

**DATE**

8/17/21

PRESENTING CLINICAL SIGNS

Vomiting for a couple weeks- appetite still good and activity good. Occasional diarrhea but not all the time. No obvious abnormalities noted on PE.

Current Medications: N/A

PATIENT

Lab Results: Senior Wellness Panel: - CBC: All WNL. - CHEM: All WNL.
- T4: WNL. -Cardiopet pro BNP: elevated at 194.

Mister Palm

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Domestic Shorthair

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.

SEX

Neutered male

The left kidney has a normal shape and size (4.6 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.

AGE

2009

The right kidney has a normal shape and size (4.83 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.

WEIGHT

17.8 lbs

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
Internal Medicine)

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.

HOSPITAL NAME

Swan Creek VC at
Greenbrier

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.

REFERRING VET

Dr. Receski

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.

INVOICE

91307

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. There is a small amount of shadowing material within the lumen of the stomach measuring approximately 3.58 cm in length. This is a relatively soft shadow and does not appear to be causing any obstruction. This may be consistent with a hairball, etc.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased (duodenum measured 0.35 cm and jejunum measured 0.23-0.29 cm). 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. 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. 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 of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Shadowing material within the gastric lumen. This is most consistent with a mild amount of foreign material such as hair, ingesta, fabric, etc. Correlate with abdominal radiographs.
- Mildly prominent hypoechoic pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

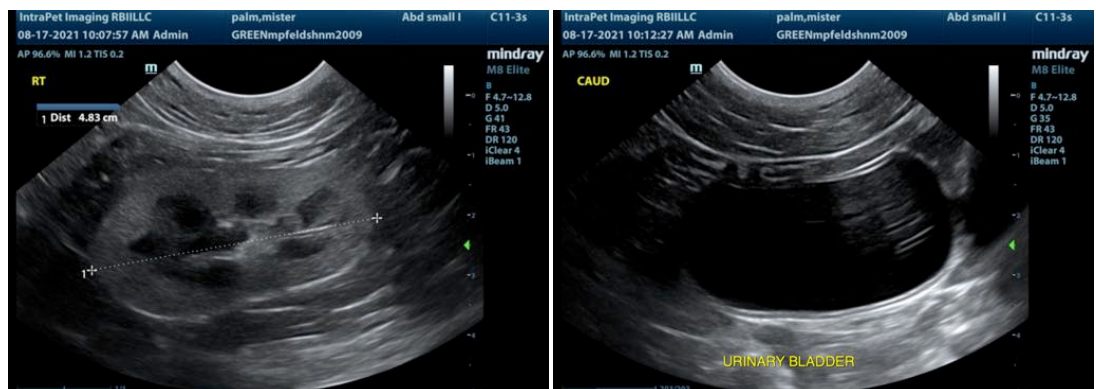
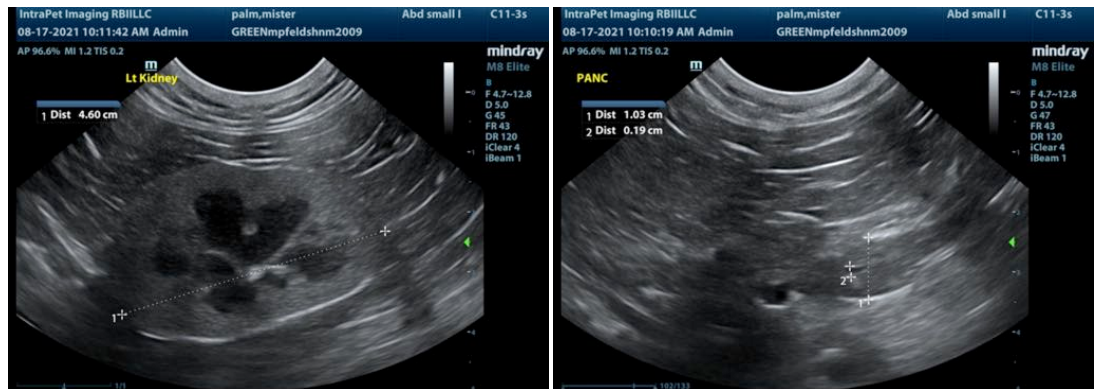
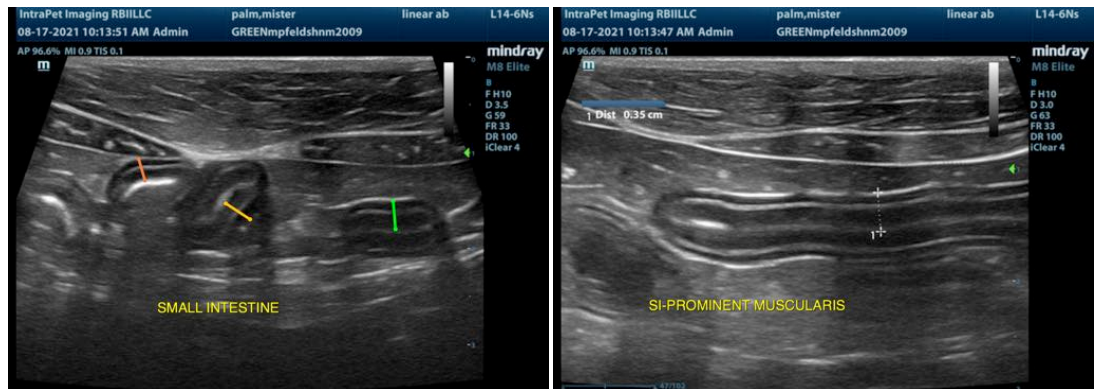
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

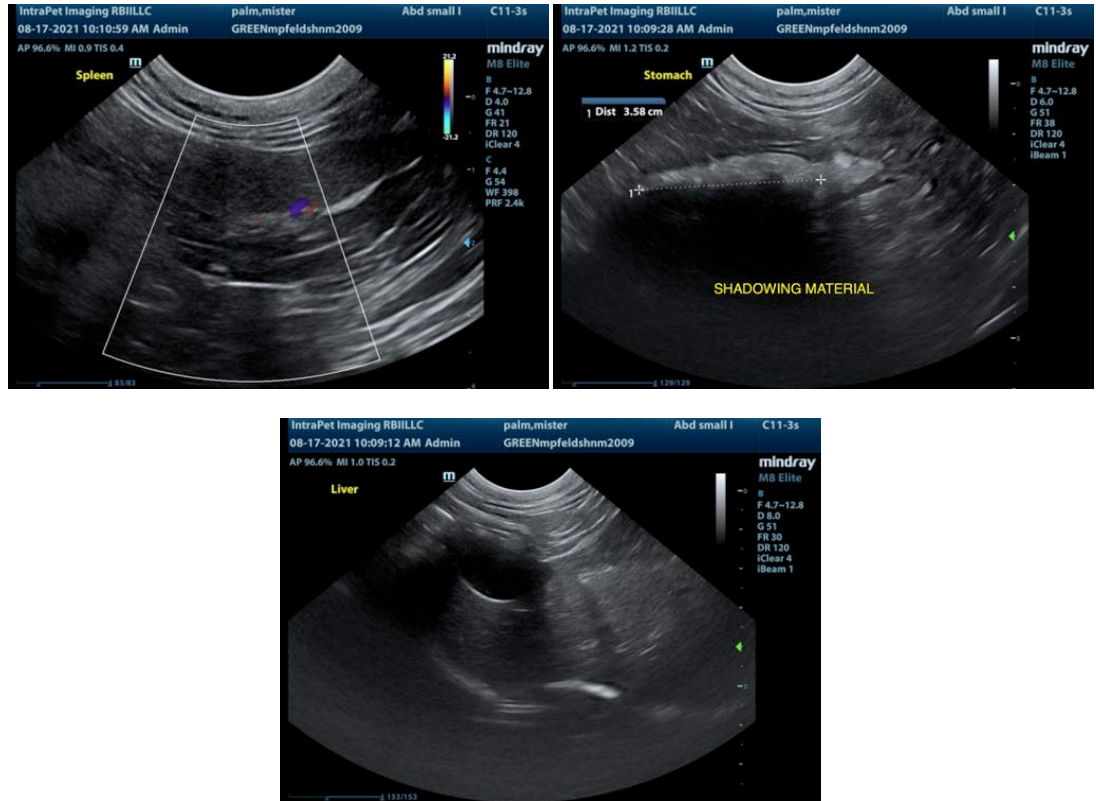
A significant focal lesion associated with the gastrointestinal tract was not visualized. There is a small amount of shadowing material in the gastric lumen. This may be consistent with ingesta, hair, etc. Consider treatment for hairballs and continue monitoring. I recommend correlation with abdominal radiographs. Additionally, the small intestine has a prominent muscularis layer, which can be seen with mild, small intestinal disease and the pancreas is slightly prominent. I recommend a gastrointestinal panel to evaluate a quantitative fPLI, B12 and folate to look for evidence of small intestinal disease.

In older pets like this with more chronic symptoms I strongly consider food allergy/IBD and intestinal neoplasia as the differentials. Although GI parasitism, mild pancreatitis, bacterial dysbiosis and dietary

indiscretion remain possibilities.

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





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.

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