

**DATE PRESENTING CLINICAL SIGNS**

7/5/22

Pt seen 7/1 for anorexia x 3 days, and increased lethargy. abdominal palpation had concern for mid abdominal mass vs stool in colon. Radiographs unable to distinguish. owner expressed financial concerns and elected Mirataz and smorgasbord approach with option for U/S discussed if pt no better. Owner called on 7/3 to request U/S due to pt still not eating.

PATIENT

Kit Jenkins

SPECIES

Feline

Current Medications: Mirataz-1.5" strip to pinna SID
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Maine Coon

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.21 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.

AGE

7/1/19

WEIGHT

6 lb 8 oz

The right kidney has a normal shape and size (3.59 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Alexander AH

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. Alexander

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

39198

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.

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid distension and hypomotility evidence. Wall thickness in these regions appears relatively normal, and there is distinct wall layering, maintaining the typical 1:3 muscularis to mucosal ratio. There is a focal region of bowel exhibiting a double walled appearance and suspected invaginated omentum/fat, most consistent with an intussusception and an obstruction. A secondary mass effect cannot be excluded as a possibility.

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

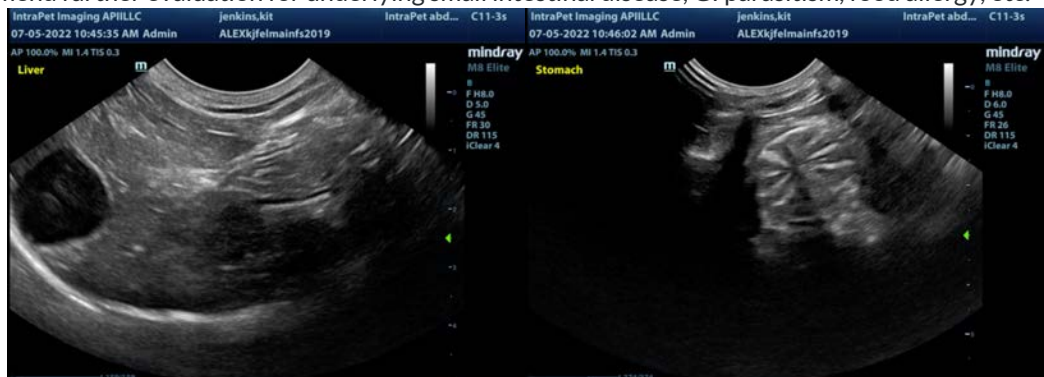
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 0.50 cm and 0.68 cm. The omentum is of increased echogenicity around the abnormal section of small intestine.

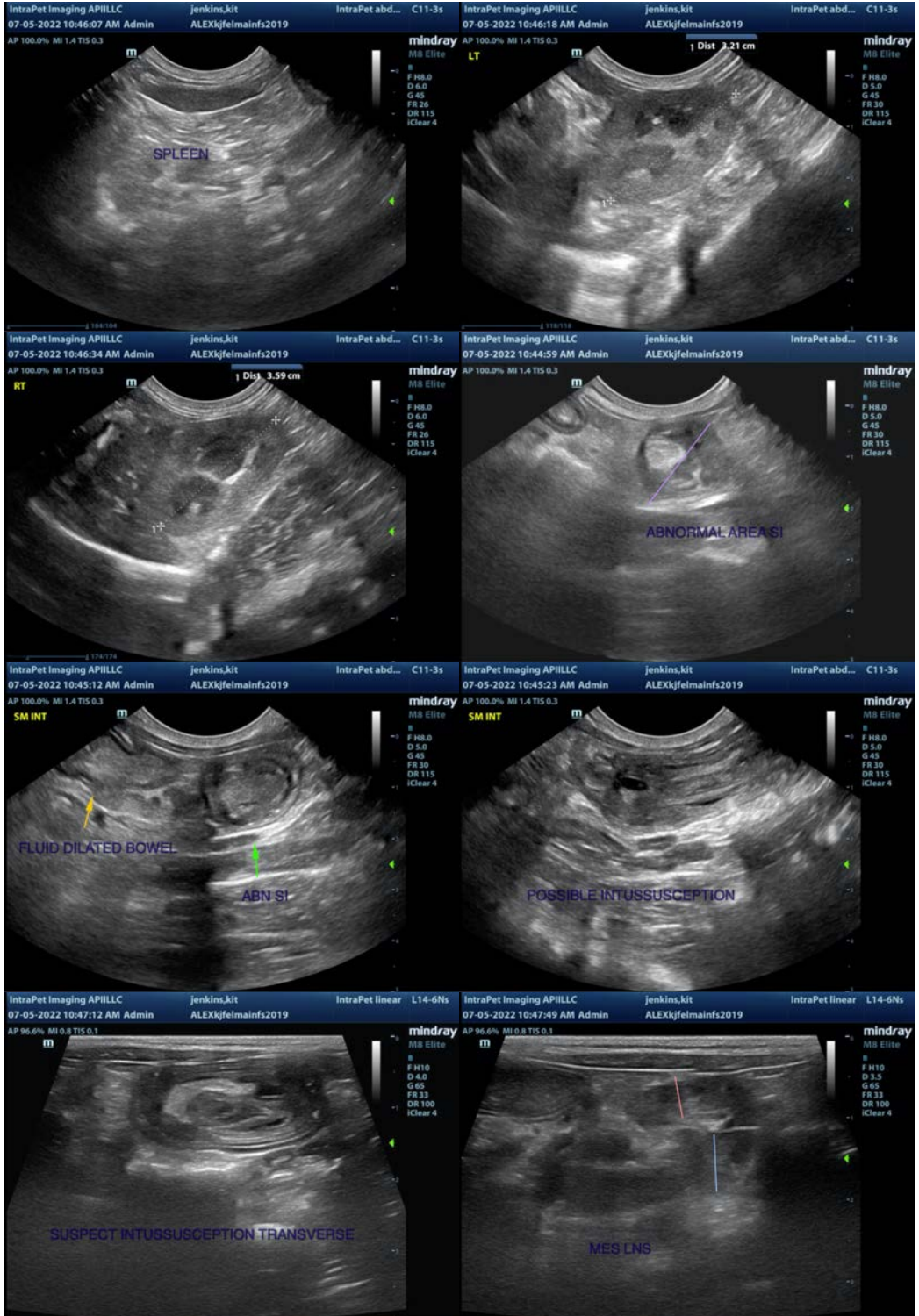
ULTRASONOGRAPHIC FINDINGS

- Focal abnormality of the small intestine – most consistent with an intussusception and secondary small intestinal obstruction.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a generalized obstructive pattern visualized and a focal area of small intestine that has a double walled appearance, most consistent with an intussusception. Recommend surgical evaluation and careful examination for any foreign material, mass lesions, etc. Recommend biopsies of the small intestine to look for underlying inflammatory disease, etc., as well as dealing with the abnormal focal bowel lesion. As always, recommend further evaluation for underlying small intestinal disease, GI parasitism, food allergy, etc.





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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