



PATIENT

Molly Krueger-Kennedy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Parrish

HOSPITAL NAME

Local Mobile Vet

REFERRING VET

Dr. Jenny Parrish

INVOICE

40856

DATE

8/30/22

PRESENTING CLINICAL SIGNS

Hx of vomiting and diarrhea
Abnormal PE/Chem/CBC/UA Results: all bloodwork including T4 was WNL -sending blood to VDI for lymphoma testing as well

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 (3.61 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.45 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 right adrenal gland is normal in size measuring 0.36 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/borderline large (0.96 cm), 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 mild and 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 adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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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 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are some prominent hypoechoic lymph nodes in the sublumbar area measuring 0.65, 0.61 cm. The omentum is of normal echogenicity.

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PRIMARY FINDINGS

- Focal sublumbar lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Borderline enlarged spleen – This is likely normal for this slightly larger cat.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound changes observed were relatively mild. Unfortunately, the severity of ultrasonographic changes do not always correlate with the severity of Gi symptoms exhibited. Many causes for Gi signs cannot be definitively diagnosed by ultrasound alone.

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- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobalamin.) (if not already done)
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

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In older patients with more chronic symptoms, I would most strongly consider differentials such as food allergy, IBD, and intestinal neoplasia (but also consider dysbiosis, chronic pancreatitis etc..)

REFERRING VET

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- 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)-this will provide additional information regarding possible pancreatic and small intestinal disease.

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- If symptoms are progressing consider obtaining GI biopsies

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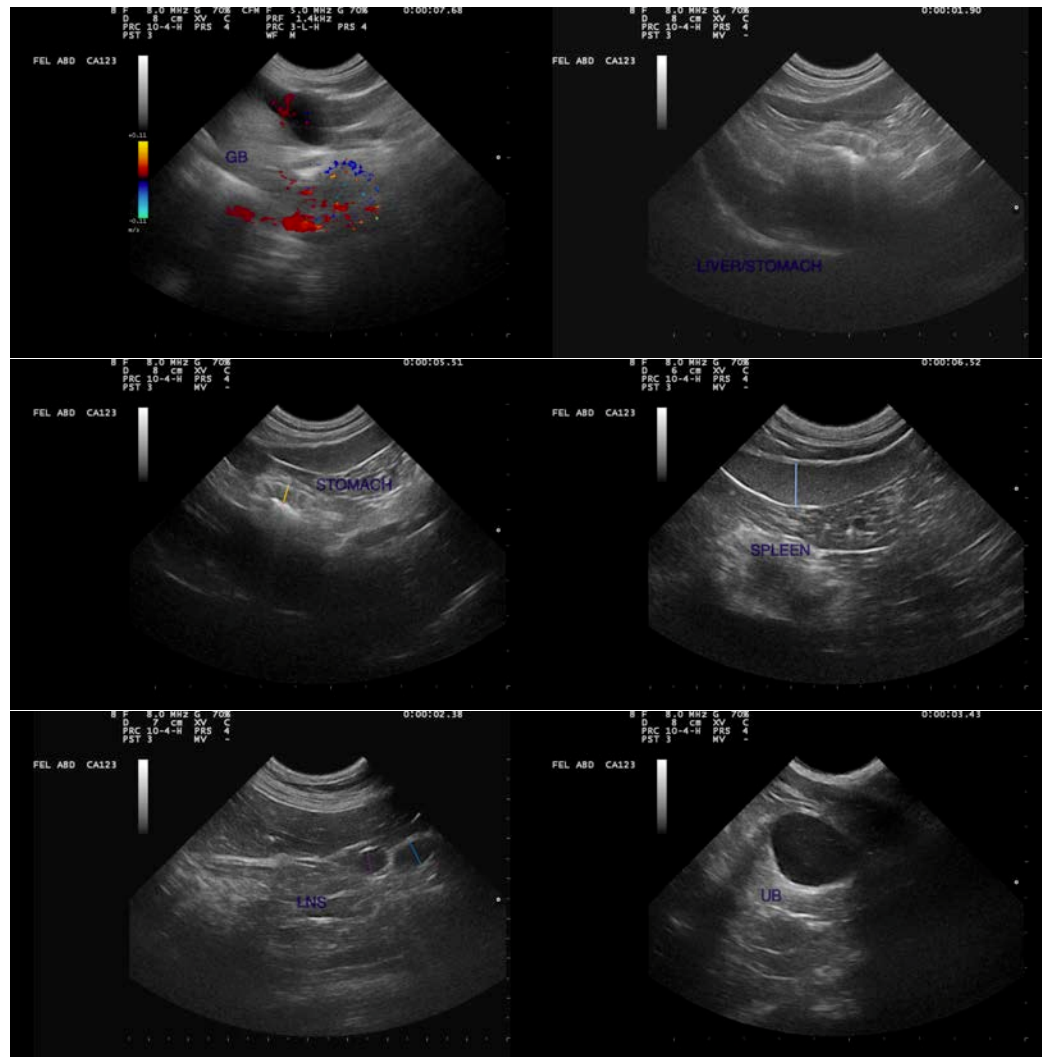
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There are two prominent hypoechoic lymph nodes in the sublumbal/intrapelvic region. The cause of these enlarged lymph nodes is not readily apparent. Consider a digital rectal exam/evaluation of the rectal and perianal area for any lymph node enlargement, anal gland enlargement, etc. If a rectal exam is possible, try and determine if these are palpable. If there is large bowel diarrhea present, these could be reactive secondary to the colon. A fine needle aspirate may be possible as long as care is taken to avoid the major vessels.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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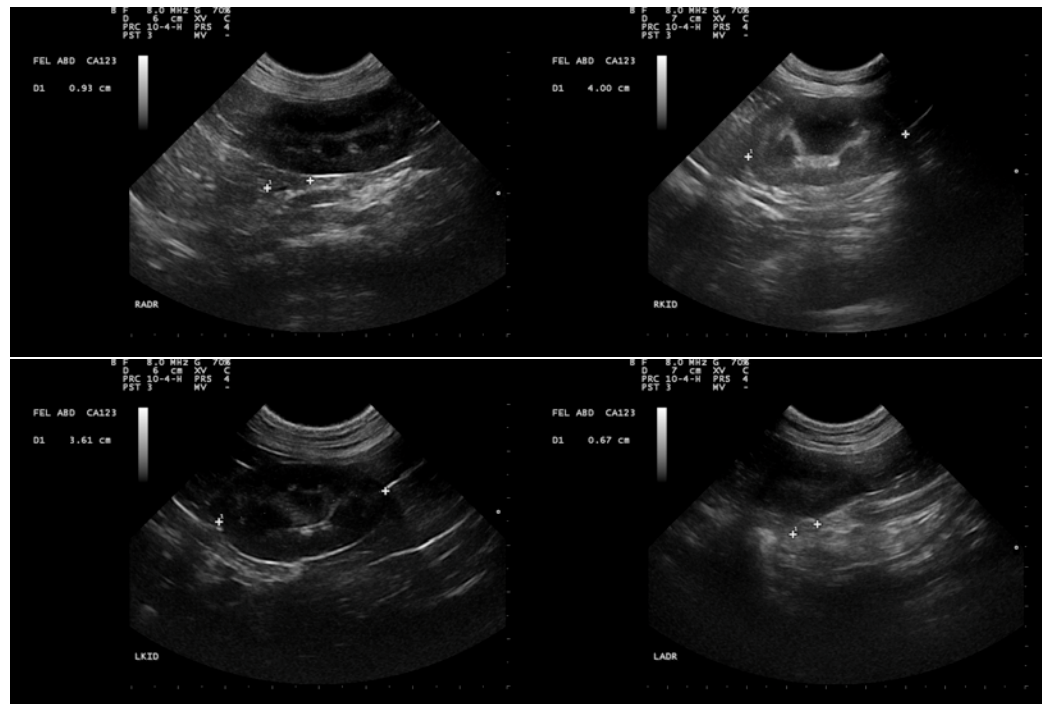
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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