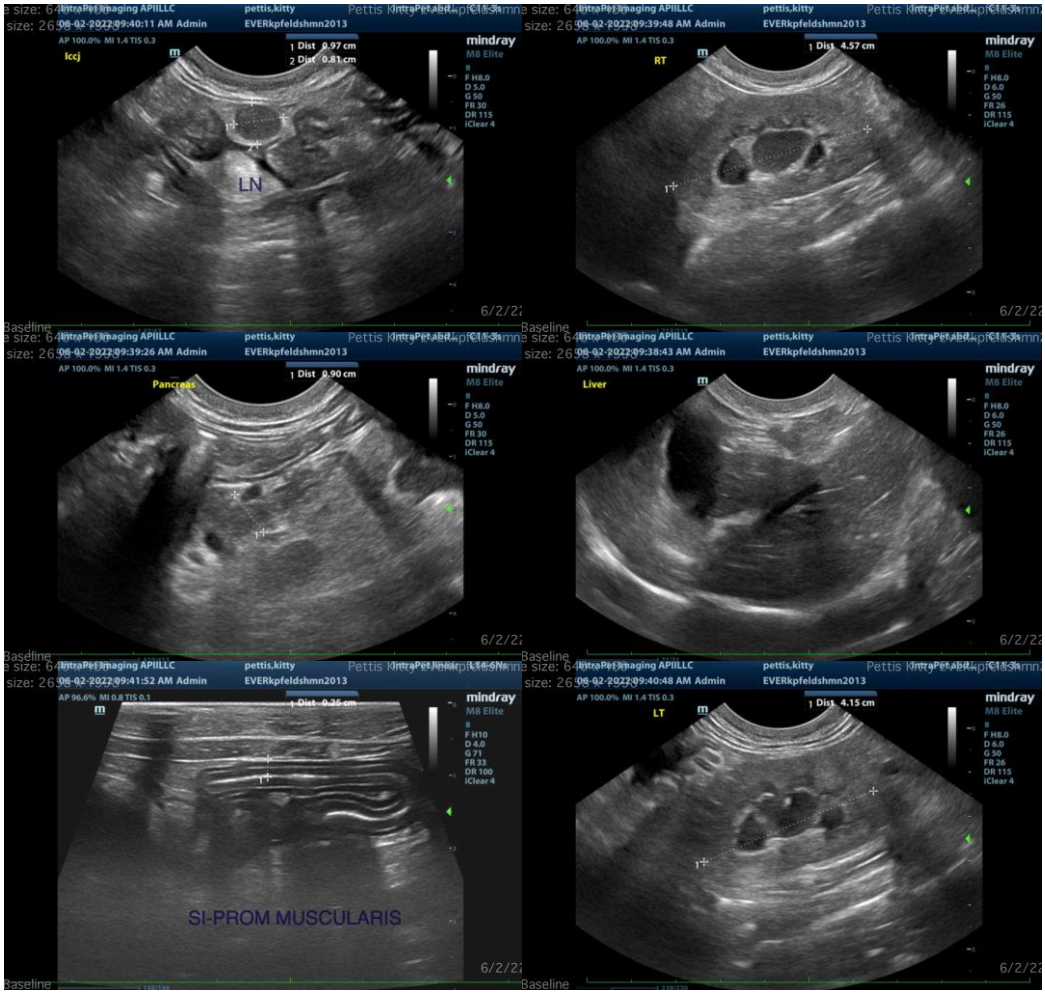
- Corticomedullary rim sign visualized in both kidneys. Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent muscularis layer in the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma
- Enlarged mesenteric lymph nodes near the ileocecal junction. The moderate/severe mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc.. A fine needle aspirate with cytology is

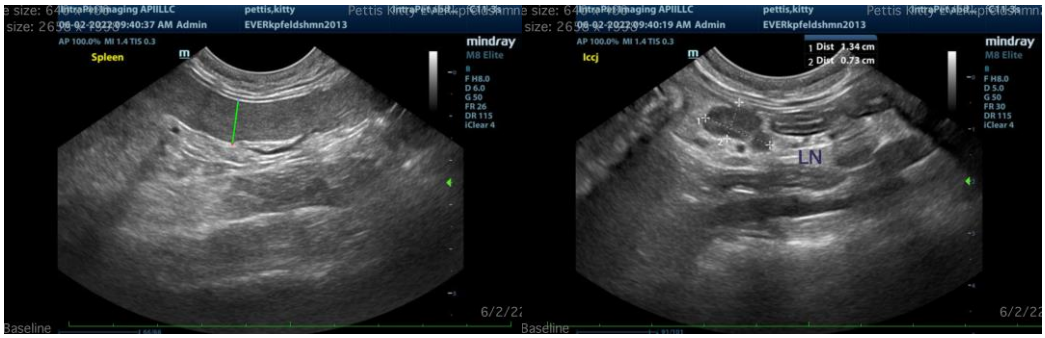
recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesions are observed on todays scan but the muscularis layer does appear prominent and the mesenteric lymph nodes are enlarged and hypoechoic. Findings are concerning for possible inflammatory or neoplastic changes effecting the bowel.

- Consider a different novel protein/hydrolyzed protein diet
- Consider chronic probiotic therapy (continue the Fortiflora if that works)
- Consider a GI panel to Texas A&M for a qualitative PLI/TLI/Cobalamin/Folate to further evaluate the pancreas and small intestine
- Recommend a FNA of a mesenteric lymph node
- Consider obtaining GI biopsies
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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