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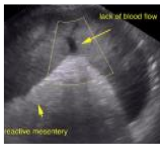
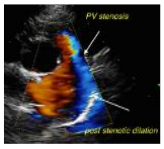
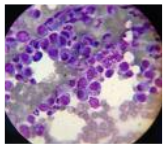
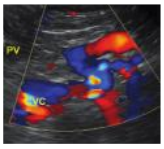
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Belladonna Diamant

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chun

INVOICE

12587

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Lethargic, anorexic since 8/15. Current meds: Convenia 8/16

Abnormal PE/Chem/CBC/UA Results: Neu 15.9 (12.58H), TP 9.2(8H), Glob 6(4.8H), Glu 251(130H), USG >1.050, 1+bld, PH 6, 1+ prot.

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 2.0 cm) 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 (3.35 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. There are numerous small non-obstructive nephroliths/mineralization present (0.54 cm and 0.49 cm). There is mild renal pelvic dilation present (0.2 cm). Renal vasculature is normal.

The right kidney has a normal shape and size (3.94 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.4 cm at the caudal. 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 right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

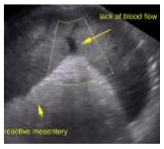
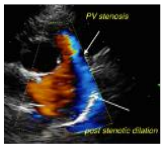
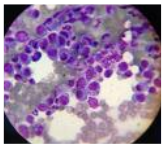
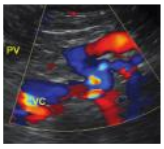
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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 <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is

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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the areas of visualized duodenum, jejunum and ileum have a uniform diameter with minimal fluid distention. In general, wall thickness appears increased (normal jejunum measures 0.19 cm-0.26 cm), but there are areas where the bowel loops appear thickened, measuring up to 0.37 cm with a very prominent muscularis layer. Some of these bowel loops take sharp turns and do not follow a typical curvilinear path. Some areas are mildly dilated with shadowing material consistent with either ingesta or foreign material within them. There is no distinct area consistent with a complete obstruction, but the passage of foreign material is possible or a partial obstruction. There are both changes present consistent with primary intestinal disease and with possible foreign material. A focal obvious mass effect was not 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, or subjective lymphadenomegally. 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

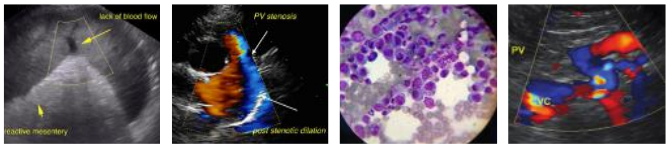
- Thickened abnormal bowel with a very prominent muscularis layer- The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia
- Bowel dilation with shadowing intraluminal material- This is not consistent with a complete obstruction at this time, but could be consistent with passing ingesta/hair and could develop into an issue down the road
- Decreased corticomedullary distinction in both kidneys with a left sided pyelectasia and non-obstructive nephroliths- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other

Secondary Findings

- Echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal tract of this patient appears abnormal, both consistent with primary intestinal disease causing thickening and abnormal layering, as well as with some dilation and shadowing material which could be consistent with passing ingesta or something more concerning. Correlate these



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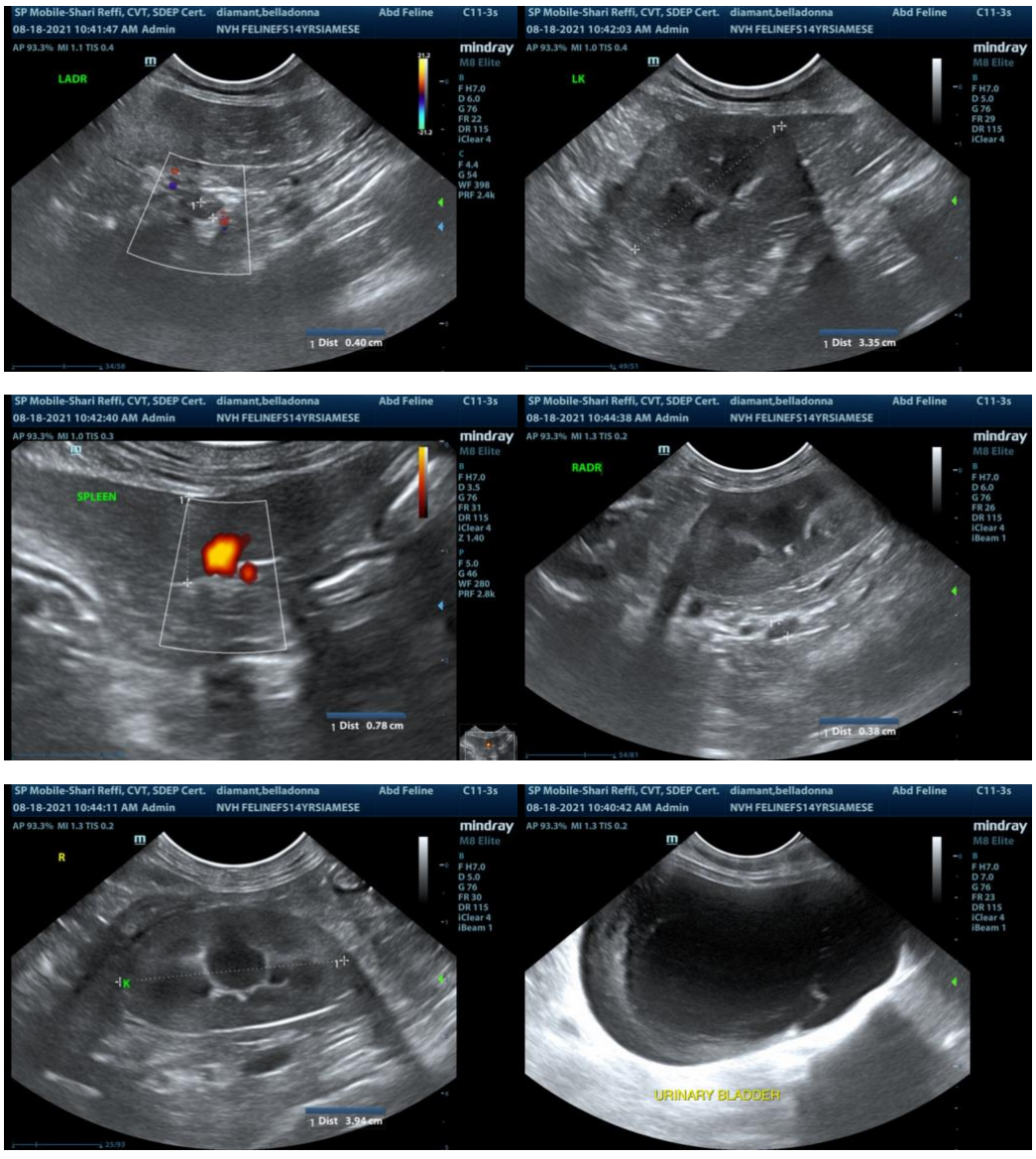
finding with abdominal radiographs. Options moving forward are either continued symptomatic therapy with follow up radiographs and ultrasound or if concern is very high, exploratory surgery with the intention of obtaining full thickness biopsies of the GI tract and to rule out an obstructive foreign body. IBD and intestinal neoplasia would be primary concerns for the bowel wall thickening. If conservative therapy is chosen, consider a novel protein/hydrolyzed protein prescription diet. A GI panel to evaluate B12, FPLI and folate levels for dysbiosis and full thickness biopsies if not responding to therapy (in addition to antinausea medications, etc.). I recommend 3 view thoracic radiographs.

The changes observed in the kidneys are consistent with chronic progressive disease. I recommend urinalysis, culture and blood pressure evaluation.



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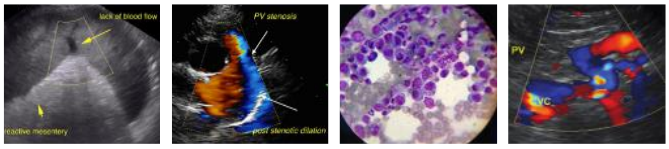

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com