

PATIENT PRESENTING CLINICAL SIGNS

Bonita McCarthy
Chronic intermittent vomiting- mostly food, sometime hairballs, or bile. Recently p has been vomiting a lot more frequently and o thought there was blood in it on 7/10/23. Multiple cat household, so o is unsure of fecal score. No diarrhea has been noted. Stable weight and BCS. Working diagnosis IBD vs food sensitivity vs GI lymphoma.

SPECIES

Feline

BREED

Abnormal PE/Chem/CBC/UA Results: LABs attached.

Tortie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The urinary bladder is moderately distended with echogenic 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

01/29/2016

The left kidney has a normal shape and size (3.64 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

5.47kg

The right kidney has a normal shape and size (3.87 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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.4 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

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.48 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.

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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. The spleen measured 0.94 cm.

REFERRING VET

Dr. Alexis Hazelwood

Liver

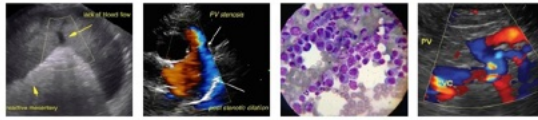
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

10349

DATE

7/18/2023



PATIENT

Bonita McCarthy

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 bile duct appears slightly irregular and dilated and measured 0.27 cm. No point of obstruction is visualized.

SPECIES

Gastrointestinal

Feline

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.

BREED

Tortie

SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.26 cm), and the jejunum measured as normal (0.22 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

01/29/2016

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.

WEIGHT

5.47kg

Pancreas

The pancreas is prominent and hypoechoic in the right limb 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. The gastric lymph node is visualized at 0.67 cm and a mesenteric lymph node is visualized at 0.42 cm. The omentum is generally of normal echogenicity.

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PRIMARY FINDINGS

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Prominent hypoechoic right limb of the pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDING

- Prominent slightly irregular bile duct. This is likely incidental correlate with blood work and continued monitoring.

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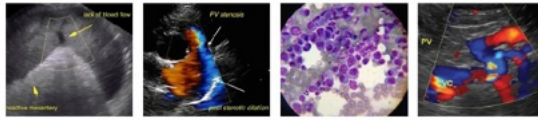
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal lesion is not observed associated with the gastrointestinal tract to explain the chronic vomiting reported. Unfortunately, there are many causes for chronic vomiting which cannot be diagnosed by



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ultrasound alone. Consider such differentials as food allergy/dietary intolerance, GI parasitism, acute pancreatitis, dietary indiscretion, non-specific gastroenteritis, ingested foreign material, IBD and less likely neoplasia, etc.

SPECIES

Feline

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc. to further evaluate for pancreatic/small intestinal disease.

BREED

Tortie

- Recommend chronic probiotic therapy.

SEX

Spayed Female

The pancreas is slightly prominent and hypoechoic correlate this finding with a quantitative fPLI level (this is on the GI panel recommended). No overtly reactive mesentery visualized associated with the pancreas. So, this could be consistent with remodeling due to previous episodes pancreatic inflammation or very mild active pancreatic inflammation.

AGE

01/29/2016

There are occasional prominent mesenteric lymph nodes. These have the appearance most consistent with reactive lymph nodes. I suspect these are too small to easily sample at this time, but continued monitoring is warranted, and sampling performed if possible.

WEIGHT

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If chronic vomiting is persistent and a primary enteropathy is suspected (metabolic diseases ruled out) consider obtaining GI biopsies.

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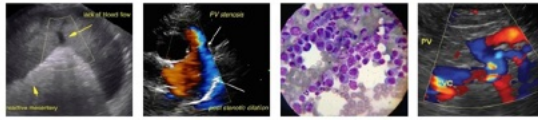
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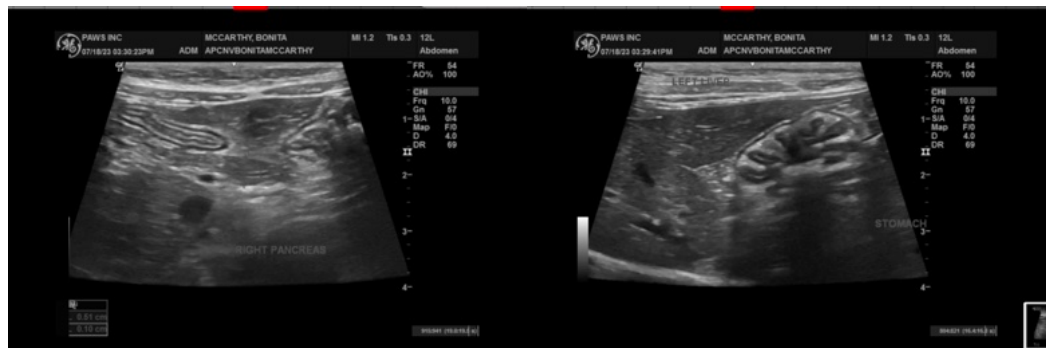
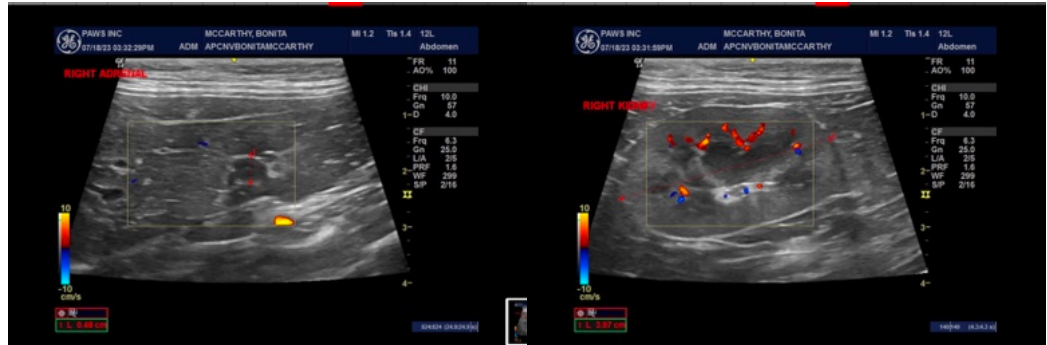
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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