

**DATE PRESENTING CLINICAL SIGNS**

9/10/21

History: Patient has FUO, lethargic, overall ??????. Patient had the same thing happen in 2019 which resolved with Convenia, sq fluids and onsiar. Provided all 3 on 8/24/2021, mild improvement. Exam on 9/7 temp down to 103 (from 104.3) but still lethargic. Patient e/d normal otherwise, no v/d.

**PATIENT**

Cola Basham

Current Medications: Convenia, Clavamox.

Lab Results: WBC 35.7, BUN 93.8, Creatine 0.6, glucose 176.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

**SPECIES**

Stat Report: Not requested.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

DMH

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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (4.08 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.

**AGE**

2012

**WEIGHT**

8.78 Pounds

The right kidney has a normal shape and size (4.06 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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.42 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.

**HOSPITAL NAME**

Northwind AH

The right adrenal gland is normal in size measuring 0.42 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.

**REFERRING VET**

Dr. Jones

**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.

**INVOICE**

25329

**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. There is a mild amount of non-organized echogenic debris. 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.

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. Duodenum wall measured 0.33 cm. Jejunum wall measured 0.21, 0.22, 0.20 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 prominent and hypoechoic as 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***

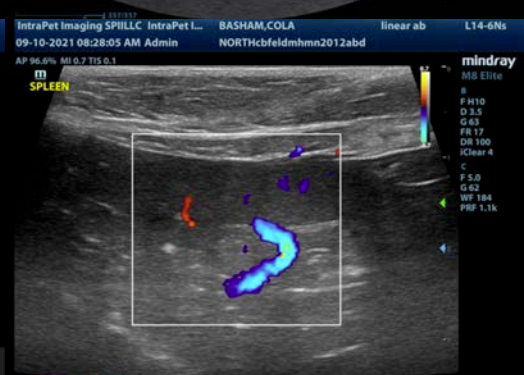
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy present. A mesenteric lymph node is measured 0.46 cm near the root of the mesentery. Additionally, a sublumbar lymph node was prominent at 0.34 cm. The omentum is generally of normal uniform echogenicity.

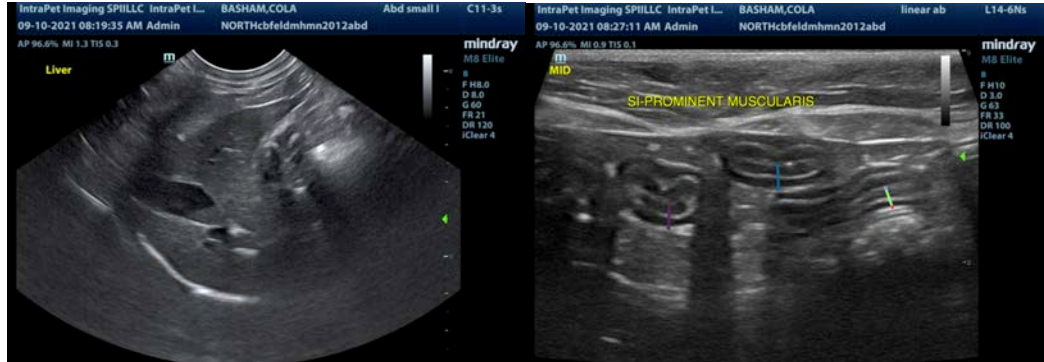
## **ULTRASONOGRAPHIC FINDINGS**

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Subjectively thickened small intestine with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mild mesenteric lymphadenopathy – 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**

All of the changes observed are relatively mild. I would recommend a urinalysis and culture to look for any evidence of infection/possible pyelonephritis, which was not evident on today's scan. Additionally, I would recommend a GI panel to further evaluate a quantitative PLI level, B12 and folate, to further pursue the possibility of pancreatitis and small intestinal disease. Based on the white blood cell elevation, there is clearly an inflammatory response, which likely explains the prominent mesenteric lymph nodes. Consider screening for vector borne diseases. Recommend chest radiographs to look for any evidence of intrathoracic disease and treatment for possible pancreatitis. If GI signs develop, you may want to consider a hydrolyzed or novel protein diet, but a prominent muscularis layer can be a normal finding in an older cat.





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.

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