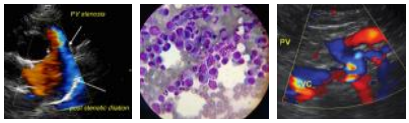
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

8.11.2023

PATIENT

Onyx King

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/3//2014

WEIGHT

11.86 lbs

INTERPRETED BY

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

HOSPITAL NAME

Pet Wellness Center

REFERRING VET

Dr. Twardus

INVOICE

14068

PRESENTING CLINICAL SIGNS

Chronic vomiting and loose stool. Weight loss, anorexia.

Current Medications: Fortiflora, Y/D.
Lab Results: Hyperthyroid.
Radiographs: Thickened bowel loops.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 (3.98 cm). Overall echogenicity is hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.03 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The spleen is subjectively normal in size (0.84 cm), 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 gall bladder 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. The duodenum measured 0.27 cm in diameter and the jejunum measured 0.30 cm in diameter. Visualized peristalsis appears appropriate. There is a focal section of small bowel which appears thickened with complete loss of intact layering surrounded hyperechoic mesentery. This section of bowel measures 0.32 cm in thickness and extends for at least 3.00 cm of small intestine.

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, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal echogenicity but is hyperechoic around the abnormal bowel loop.

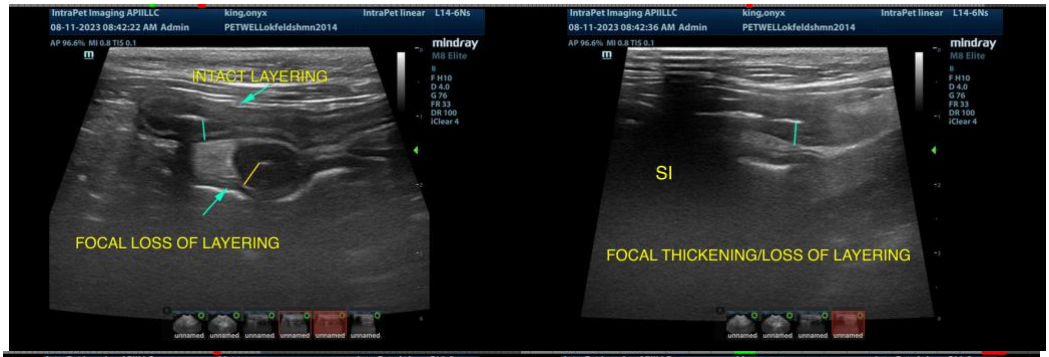
ULTRASONOGRAPHIC FINDINGS

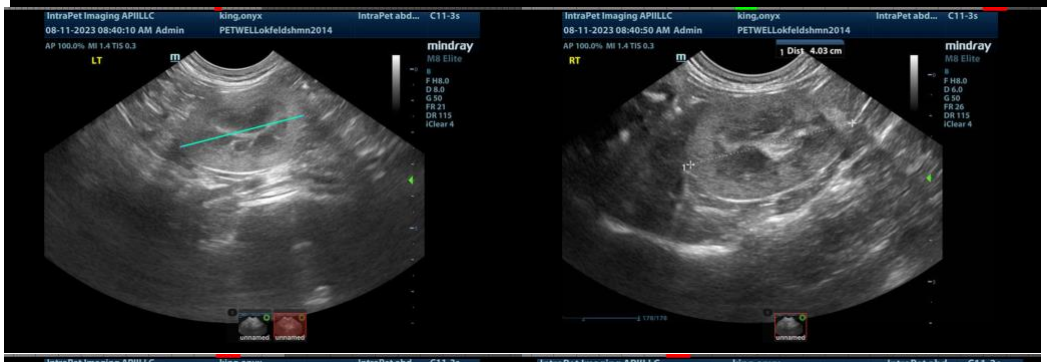
- Hyperechoic kidneys with mildly reduced corticomedullary distinction – The bilateral renal findings are consistent with age-related change.
- Prominent mottled pancreas - The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Diffuse small intestinal thickening with focal areas of thickening and loss of layering – Findings concerning for a possible infiltrative disease (severe IBD, round cell neoplasia, etc.).

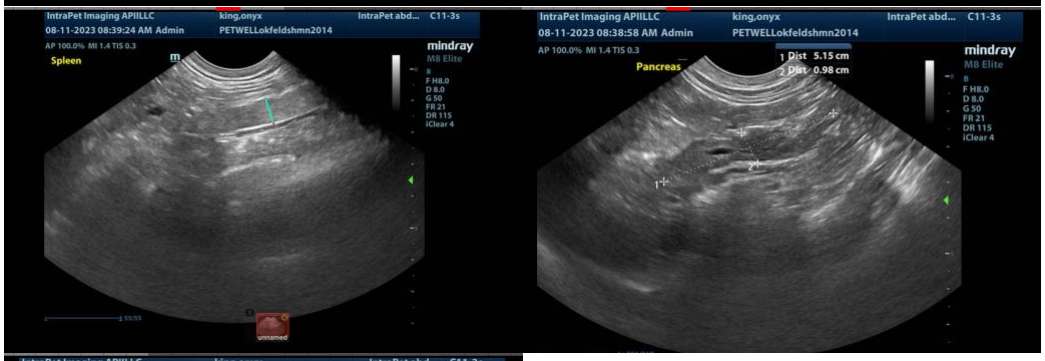
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

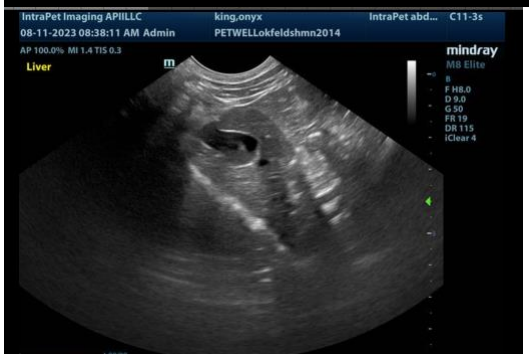
There is the general impression of mild small intestinal thickening, but there is a focal area of small bowel which appears further thickened and has complete loss of layering. This section of bowel is surrounded by hyperechoic mesentery. These changes are concerning for a infiltrative disease. The primary differential would be round cell neoplasia, but severe IBD and other inflammatory diseases are also possible. Consider a fine-needle aspirate of the bowel wall. If a cytologtic diagnosis cannot be obtained, surgical biopsies may need to be considered.

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









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)
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