Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

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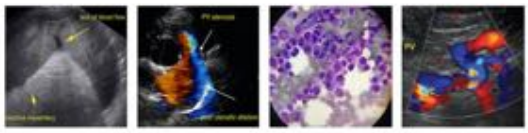

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Maya Monohan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2010

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT, ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

13588

DATE

7.6.23

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.51 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.75 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The proximal bile duct appears somewhat dilated and slightly tortuous (measuring at 0.47 cm). No obstruction is noted, and it is lost to follow up distally.

Gastrointestinal

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. The duodenum measured 0.31 mm in diameter and the jejunum measured 0.28 mm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Pancreas

The pancreas is prominent and mottled in the left and right limb, 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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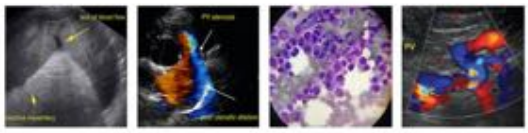

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Free Abdomen

There is no free fluid. There are clusters of prominent hypoechoic lymph nodes in the midabdominal, surrounded by hyperechoic mesentery. The lymph node in this region measures at 0.47 and 0.52 cm in diameter. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Findings

- Prominent mottled left and right limb of the pancreas - The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Dilated, tortuous bile duct with no obvious evidence of an obstruction -Dilation of the common bile duct could be consistent with a functional obstruction (i.e., primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Prominent 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.
- Prominent mesenteric lymph nodes with surrounding inflammation - 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

No focal lesions are visualized associated with the gastrointestinal tract to explain the vomiting reported. The pancreas does appear slightly prominent and mottled in both limbs, but not overtly inflamed. These changes could be consistent with remodeling and previous episodes of pancreatic inflammation or current inflammation. Correlate with a quantitative fPLI level.

The small bowel appears to have a very slightly prominent muscularis layer. There is significant mesenteric inflammation midabdomen, with a mild lymphadenopathy. These changes are concerning for generalized inflammation/enteritis. A fine-needle aspirate of the mesenteric lymph node could be considered, although I suspect they are small, so this could be challenging.

- Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc.
- 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.
- Recommend chronic probiotic therapy.
- If metabolic disease has been ruled out and a primary enteropathy is strongly suspected, consider obtaining GI biopsies.

The cystic and common bile duct appear slightly prominent and dilated, with minimal intraluminal debris, etc. A point of obstruction is not noted. Correlate with lab-work. If no liver enzyme elevations are present, recommended continued monitoring.

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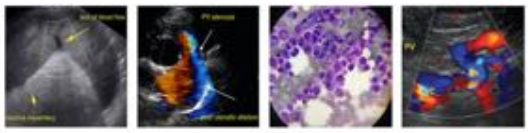

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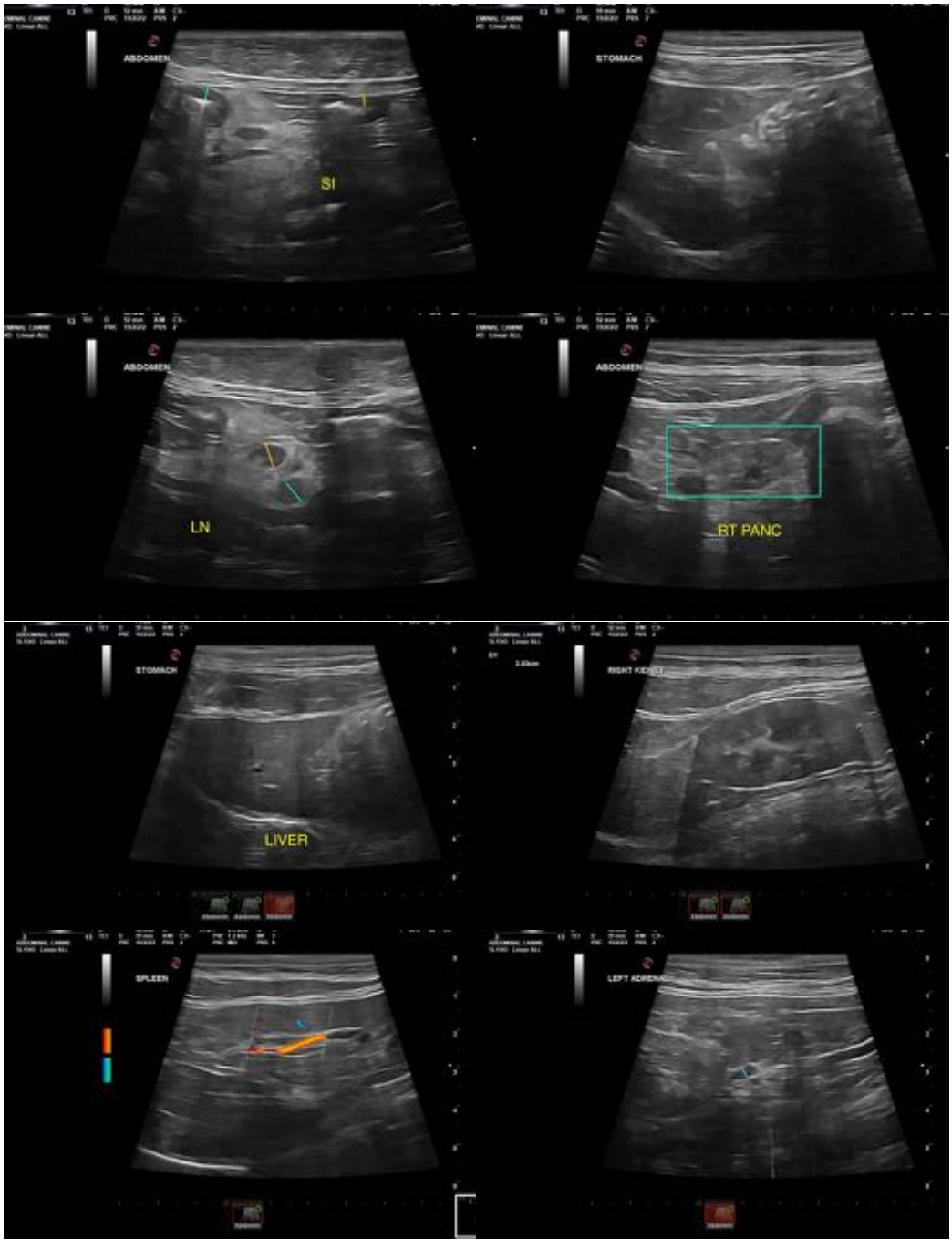
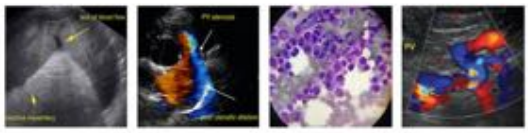
Recommend three-view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com