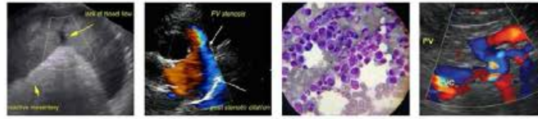


PATIENT

Tera Timperly

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced Pet Care of NV

REFERRING VET

Dr. Alexiz Hazelwood

INVOICE

25038

DATE

8/27/21

PRESENTING CLINICAL SIGNS

S: Signalment: 11yr FS American Bobtail Indoor/Outdoor: Indoor only Presenting Complaint: NR-diagnosed with feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF), discuss nutrition for diet and RX for pred to help maintain P diagnosis, O was referred to an internal medicine specialists but O unable to at this time and want to keep P comfortable until able to, had an abdominal MR 2-3 weeks ago and had a gastric MR in 2018, labwork done 6/16/2021 by SVS, RV update if okay with Dr. B, check teeth for dental cleaning, remove sutures from feeding tube on left side of face, would like to get prednisolone in tablets rather than oral solution since P tolerates tablets more Eating/Drinking (increased, decreased, normal): Normal Urination/Defecation (normal, increased, decreased, soft, diarrhea, constipated): Normal C/S/V?: C/V-No, S-Yes, started last week so O started Lysine immune supplement that has been working Heat Cycle? FS Date of last heat cycle: N/A Past Pertinent History: Feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF) and abdominal/gastric mass removals Giving Medications/Supplements?: Was started on omeprazole 1ml EOD and prednisolone 3mg/ml 0.5ml SID, uses Gastro Elm Film supplement when has diarrhea Refills needed?: Yes of prednisolone Food (type/amount/frequency): Science Diet Sensitive Stomach dry kibble FF and Friskies or Fancy Feast wet food 1 can SID Reactions to food/supplements/medications in past? None known Exploratory sx done in June 2021 but mass extended from gastric wall to pylorus and unable to remove everything. Did a biopsy: severe sclerosing, necrotizing and eosiniphilic gastritis.
Abnormal PE/Chem/CBC/UA Results: LABS June 2021: Cl 84, Chol 47, Crea 4.0, TBIL 1.0, TP 12.0, BUN/UREA 43, HCT 20.7, HGB 7.2, RBC 4.98, PLT 147

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (3.5 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. A non-obstructive nephrolith was noted measuring 0.38 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.01 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. A non-obstructive nephrolith was noted measuring 0.45 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

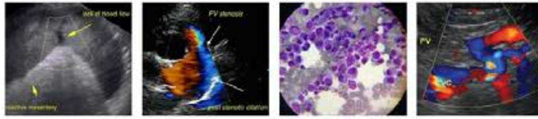
Adrenal Glands

The left adrenal gland is normal in size measuring 0.23 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 large in size, measuring 1.07 cm at the hilus.. The spleen echotexture is heterogenous and mildly mottled, 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.



PATIENT

Tera Timperly

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced Pet Care of NV

REFERRING VET

Dr. Alexiz Hazelwood

INVOICE

25038

DATE

8/27/21

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 moderately dilated with irregular shadowing material, most consistent with normal ingesta and gas. It measures at a normal thickness of 0.28 cm 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. A mass lesion (mass or lymph node) is visualized at the gastroduodenal junction, measuring 1.06 cm x 1.61 cm.

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 measures 0.16, 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

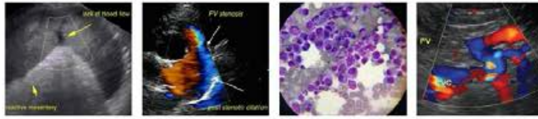
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Mass effect at gastroduodenal junction – this could be a wall mass or a prominent lymph node.
- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Shadowing material within the gastric lumen – This patient is reported to have been fasted, so this is abnormal. Correlate this finding with radiographs. Possible differentials include delayed gatricd emptying or partial obstruction.

SECONDARY FINDINGS

- Borderline large spleen – This could be normal for this pet or could be consistent with infiltrative disease. Recommend continued monitoring.



PATIENT

Tera Timperly

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced Pet Care of NV

REFERRING VET

Dr. Alexiz Hazelwood

INVOICE

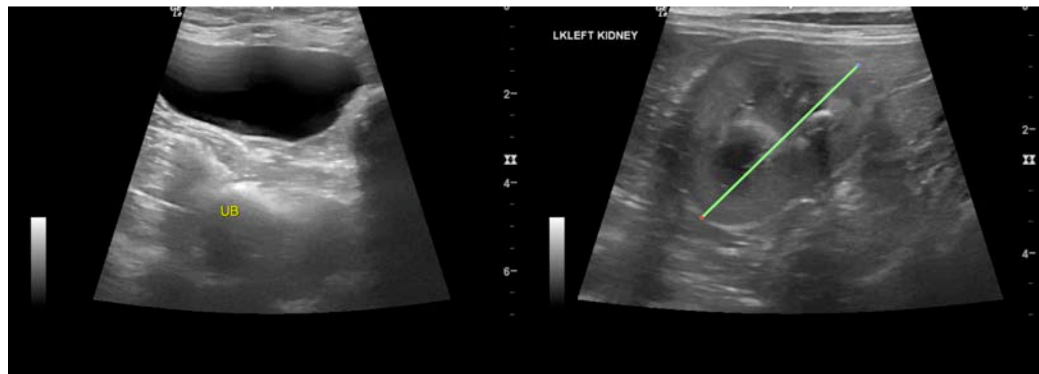
25038

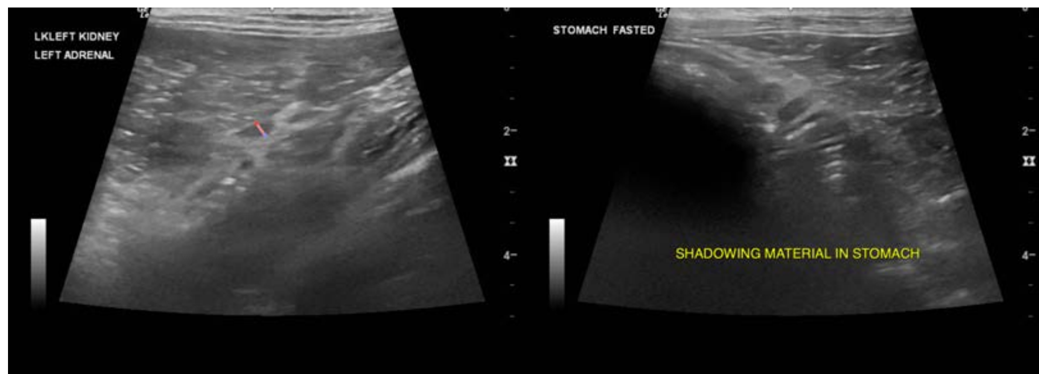
DATE

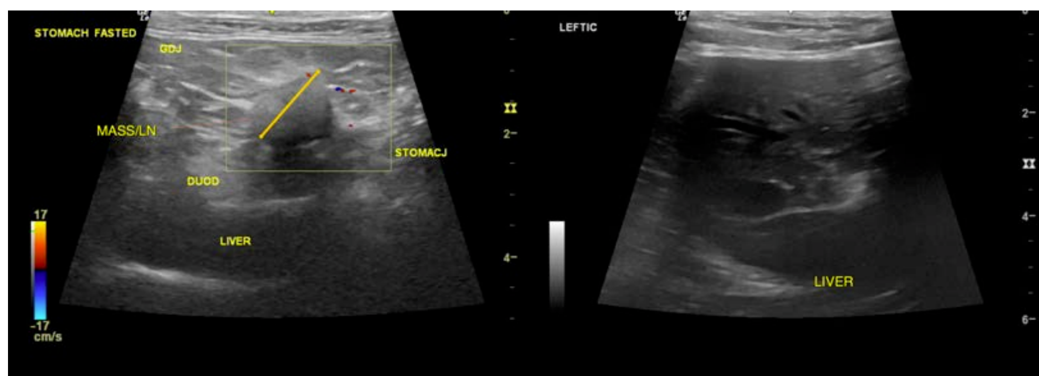
8/27/21

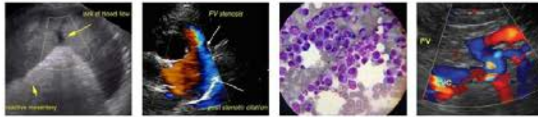
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant lesion observed on today's scan is the mass effect/enlarged lymph node located at the gastroduodenal junction. This may be a stable previous lesion. There is some shadowing material within the stomach, which could be normal ingesta that is slow to exit due to the mass, or there could be delayed gastric emptying due to the gastrointestinal disease present. There is also the possibility that there is a hairball or other foreign material within the stomach. I did not see any other large focal masses or severe bowel wall thickenings. Much of the changes reported are consistent with an older cat and the current diagnosis of eosinophilic sclerosing fibroplasia.









PATIENT

Tera Timperly

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced Pet Care of NV

REFERRING VET

Dr. Alexiz Hazelwood

INVOICE

25038

DATE

8/27/21

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