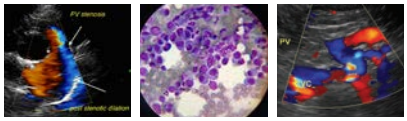
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/17/22

PATIENT

Merla Unterborn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6/1/15

WEIGHT

6.06 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Stevenson Village VH

REFERRING VET

Dr. Feinberg

INVOICE

40545

PRESENTING CLINICAL SIGNS

Intermittent vomiting for the past 2 months. Weight loss.

Current Medications: Cerenia 4mg SID for the past 10 days.
Lab Results: Mildly elevated ALKP, mild neutrophilia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (2.57 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 has a normal shape and size (3.31 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 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 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.

Spleen

The spleen is subjectively normal in size (0.57 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. 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 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 is significantly distended with fluid and irregular shadowing material, most consistent with normal ingesta and gas. Much of the gastric wall measures as normal at 0.36cm with normal distinction of gastric wall layering. There is a section of gastric wall that appears more thickened, measuring at 0.61 cm, and hypoechoic with reduced distinction of wall layering. There is no impression of reduced peristaltic activity. No evidence of an obstruction. Findings are concerning for a focal gastric wall thickening.

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 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 is an enlarged lymph node in the cranial abdomen (gastric lymph node) measuring at 0.88 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Focal gastric wall thickening with reduced detail of wall layering – This area is somewhat difficult to evaluate due to the large amount of intraluminal ingesta present. This could represent focal gastritis or infiltrative disease (benign or neoplastic disease).
- Enlarged, hypoechoic gastric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

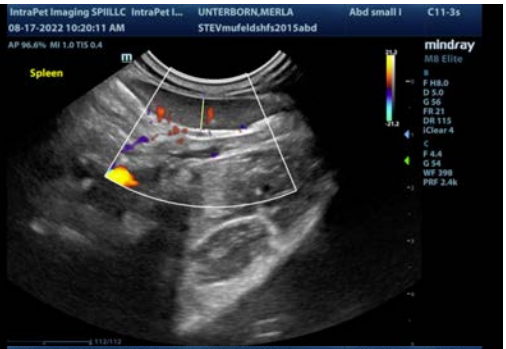
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal section of gastric wall appears thickened and has reduced distinction of wall layering. This could be consistent with focal severe gastritis, a gastric ulcer (less likely), or a mass effect. Consider symptomatic treatment for acute gastritis with a novel protein/hydrolyzed protein prescription diet, anti-ulcer therapy, nausea therapy, etc. If symptoms persist, recommend a fine needle aspirate of the gastric wall and gastric lymph node (see images).

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If this patient has been progressively declining, consider obtaining samples in conjunction with symptomatic therapy.


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:16:32 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.4 TIS 0.3
Liver
mindray
MB Elite


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:20:11 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.0 TIS 0.4
Spleen
mindray
MB Elite


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:20:43 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.4 TIS 0.2
LT
Dist 2.57 cm
mindray
MB Elite

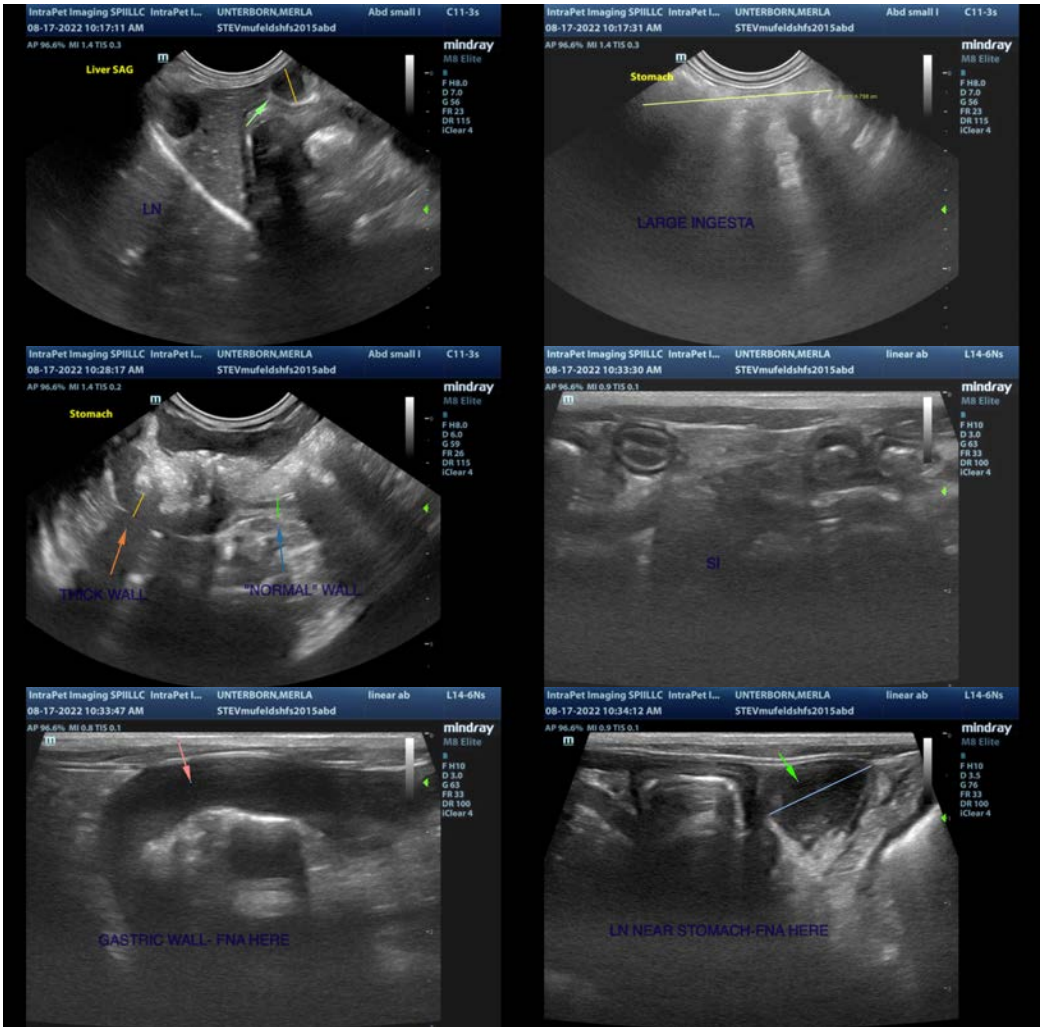

IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:22:47 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.1 TIS 0.4
LT Adrenal
Dist 0.27 cm
mindray
MB Elite


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:23:30 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.4 TIS 0.2
Bladder
mindray
MB Elite


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:25:03 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.4 TIS 0.2
RT
Dist 3.31 cm
mindray
MB Elite


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA Abd small I C11-3s
08-17-2022 10:32:44 AM STEVmufeldshfs2015abd
AP 96.6% MI 1.4 TIS 0.3
MID
Dist 0.60 cm
PROMINENT GASTRIC WALL/INTRALUMINAL MATERIAL
mindray
MB Elite


IntraPet Imaging SPIILLC IntraPet I... UNTERBORN,MERLA linear ab L14-6Ns
08-17-2022 10:34:39 AM STEVmufeldshfs2015abd
AP 96.6% MI 0.6 TIS 0.0
Dist 0.21 cm
mindray
MB Elite



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