

**DATE PRESENTING CLINICAL SIGNS**

8/16/22

PATIENT

T'Challa McCown

Anorexia, lethargy. Vomited hairball around 8/1 and 1-2 days later owner noted hyporexia. She went out of town and family members were watching him, he did not eat much during this time. After ~5d, took to ER and were triaged away as stable. 2d later (8/10), seen at Pet ER Columbia. Labs--mild neutrophilia, hyperglobulinemia, low normal albumin. AXR--severe ileus, hepatomegaly. Treated w/SQF, cerenia and discharged w/mirataz, gabapentin, metoclopramide. No improvement, has not eaten more than a bite or two of food in the past week. Very lethargic at home, sleeping all the time.

SPECIES

Feline

Current Medications: Gabapentin 50mg/mL 0.65mL q12-24h, Metoclopramide 1mL q8h (owner unsure of concentration), Mirataz TD owner applying BID

Lab Results: Updated labs pending today. 8/10: Glob 6.9, alb 2.9, neutrophils 15K

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

9/28/16

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

WEIGHT

3 kg

The left kidney has a normal shape and size (3.86 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (3.79 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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.

HOSPITAL NAME

Nexus Vet Specialists

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.

REFERRING VET

Dr. Steele

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.

INVOICE

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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 appears hyperechoic and slightly prominent, measuring 0.25 cm in thickness with a smooth mucosal surface. There is a moderate amount of

non-organized echogenic debris. The proximal bile duct is mildly dilated and prominent, measuring at 0.41 cm, and it appears to taper distally.

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.21 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 heterogeneous. There is no evidence of nodules or cystic lesions. Prominent pancreatic duct measures 0.15 cm. 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 slightly prominent/visible mesenteric lymph nodes. One measures at 0.31 cm. The hepatic lymph node is visualized at 0.28 cm. The omentum appears slightly hyperechoic in the region of these lymph nodes and around the pancreas.

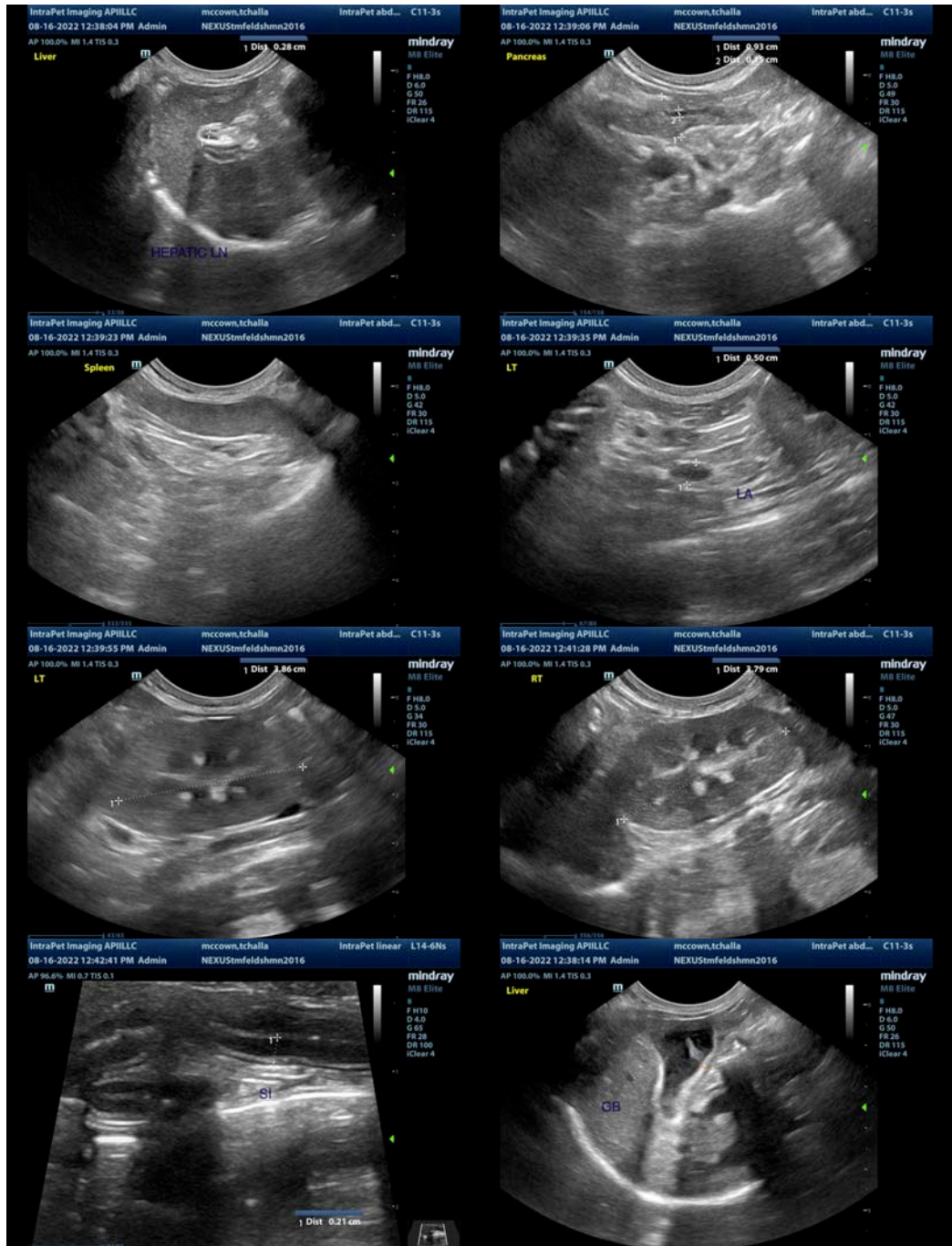
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mild gallbladder debris with prominent gallbladder wall and proximal bile duct dilation – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan were relatively mild. The changes observed in the pancreas could be consistent with mild current inflammation or previous episode of inflammation, and while there is some gallbladder thickening and bile duct dilation present, there is no overt inflammation noted.

Recommendations regarding this exam to be determined by Dr. Cara Steele.





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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