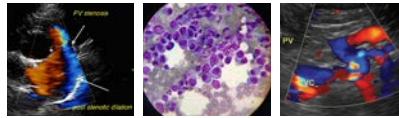


IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE PRESENTING CLINICAL SIGNS

7/20/22 Lethargic, anorexic, elevated white count, painful abdomen.

PATIENT Current Medications: IV Ampicillin, Cerenia, IV Baytril.
Date of Previous IntraPet Ultrasound: No previous.

Charles Winston Sipes Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DSH

SEX

The left kidney has a normal shape and size. 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.

Neutered Male

AGE

The right kidney has a normal shape and size (3.84 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.

12/12/22

WEIGHT

11 Pounds

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal in size measuring 0.45 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.

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

The right adrenal gland is normal in size measuring 0.44 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.

IMAGING PERFORMED BY

Spleen

Stephanie Pearce
RDMS, RVT

The spleen is subjectively normal in size (0.86 cm in width at the level of the hilus) and hypoechoic. The spleen echotexture is heterogenous and mildly mottled, 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.

HOSPITAL NAME

Mount Airy AH

Liver

REFERRING VET

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.

Dr. Riley

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.

INVOICE

39696

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 0.38 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine with irregular severe wall thickening and complete loss of layering, creating a mass effect. This section of bowel measures 5.4 cm in length. The diameter of the bowel is 1.97 cm. Bowel wall is 0.75 cm thick.

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 a small amount of free fluid. There is a significant mesenteric lymphadenopathy present with hypoechoic, rounded nodes measuring 0.67 cm and 0.71 cm in diameter. The omentum is of increased echogenicity around the abnormal bowel and lymph nodes.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

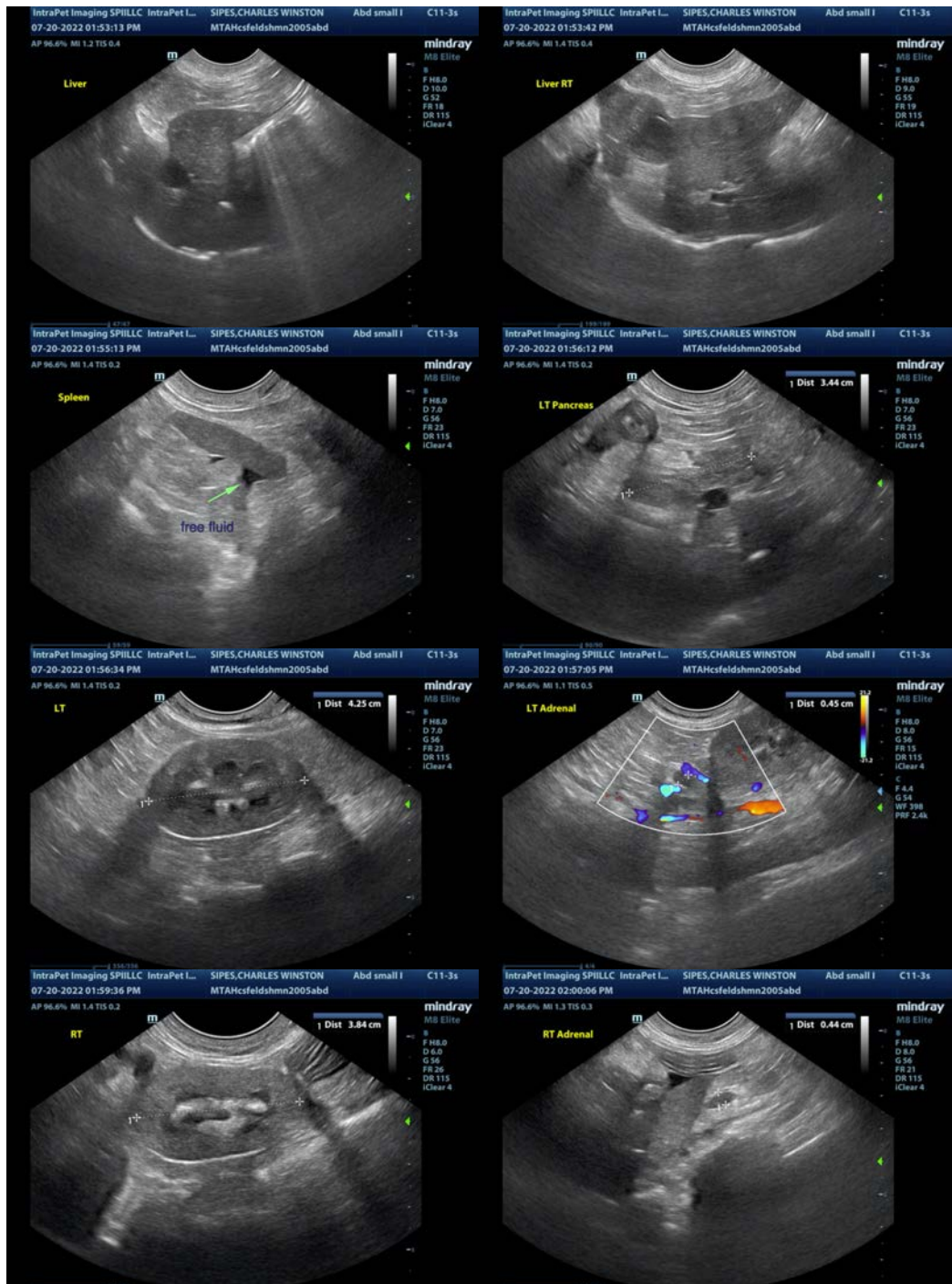
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hypoechoic, mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Focal area of small intestine with severe wall thickening and loss of layering – most consistent with a focal bowel mass.
- 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.
- Scant free abdominal fluid

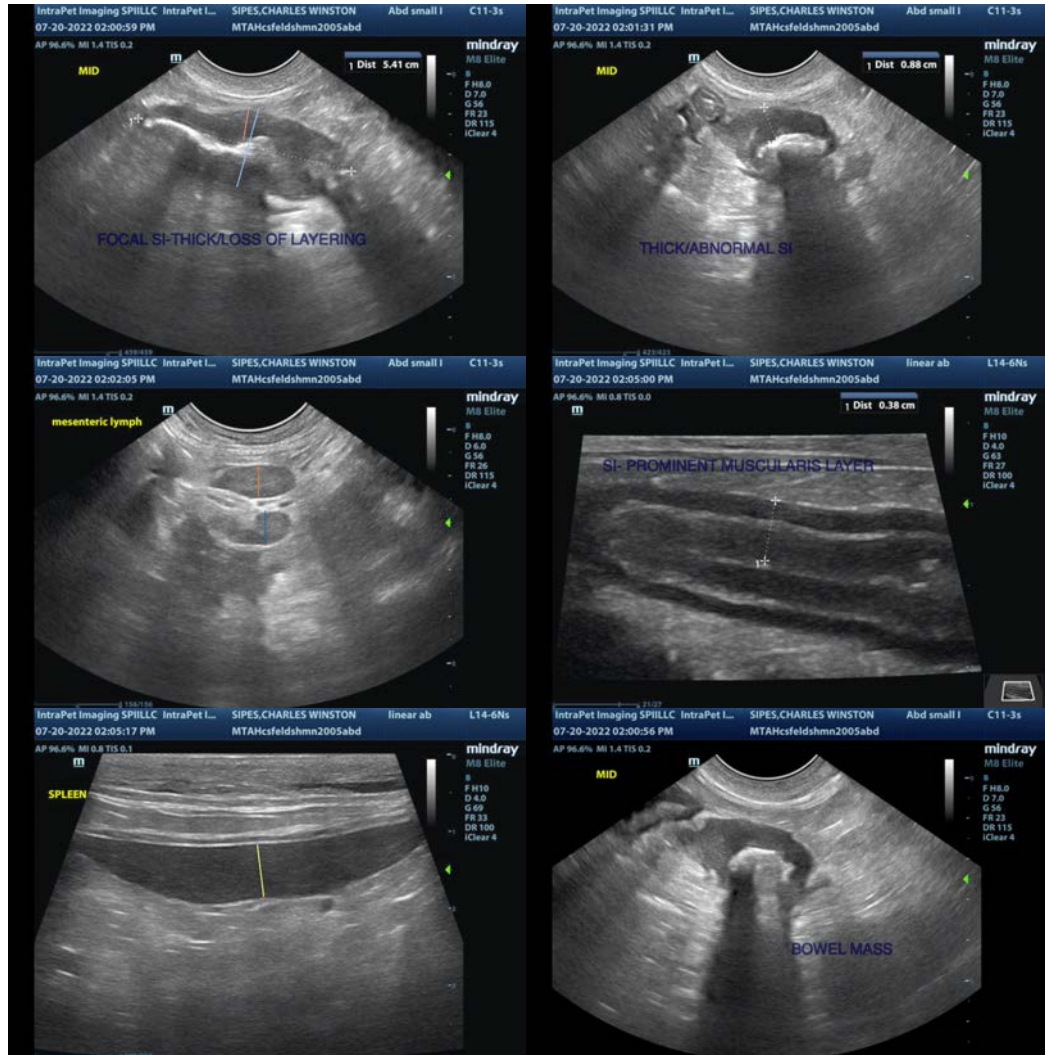
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a section of small intestine with severe wall thickening and loss of layering, most consistent with a focal bowel mass. Additionally, there is diffuse small intestinal thickening and a prominent muscularis layer visualized with prominent, hypoechoic lymph nodes throughout the abdomen. Recommend a fine needle

aspirate of the bowel mass and a mesenteric lymph node. If cytologic diagnosis cannot be obtained based on these samples, you could consider a fine needle aspirate of the spleen.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement. Round cell neoplasia would be the primary concern in this situation, although other disease processes are possible.





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