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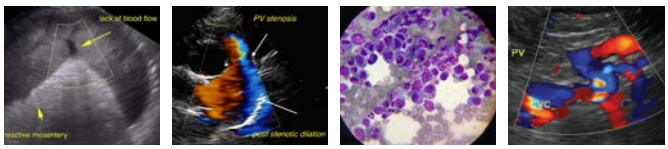


PATIENT
Whiffet Rowe

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
13 Years

WEIGHT
9.3 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
VCA Blairstown AH

REFERRING VET
Dr. Clegg

INVOICE
39015

DATE
6/23/22

PRESENTING CLINICAL SIGNS

Hyperthyroid-controlled with Y/D diet. Chronic vomiting.
Abnormal PE/Chem/CBC/UA Results: Low globulins, T4 3.5

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, or masses. There are numerous small pinpoint mineralized foci in the dependent portion of the urinary bladder, most consistent with small calculi, measuring 0.11, 0.14, 0.13 cm. Recommend correlation with radiographs to evaluate the number and size of calculi present.

The left kidney is normal in size (3.42 cm), but irregular in shape (likely due to previous infarcts). 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 or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.41 cm), but irregular in shape (likely due to previous infarcts). 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 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/borderline large in size measuring 0.56 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.

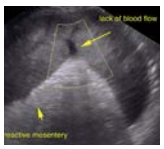
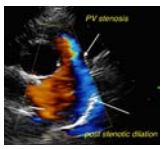
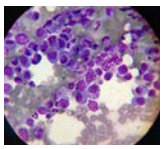
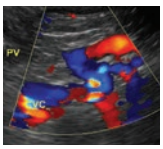
Liver

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 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 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 measured 0.19 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 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, 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.

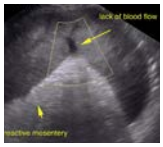
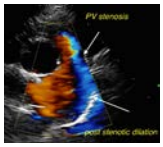
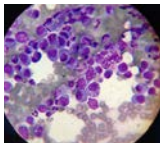
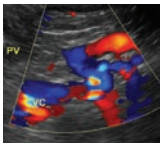
ULTRASONOGRAPHIC FINDINGS

- Small pinpoint calculi in the dependent portion of the urinary tract – recommend urinalysis and culture and correlation with abdominal radiographs. These stones may be small enough for a female to pass.
- Irregular kidneys with decreased corticomedullary distinction – The bilateral renal findings are consistent with age-related change.
- Prominent muscularis layer to 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. This can be a normal finding in some older cats.
- Prominent right adrenal gland – The significance of this is unclear. The gland appears relatively normal in appearance. Recommend a blood pressure evaluation and evaluation of electrolytes to look for any changes consistent with hyperaldosteronism, Cushing's disease, etc. If none are present, recommend continued monitoring with ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A significant lesion associated with the chronic vomiting is not visualized on today's scan. It is not uncommon for there to be many causes for chronic vomiting that cannot be diagnosed by ultrasound alone. These include food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, dysbiosis, IBD, and less likely intestinal neoplasia. If metabolic causes have been evaluated (including hyperthyroidism, etc.), then consider primary GI causes.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

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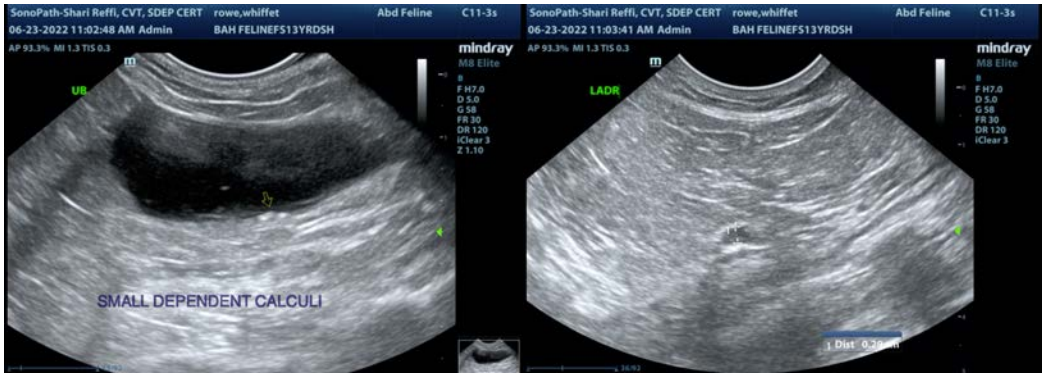
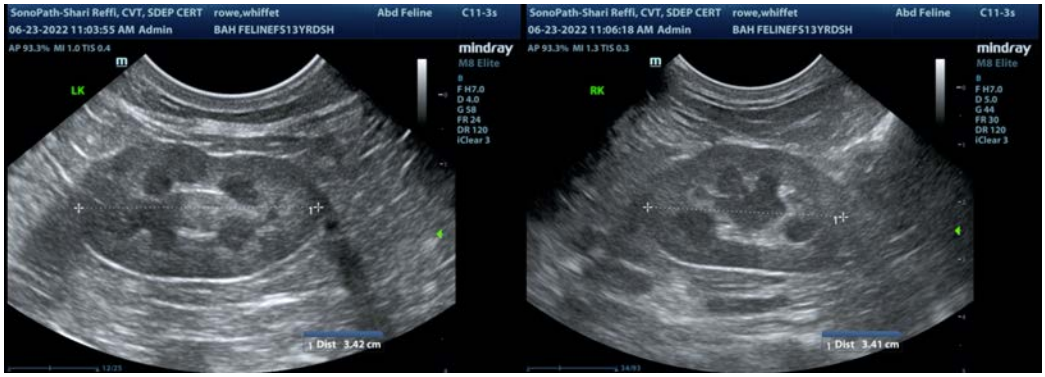
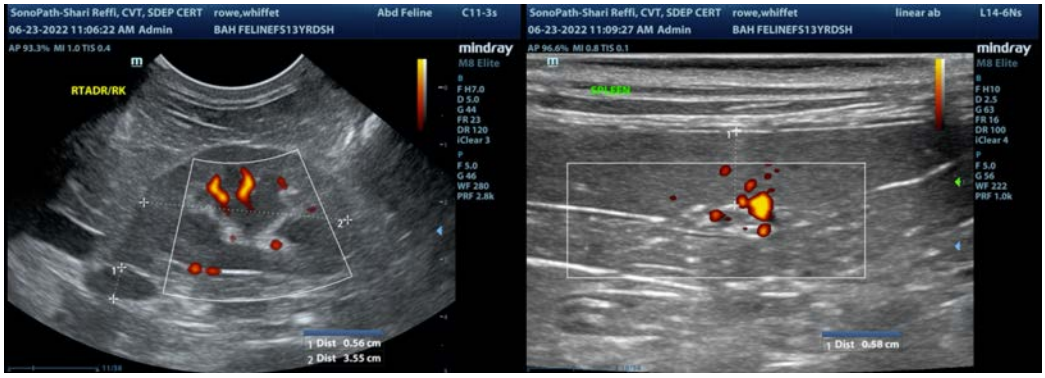
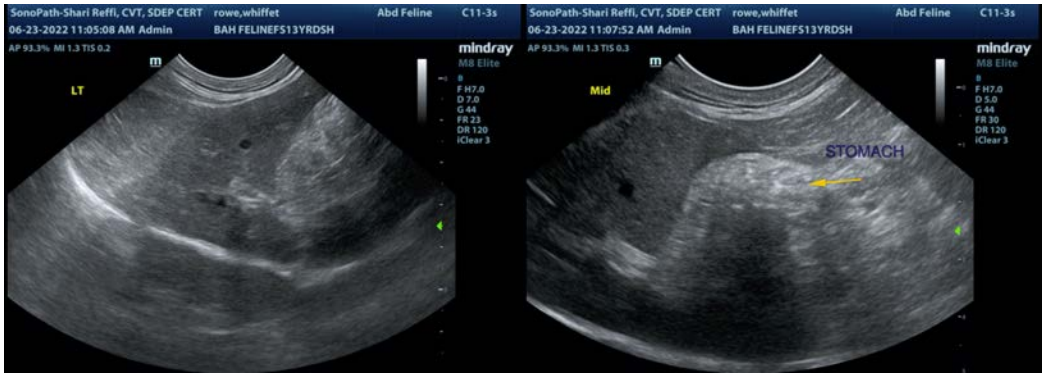
- If vomiting persists consider obtaining GI biopsies.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.









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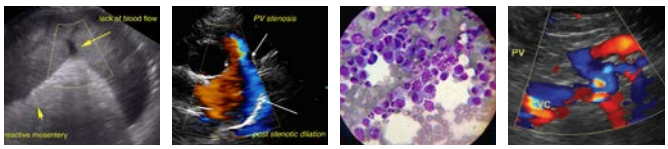

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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