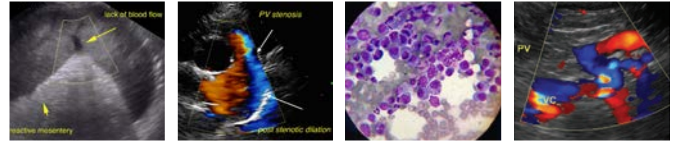


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Brynnleigh Midgley

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

3 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

43816

DATE

7/6/23

PRESENTING CLINICAL SIGNS

Presented for a 1-2 day history of change in behavior-hissing, hiding, lethargic, but then extra affectionate. Still eating per owner. No vomiting or diarrhea. Pyrexia on presentation 103.9, once calmer reduced to 101.0.

Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia. FELV/FIV negative. toxo and FIP elisa pending.

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.

The left kidney has a normal shape and size (3.68 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.

The right kidney has a normal shape and size (3.61 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.

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 is visualized.

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 is visualized.

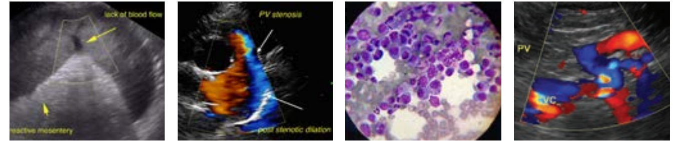
Spleen

The spleen is borderline large and hypoechoic, measuring 1.0 cm. 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 hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. Surrounding hyperechoic mesentery. 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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

PATIENT

Brynnleigh Midgley

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

3 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

43816

DATE

7/6/23

Gastrointestinal

The stomach contains moderate/large shadowing ingesta. 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. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.28-0.34 cm. Surrounding hyperechoic mesentery noted. 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 left limb of the pancreas is prominent and mottled 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 abdominal fluid. No lymphadenopathy noted. The omentum is diffusely hyperechoic, particularly around the liver and small bowel.

Other

The body of the uterus is visualized and appears slightly prominent but not overtly fluid distended.

PRIMARY FINDINGS

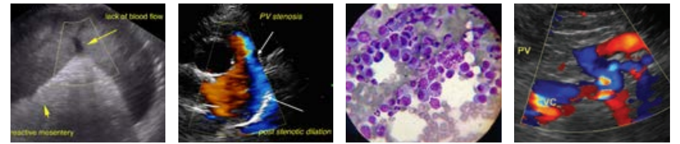
- Hypoechoic, borderline large spleen – Findings could be consistent with infiltrative disease, congestion, anatomic variation, etc. Consider a fine needle aspirate.

- Hypoechoic, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The mesentery appears significantly hyperechoic around the liver.

- Shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

- Thickened small intestine with a prominent muscularis layer and surrounding inflammation – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

- Free abdominal fluid and diffusely hyperechoic mesentery – Findings are most consistent with peritonitis (sterile or bacterial).



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

PATIENT

Brynnleigh Midgley

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

3 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Elaina Petrone

INVOICE

43816

DATE

7/6/23

SECONDARY FINDINGS

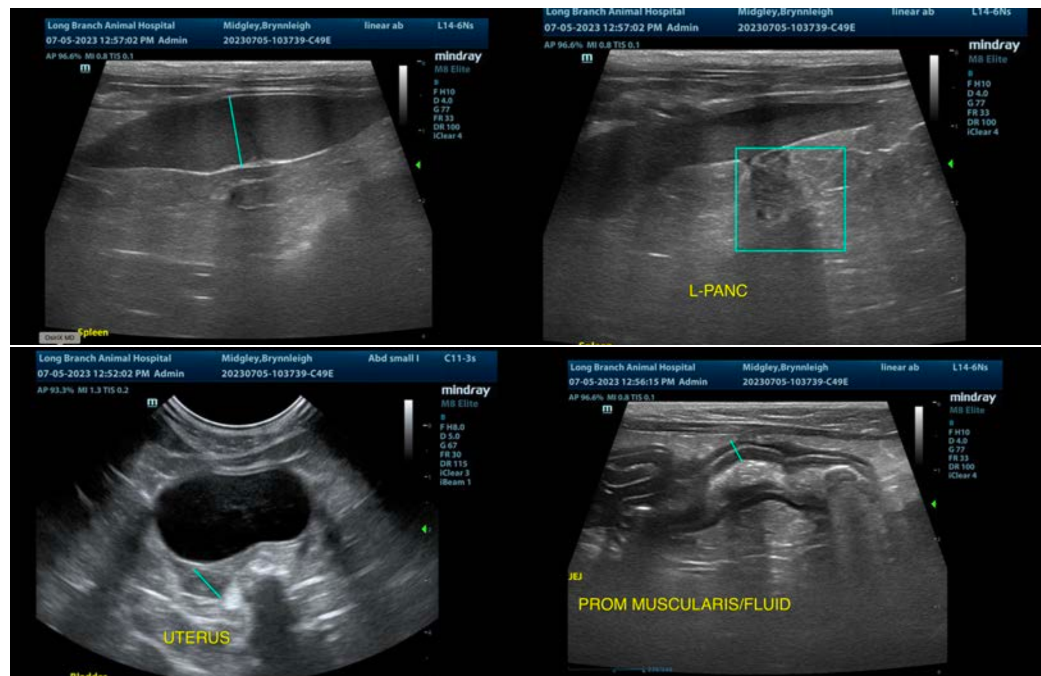
- Focal mild mottling of the left limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

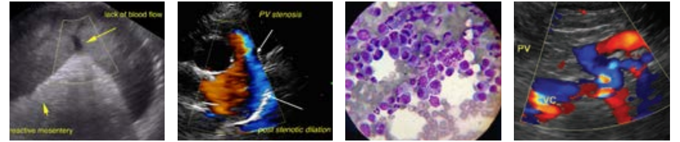
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general appearance of inflammation in the abdomen with hyperechoic mesentery surrounding the bowel and liver. The bowel is thickened with prominent muscularis layer and fluid distended in some regions with no obvious focal lesion observed, but an obstruction, focal mass effect, etc. cannot be definitively ruled out. Additionally, there appears to be inflammation around the liver, which is hypoechoic and heterogeneous. Correlate these findings with lab work. If liver enzyme elevations are present, consider a fine needle aspirate of the liver (provided coagulation parameters are normal).

There is hard shadowing material visualized within the gastric lumen. Correlate with feeding history. If the patient was adequately fasted this could represent ingested foreign material, a hairball, etc. Compare to current radiographs, and continued monitoring is warranted, as ingested foreign material cannot be definitively ruled out.

The spleen is prominent and hypoechoic for a patient this size. A fine needle aspirate of the spleen could be considered. Additionally, if possible, a fluid analysis and cytology sample on the abdominal fluid could be helpful. If a cytologic evaluation does not reveal a source of the issues and symptoms are persistent as well as retained gastric ingesta, etc., recheck abdominal imaging and/or surgical evaluation of the abdomen may be necessary with biopsies.





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

PATIENT

Brynnleigh Midgley

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

3 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

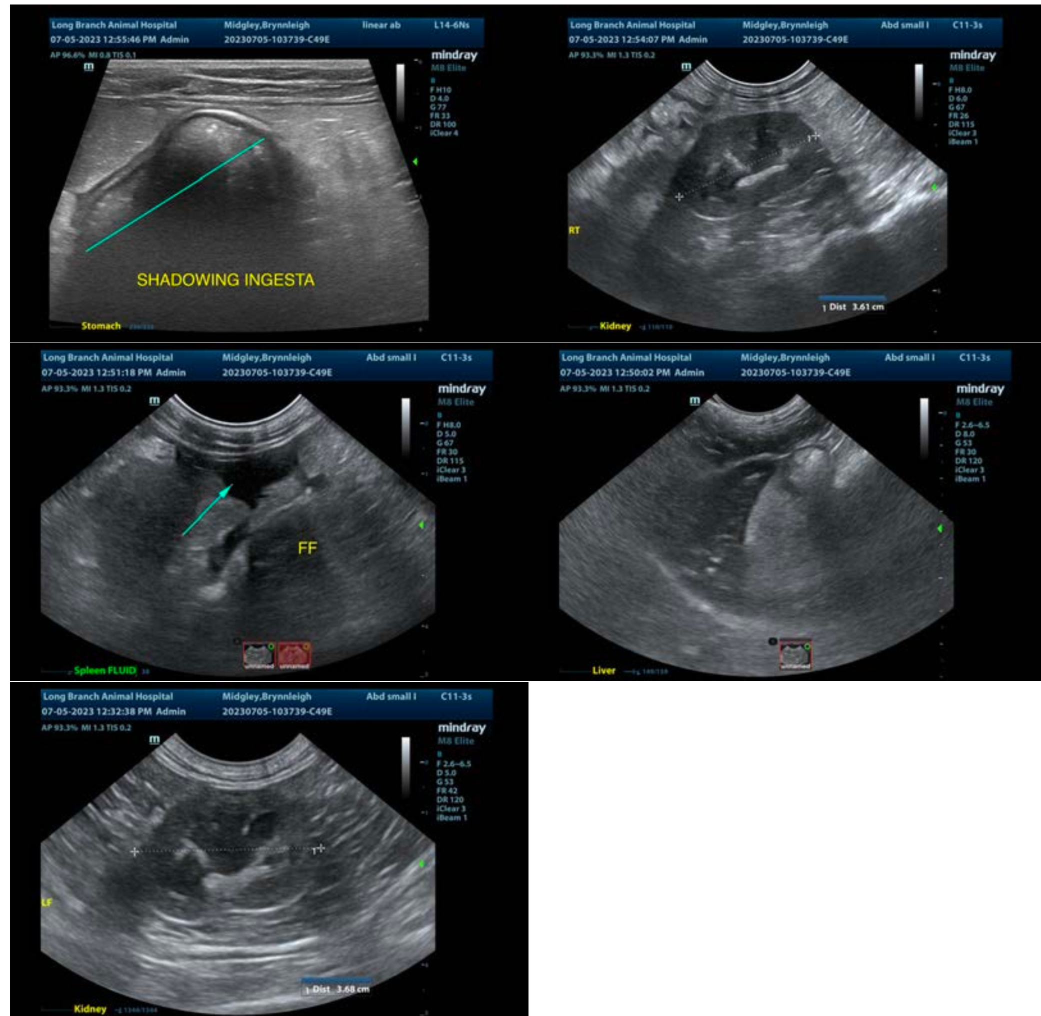
Dr. Elaina Petrone

INVOICE

43816

DATE

7/6/23



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)

info@sonopath.com