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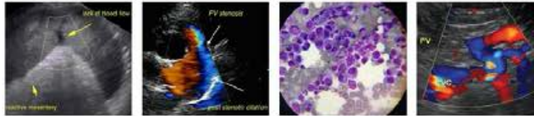


PAWS
Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Mac Lee

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

22 Months

WEIGHT

8.8 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

40157

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Not eating for 2 days, vomiting. Cerenia and fluids yesterday, still lethargic, ADR not eating. No vomiting since yesterday. Radiographs yesterday: Conclusion Mild gastroenteritis. No indication of foreign body or obstruction. Unremarkable thorax.

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 (3.66 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 (3.82 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 0.49 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, 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.

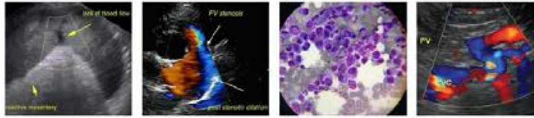
Liver

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 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



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

Most of 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. Jejunum wall measured 0.20 cm. Duodenum wall measured 0.20 cm. Visualized peristalsis appears appropriate. Some areas of the ileum appeared more thickened than the other areas of small intestine, measuring approximately 0.25 cm in diameter with asymmetrical thickening, but persistently intact wall layering.

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 mottled 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

There is scant free abdominal fluid visualized between loops of intestine. A diffuse moderate mesenteric lymphadenopathy is noted. The most dramatic lymph nodes were around the ileocecal junction, measuring 0.53 cm and 0.57 cm in diameter. Other mesenteric lymph nodes were visualized at 0.66, 0.56, 0.32, and 0.80 cm. The omentum is hyperechoic around the enlarged mesenteric lymph nodes.

PRIMARY FINDINGS

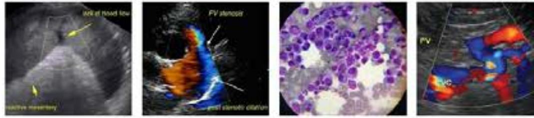
- Diffuse moderate mesenteric lymphadenopathy – Consider infectious, inflammatory and neoplastic disease processes.
- Prominent muscularis layer to the small intestine, particularly in the region of the ileum – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

SECONDARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a diffuse moderate lymphadenopathy, particularly in the region of the ileocecal junction. With such acute symptoms, consider infectious or inflammatory causes of acute diarrhea. Recommend GI parasite screening and empirical treatment along with supportive care for gastroenteritis. If symptoms persist, an ileocecal junction lymphadenopathy can be a predilection



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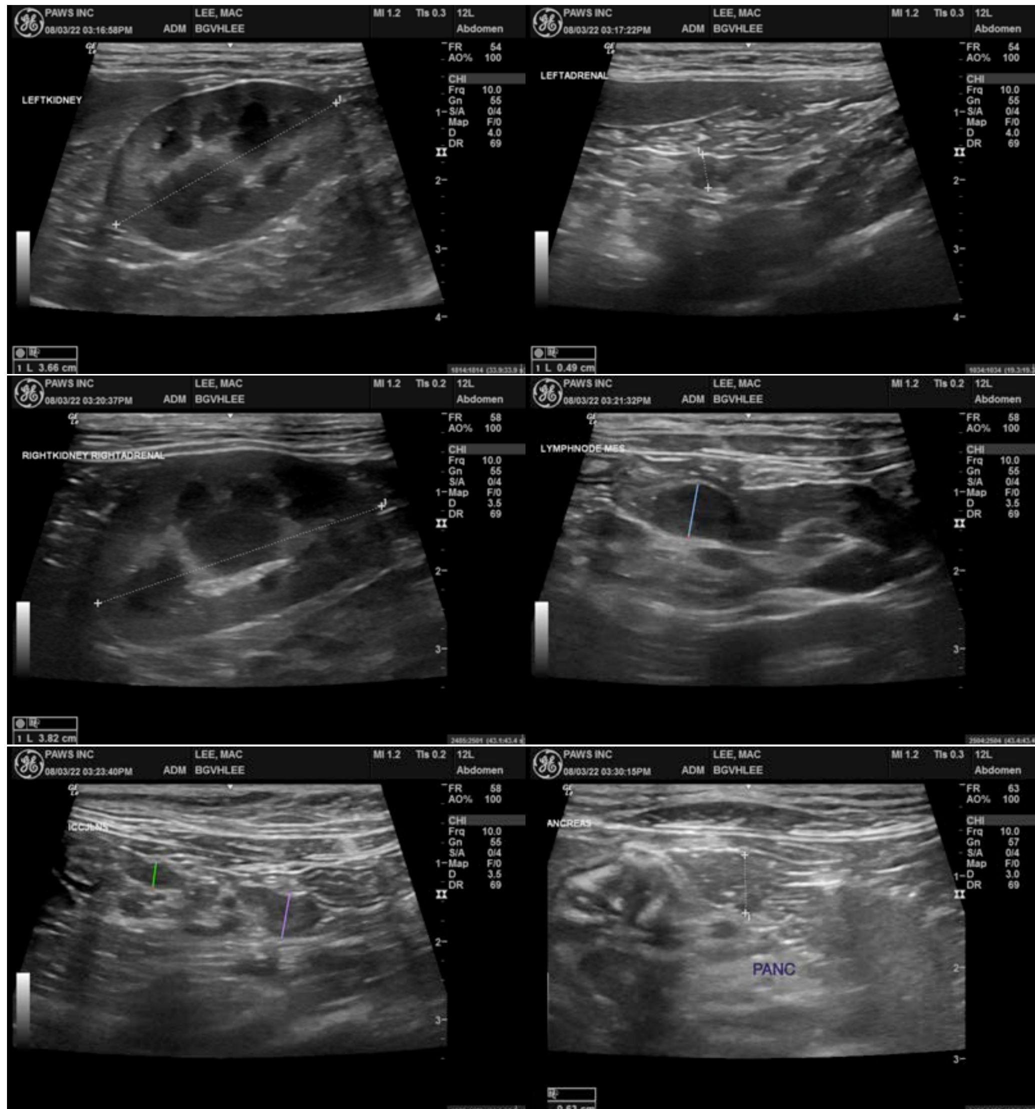
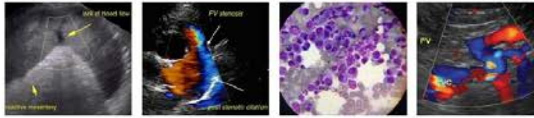
site for FIP or lymphoma, so consider a fine needle aspirate of these mesenteric lymph nodes. Additionally, if symptoms persist, consider 3-view thoracic radiographs, retroviral screening, and in an extreme case, even biopsies of the small intestine.





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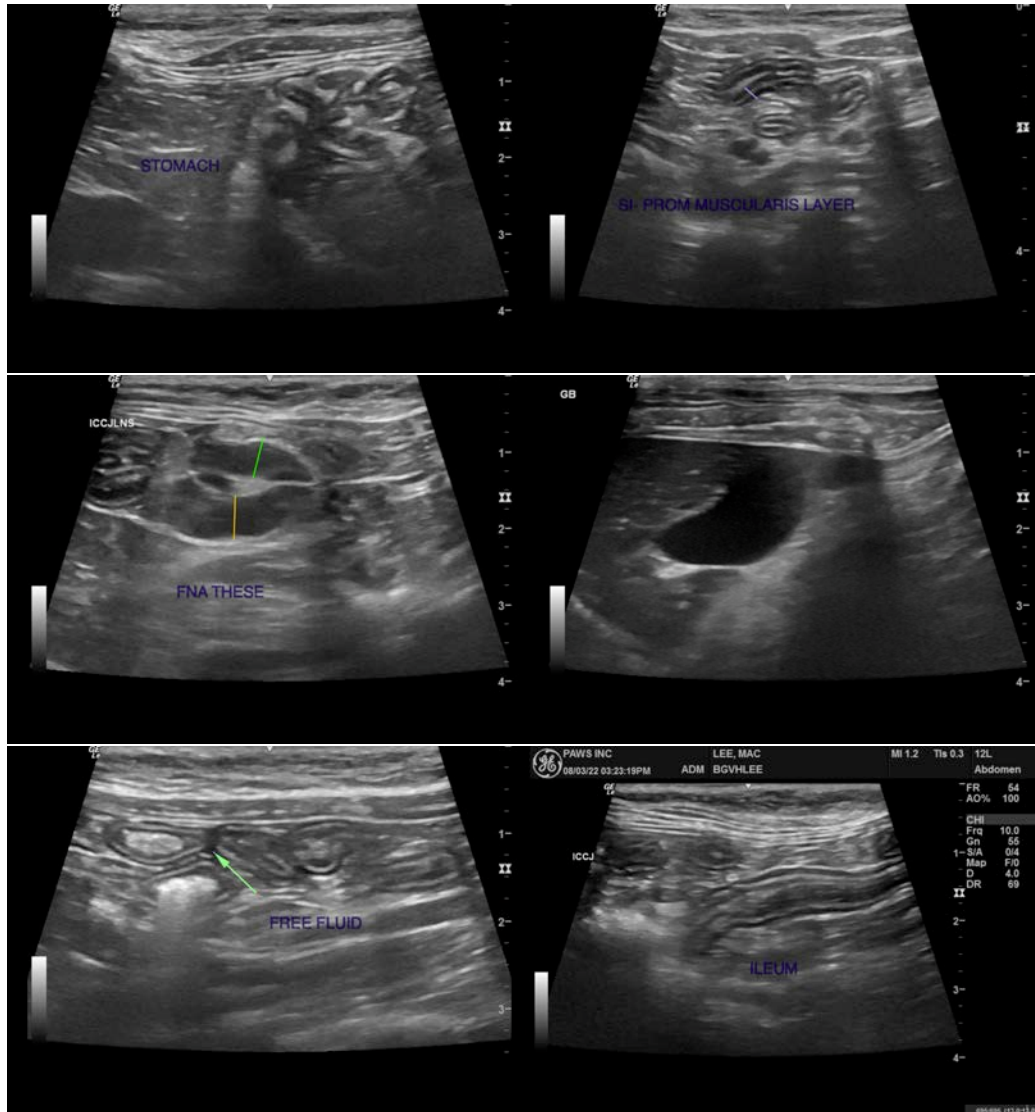

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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