

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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**DATE PRESENTING CLINICAL SIGNS**

8/10/22 She has CH. Now has started with seizures. Bloodwork is okay, nothing too crazy.

**PATIENT** Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Miss Mae Belle Pifer

Sedation: Not required to complete full diagnostic ultrasound/declined.

Stat Report: Not requested.

**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 (3.35 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.

Intact Female

**AGE**

The right kidney has a normal shape and size (3.15 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.

7/27/21

**WEIGHT**

4.1 Pounds

**Adrenal Glands**

**INTERPRETED BY**

The left adrenal gland is normal in size measuring 0.25 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 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.

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**Spleen**

Stephanie Warga  
RDMS, RVT

The spleen is normal/borderline plump in size (0.93 cm in width at the level of the hilus), 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.

**HOSPITAL NAME**

**Liver**

Main Street 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.

**REFERRING VET**

Dr. Jantz-Stephis

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**

**Gastrointestinal**

40301

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 significantly prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.29 cm. 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 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***

There is a scant amount of free abdominal fluid. No lymphadenopathy. The omentum is of normal echogenicity.

### ***Other***

Both ovaries and the uterus are visualized and appear within normal limits.

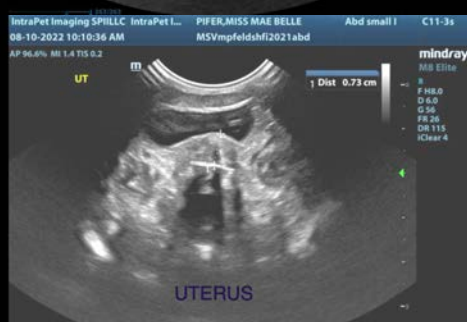
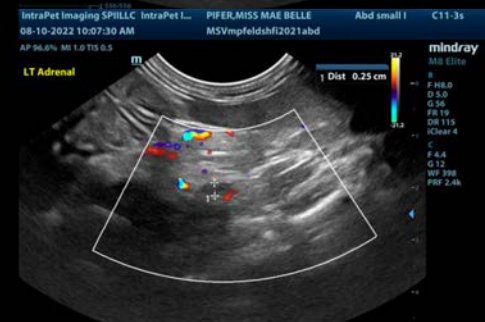
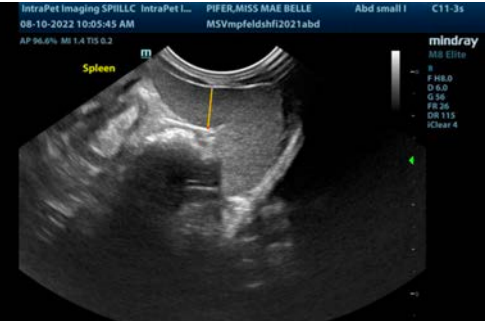
## **ULTRASONOGRAPHIC FINDINGS**

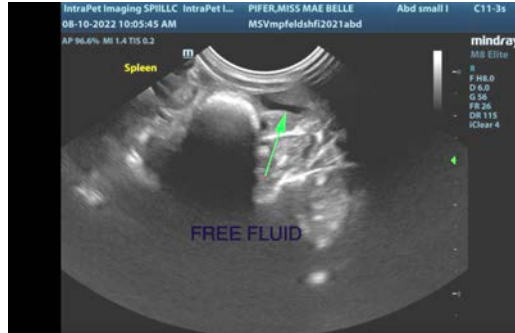
- Borderline enlarged “plump” spleen – This is a subjective finding, but the spleen appears large for such a small cat. Consider differentials such as congestion, infiltration, etc. The parenchyma generally appears normal.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Small amount of free abdominal fluid.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant focal lesions are visualized on today’s exam. The small intestine has a very prominent, diffusely thickened muscularis layer. The significance of this is currently unclear but can be seen with inflammatory diseases, etc., and it can be normal for some older cats. In the absence of GI signs, I would consider continued monitoring. Additionally, the spleen appears somewhat “plump”. This could be artifactual due to the positioning of the spleen in the abdomen, or could be seen with congestion, etc.

Based on the presence of the abdominal fluid and the spleen, I would consider a cardiac evaluation to rule out any congenital cardiac issues (a limited heart evaluation was offered at the time of scan but declined). I would also consider pre- and post-prandial bile acids. There is no obvious evidence of a shunting vessel, and the liver appears to be normal in size, but a small shunting vessel cannot be excluded as a possibility.





**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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