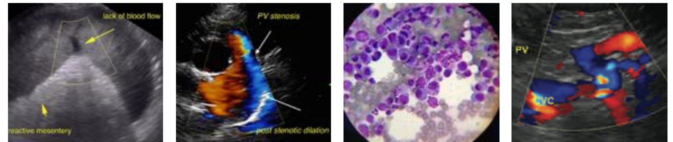
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Ace Barney

SPECIES

Feline

BREED

Bengal

SEX

Neutered male

AGE

5.5 kg

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

91130

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Pet has history of GI issues such as on and off diarrhea, vomiting, and can be very finicky with food. Pet has had multiple parasite screens in the past year with all result s showing NONE SEEN. Pet was also preventative dewormed multiple times as well. Recently (past several days) each time pet eats anything, he immediately vomits afterwards and has had watery diarrhea as well. In/Out door cat, (O states pet doesn't leave yard and porch), UTD and all vaccines including leukemia. The diarrhea was all over porch in multiple locations throughout the weekend. Ultrasound ordered to determine possible cause such as maybe IBD..etc.

Abnormal PE/Chem/CBC/UA Results: BUN: 32 K+: 3.4 HCT:45.03

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 (3.9 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.

The right kidney has a normal shape and size (4.2 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.

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.

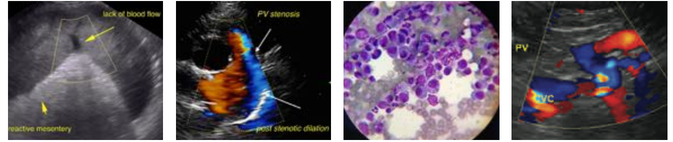
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is 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.

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 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.



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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with a moderate amount ingesta and gas. 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 layering 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 duodenum measured 0.3 cm and the jejunum measured 0.33 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. The pancreatic duct was noted and measured 0.23 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

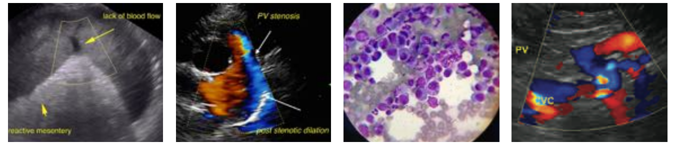
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy (the mesenteric lymph nodes are prominent and surrounded by hyperechoic mesentery measuring 0.46 cm and 0.44 cm). The omentum is generally of normal echogenicity, but is increased around the mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Subjectively thickened small intestine with prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Hypoechoic pancreas with dilated pancreatic duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Moderate fluid dilation of the stomach with some shadowing. The contents are most consistent with ingesta/fluid, but I cannot rule out the possibility of foreign material, hairballs, etc. Correlate with radiographic findings.



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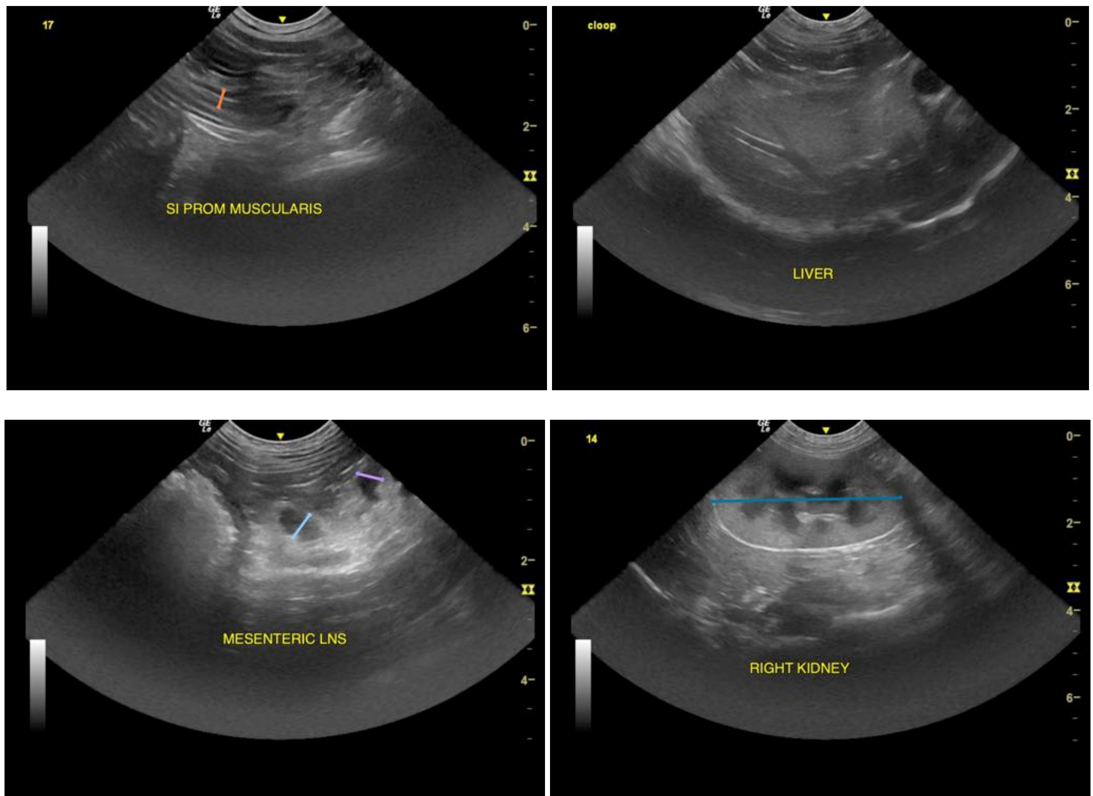
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are most consistent with the primary gastrointestinal disorder, although metabolic causes such as hyperthyroidism, etc. should be ruled out. Consider primary GI causes such as mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

- Recommend diet trial with a novel protein/hydrolyzed prescription diet
- Recommend Gi panel for evaluation of B12 levels, possible pancreatitis, etc. (start empirical B12 while waiting for results)
- Recommend starting probiotic
- If symptoms are progressing consider obtaining GI biopsies

The mesenteric lymph nodes are very prominent and appear inflamed. This is likely reactive, but you can consider FNA if the patient does not appear to be responding to therapy.



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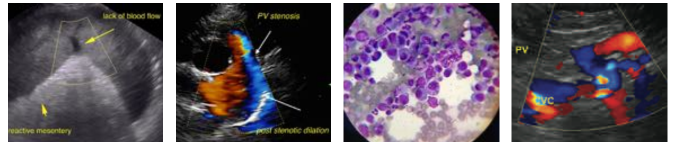

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com