

**DATE PRESENTING CLINICAL SIGNS**

6/7/22

ATO: eating less over last 5 days, no wet food, some dry kibble, but nothing yesterday and today. No vomiting, not urinating as much, saw her drink a little this am. Lost weight since last here in January. Outside the box defecating, last bowel movement was very hard, and smaller.
Has lost 2 lb since January

PATIENT

Raven Eisner

Current Medications: None listed.

Lab Results: Pending.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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

3/30/11

The left kidney has a normal shape and size (3.54 cm). Overall echogenicity is normal with adequate 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.

WEIGHT

12.1 Pounds

The right kidney has a normal shape and size (3.91 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right adrenal gland is normal/borderline large in size measuring 0.69 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.

HOSPITAL NAME

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Martinoli

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.

INVOICE

38449

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. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There is a focal yet extensive area of small intestine that appears thickened with focal decreased/loss of layering and surrounding hyperechoic mesentery. In this region, bowel thickness is approximately 0.59 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 significant mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.50 cm and 0.68 cm in diameter. Hyperechoic mesentery is visualized surrounding the abnormal sections of small intestine and enlarged lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Diffuse prominence of muscularis layer of 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.
- Focal area of small intestine with wall thickening and loss of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be consistent with 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

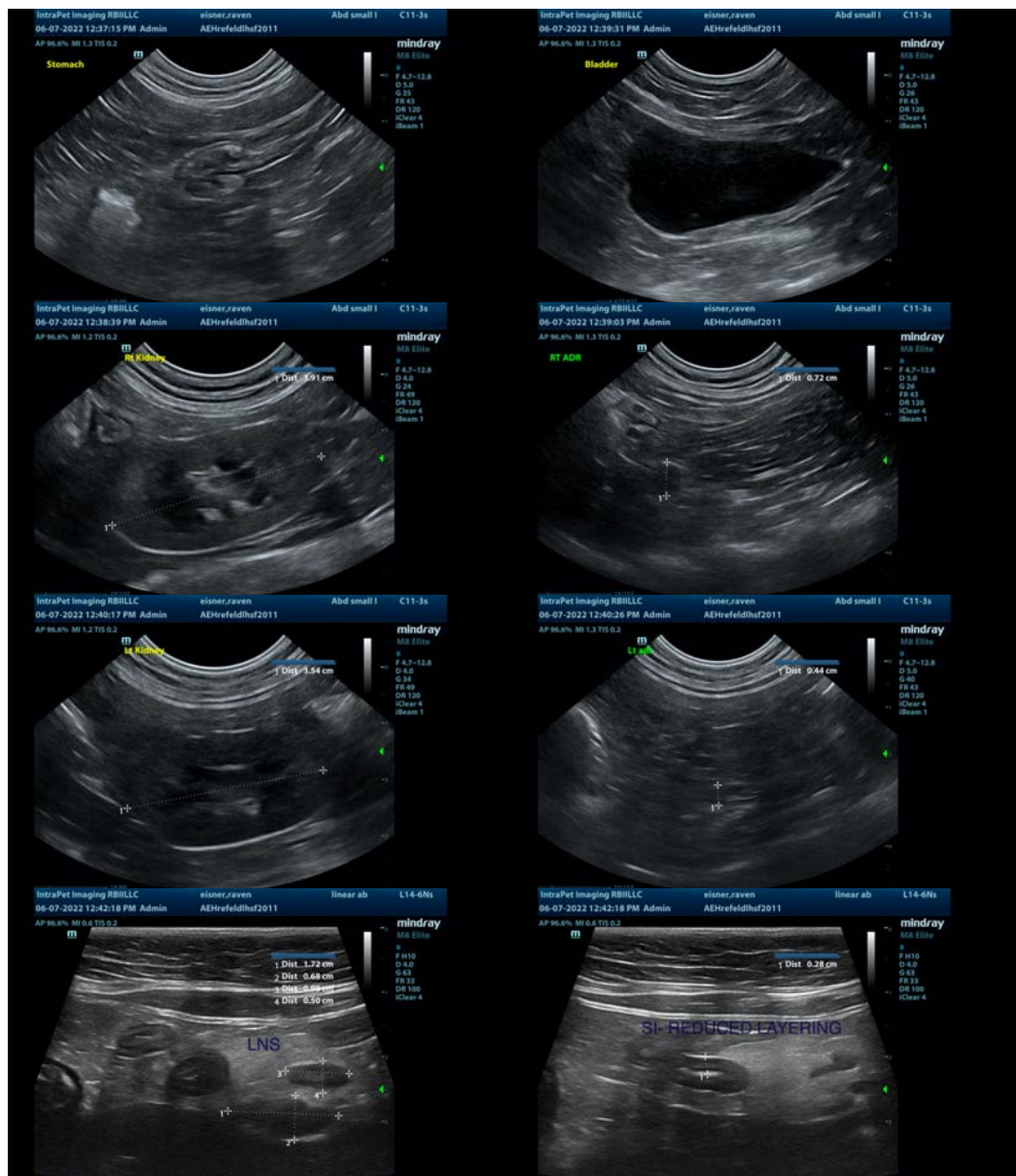
There is a diffuse prominence of the muscularis layer in the small intestine as well as a significant portion of the small intestine that appears thickened with diminished details of wall layering and surrounding inflammation. Options moving forward include either a fine needle aspirate of a mesentery lymph node +/- bowel wall, or surgical explore to biopsy abnormal areas +/- bowel resection if the area is small enough to be resected.

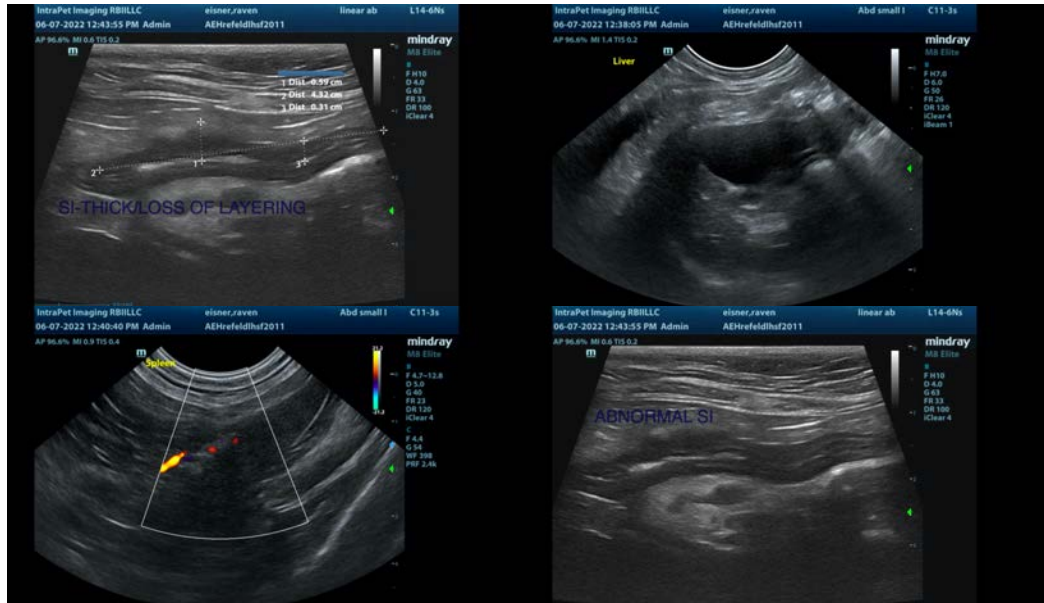
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Consider a novel protein/hydrolyzed protein prescription diet and symptomatic therapy for acute gastroenteritis.

There is no evidence of an obstructive pattern, but the possibility of a passed foreign body or some other trauma to the small intestine is possible, considering the significant inflammation noted around the small bowel. Correlate with abdominal radiographs.





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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