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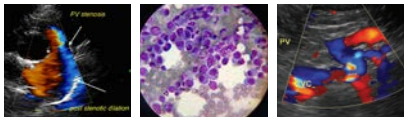

SonoPath
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DATE

8/16/23

PATIENT

Sassy Storm

SPECIES

Feline

BREED

ASH

SEX

Spayed Female

AGE

9/15/14

WEIGHT

4.81 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

44713

PRESENTING CLINICAL SIGNS

Sassy was presented to the Internal Medicine service for evaluation of chronic vomiting. She was first suspected of having IBD in 2017 but her signs worsened in spring of 2023. PE: Oro-nasal: mm p/m CRT <2sec, Cardiovascular: No murmur, NSR, femoral pulses ss, Respiratory: Normal BV sounds bilaterally, eupneic, Abdomen: Soft nonpainful, prominent SI, Rectal: Externally normal, Musculoskeletal: MCS 3/3, ambulatory x 4, Integument: Barbered hair caudal abdomen. History of: Ca-Ox urolithiasis, UTI, Overgrooming.

Current Medications: Gabapentin 50mg BID, Clavamox BID (completed), Tried probiotic, she got very stressed w/the pills.
Lab Results: 8/4: VEG, vomited 4x hairballs day prior, vomited undigested food that AM, decreased appetite. Wt 4.7kg. Rads--no obstruction. 7/12: Rabies vaccine. Prior food had expired. CBC unremarkable Chem unremarkable. 6/12: Reported UCS negative, recommended finishing abx. 6/8: Recheck from ER. Wt 4.94kg. RX clav. UA--USG 1.034, pH 6.5, quiet sediment. 6/7: Pet ER, frequent urination, suspected hematuria. FIC suspected, USg 1.038, pH 6.0, trace protein, 8 WBC, >50 RBC. 4/5: AUS. echogenic UB debris, decreased CM distinction in kidneys with small L nephrolith, mildly prominent muscularis, prominent mesenteric LN.
Date of Previous IntraPet Ultrasound: 4/5/23. See attached.
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 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, or masses. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris. Some of the echogenic debris visualized is dependent and hyperechoic, consistent with a small amount of sandy debris/small calculi.

The left kidney has a normal shape and size (3.85 cm). Overall echogenicity is normal with adequate 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 (3.75 cm). Overall echogenicity is normal with adequate 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 left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

Spleen
The spleen is subjectively normal in size (1.1 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized. Proximally the colon appears somewhat dilated with fluid. More distally, there is some shadowing formed fecal material and gas. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The area of 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
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes visualized. One such lymph nodes measures 0.41 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris and dependent sandy debris visualized in the urinary bladder – Recommend continued monitoring, urinalysis and culture as needed.

- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel

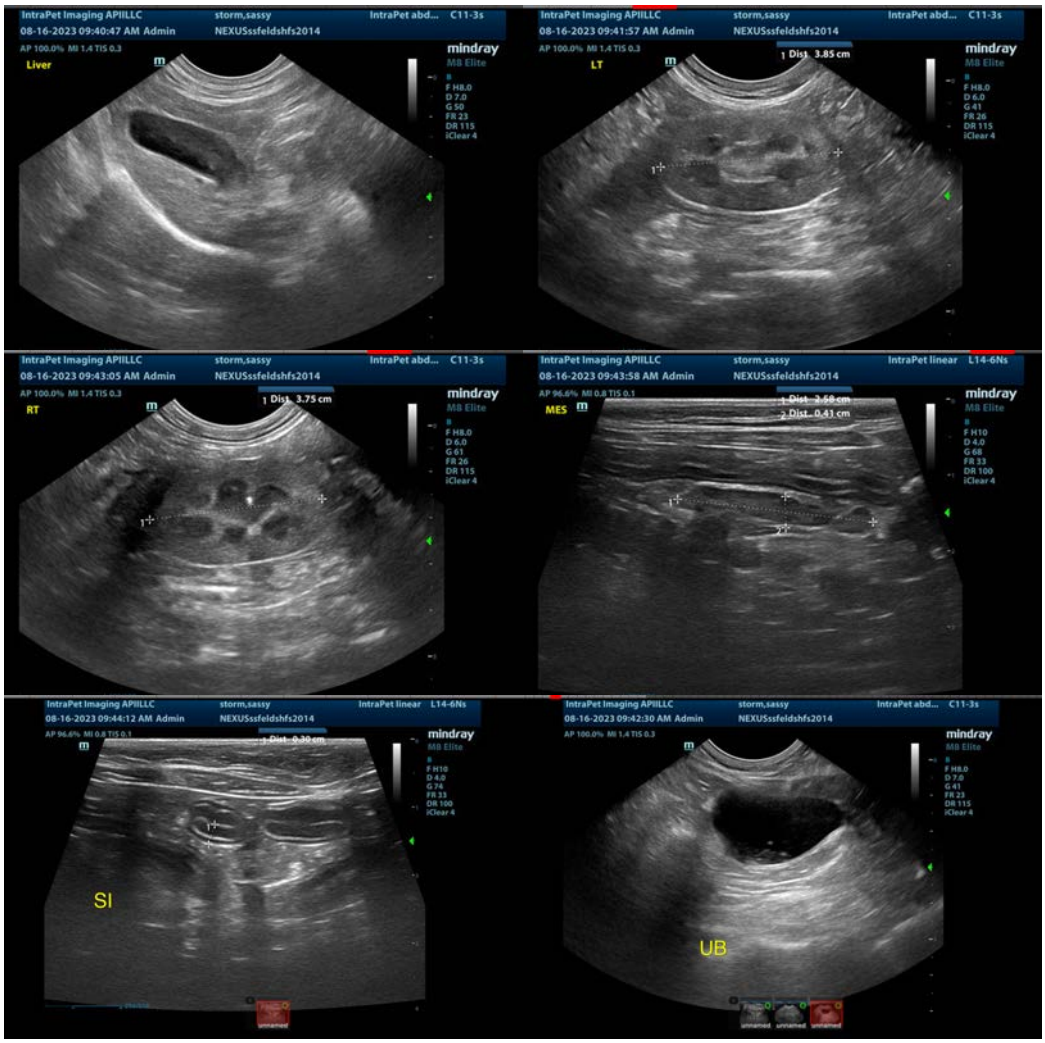
disease).

- Visible/slightly 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

Today's scan is relatively normal. The noted changes are very mild and include echogenic suspended and dependent debris in the urinary bladder, mild gallbladder, subjectively prominent/thickened small intestine, and visible mesenteric lymph nodes.

Further diagnostic and therapeutic recommendations regarding this exam to be made 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.

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