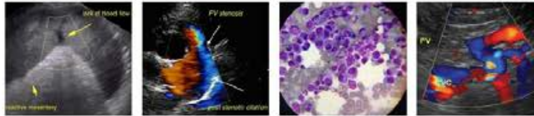


PATIENT

Bella Outland

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

40383

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Sedation required mid scan: dex/torb- No medications- P presented today for 3 days of inappetence. O recently moved July 22nd to a new home and P was initially doing well. P is indoors only and there have been no changes to diet/treats, etc. P is not known to eat things that she should not be eating. P vomited twice yesterday: bile and hair balls, no further vomiting since. Vomiting, anorexia, possible pancreatitis

Abnormal PE/Chem/CBC/UA Results: LABS: cbc - wbc 5140 (5500-19,500), lymphopenia 1070 (1500-7000), chem - amylase 1149 (300-1100), crea 1.8, phos 3.3, usg >1.050, T4 2.9 (0.8-4.0), fpl positive RADS:Normal thorax, gastric contents have the appearance of normal ingesta, small intestines are diffusely mildly dilated and mostly gas filled with some segments that are fluid filled, adequate abdominal serosal detail.

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 (3.67 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 is borderline small in size (2.67 cm), and normal in shape. 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.

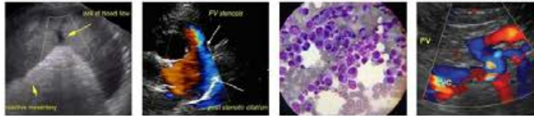
Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 0.34 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.

Spleen

The spleen is subjectively normal in size (0.72 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. There is a pinpoint small hyperechoic foci visualized within the parenchyma, measuring 0.21 cm.



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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.

Gastrointestinal

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 prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.27 cm. Duodenum wall measured 0.30 cm. Visualized peristalsis appears appropriate. There appears to be a focal segment of small intestine/jejunum that is prominent with hyperechoic mesentery surrounding, and wall layering appears somewhat less distinct. The bowel in this area measures at 0.34 cm.

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 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.

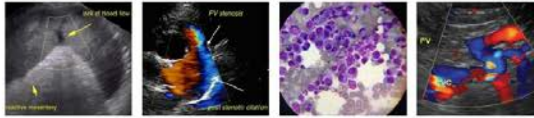
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes, particularly at the ileocecal junction, measuring 0.29, 0.71 cm and surrounded by hyperechoic mesentery. Additionally, there are mesenteric lymph nodes measuring 0.41, 0.37 cm. The sublumbar lymph nodes on the right measure 0.66 and 0.35 cm. The omentum is somewhat hyperechoic around these clustered lymph nodes.

PRIMARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Diffusely prominent muscularis layer of the small intestine with a focal area of jejunum that appears thickened with reduced detail of layering and surrounding inflammation – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. The focal area



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of bowel has surrounding inflammation. This could be consistent with focal enteritis, passing foreign material, etc.

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

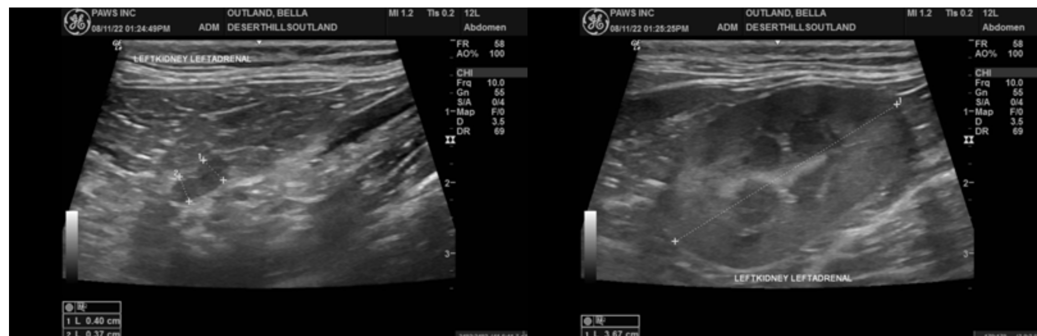
- Small hyperechoic foci in the spleen – likely an incidental finding.

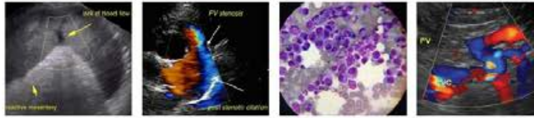
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of inflammation in the GI tract. No focal foreign material is visualized, but correlation with abdominal radiographs and serial imaging is recommended, as not all foreign material can readily be identified on ultrasound. There is a focal section of small intestint that appears thickened and mild fluid dilated, and wall layering is slightly reduced (but intact). If symptoms persist, consider reevaluation of this bowel loop.

There is a small hyperechoic foci in the spleen. This is likely an incidental finding.

The pancreas is somewhat prominent with a prominent pancreatic duct and it is mottled. This could be consistent with a previous episode of pancreatitis or mild current inflammation. Recommend treatment for pancreatitis/gastroenteritis and continued monitoring. If symptoms do not resolve with supportive treatment, recommend reimaging of the abnormal bowel loop and a fine needle aspirate of an enlarged mesenteric lymph nodes. GI biopsies may be necessary if the abnormal bowel loop persists.





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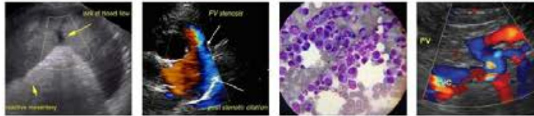

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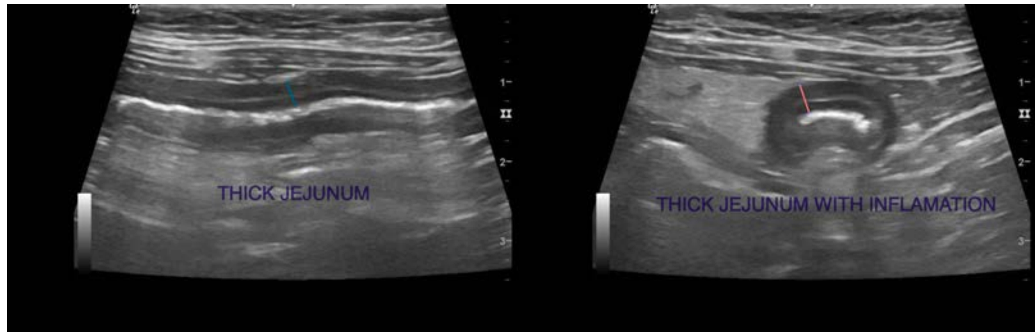

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com