

**DATE**

8/10/21

PRESENTING CLINICAL SIGNS

Referral for Continued Care, Foreign Body, Pancreatitis.

History: Date: 08-09-2021 Notes:

Date: 08-09-2021 Notes: Decreased appetite over the last couple of days. Vomited x 2 yesterday. Chewing funny on one side. Referral from

RDVM radiographs shows Bates body.

Radiographs: Bates Body

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

PATIENT

Puddy Puddy Cogswell

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

2008

WEIGHT

16.8 lbs

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 (4.77 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. Minor pyelectasia was noted and measured 0.23 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.23 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. Minor pyelectasia was noted and measured 0.36 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

The right adrenal gland is normal in size measuring 0.32 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.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The spleen echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

REFERRING VET

Dr. Ruby

INVOICE

91114

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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The proximal bile duct appears slightly prominent and tortuous. No surrounding inflammation or shadowing mineralizations are noted.

Gastrointestinal

The stomach appears contains minimal luminal contents. It measures at a normal thickness of (XX cm) 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. The jejunum measures 0.24 cm. Visualized peristalsis appears appropriate. There are some focal areas of bowel where the distinction of wall layering is less distinct. No focal mass effect is 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 pancreas is prominent and hypoechoic.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, The omentum is of normal uniform echogenicity. Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegaly present particularly in the caudal abdomen at the mesenteric root. The measured lymph nodes are 0.98 cm, 1.19 cm, 0.64 cm and 0.44 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The echogenicity of the omentum is increased surrounding clusters of enlarged mesenteric lymph nodes.

Other

A shadowing bates body is visualized in the caudal abdomen as reported in history on radiographs.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Borderline, thickened small intestine with prominent muscularis layer in some areas and mildly decreased distinction of wall layering in others. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Significantly enlarged mesenteric lymph nodes. The moderate mesenteric lymphadenopathy is most concerning for 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.

SECONDARY FINDINGS:

- Mild pyelectasia in both kidneys. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mildly hypoechoic pancreas with hyperechoic mesentery. The pancreatic changes are most

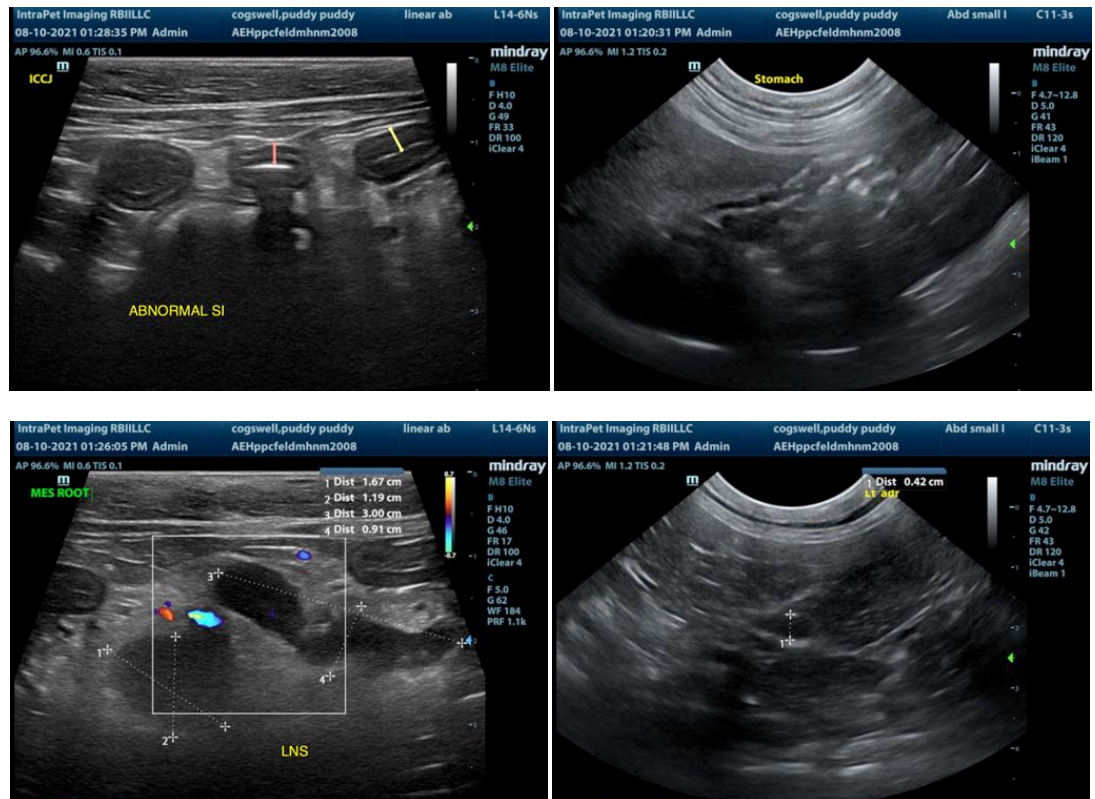
consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

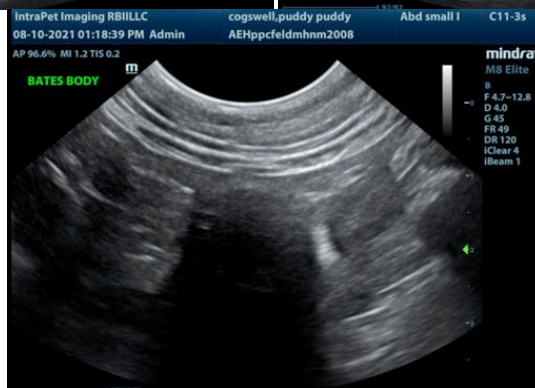
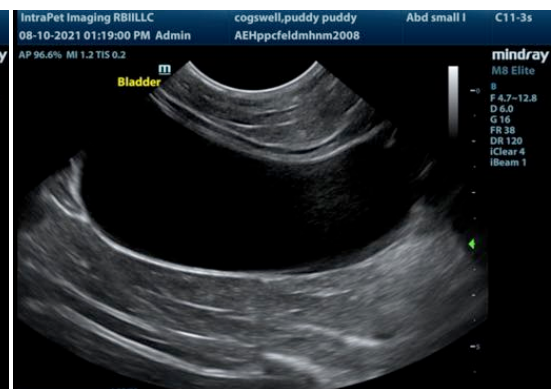
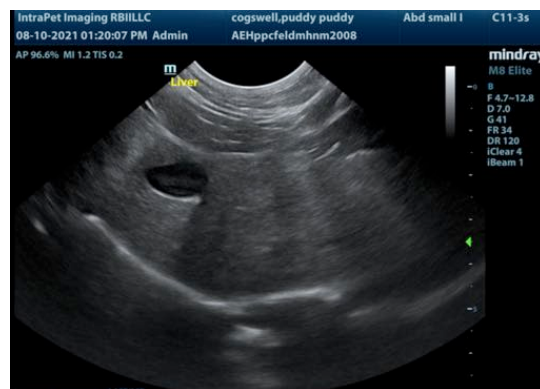
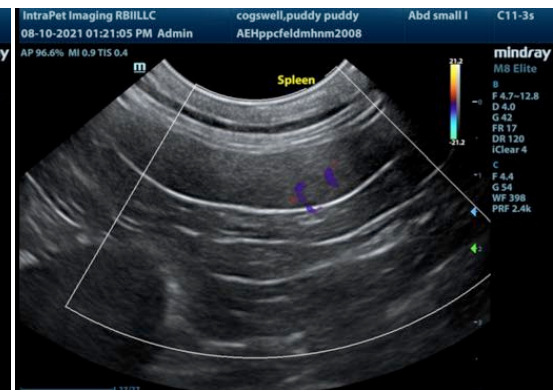
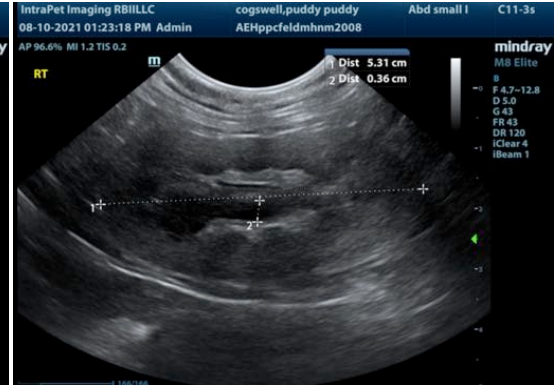
- Prominent, mildly tortuous bile duct. This finding can be normal in older cats. There was no evidence of obstruction visualized. I recommend to continue to monitor the blood work.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel mass or obstruction is noted, but there are changes associated with the small intestine and mesenteric lymph nodes, which are supportive of primary gastrointestinal issue. I recommend FNA of the mesenteric lymph node. In older pets like this I typically most strongly consider IBD or intestinal neoplasia although other possibilities exist.

- Recommend diet trial with a novel protein/hydrolyzed prescription diet and supportive therapy for nausea, decreased appetite, etc.
- I recommend GI panel for evaluation of B12 levels etc (start empirical B12 while awaiting for results).
- If FNA is not diagnostic and symptoms are progressing consider obtaining gastrointestinal biopsies.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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