

**DATE**

9/28/21

PRESENTING CLINICAL SIGNS

Not Eating, Drinking Less, Vomiting, & Lethargic.

History: Date: 09-26-2021 Notes: indoor cat, has not had vaccine in long time vaccine for rabies. Distemper vaccine administered on Wednesday. Friday he was vomiting and lethargic. Cannot keep water down, will not eat, unsure if urinating - did urinate yesterday. Two new kittens in house.

PATIENT

Ralphy Wine

Current Medications: Ampicillin, Oral Buprenorphine 0.3mg/ml, Famotidine 10mg/mL Injection (Per mL), Vitamin B12 1,000mcg/mL Injection (Per mL), Potassium Chloride 2mEq/mL Injection (Per mL)

Lab Results: Attached within requisition.

SPECIES

Feline

Radiographs: Whole Body 2 view-large urinary bladder (was soft, able to pass u. cath easily), concern for plication/obstructive changes.

Date of Previous IntraPet Ultrasound: No previous

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered male

Urinary System

The urinary bladder is moderately distended with echogenic 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.

AGE

2012

The left kidney has a normal shape and size (4.2 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.

WEIGHT

14.8 lbs

The right kidney has a normal shape and size (4.55 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

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.4 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. King

Spleen

The spleen is large with a slightly irregular margin that measured 1.34 cm with normal echogenicity.

INVOICE

92042

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 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 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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, 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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Prominent, hypoechoic pancreas with surrounding hyperechoic mesentery. The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
- Large spleen with scalloped edges. This could be consistent with congestion, infiltrative disease or be normal for a larger cat (measures 1.34 cm and normal is less than 1.0 cm).

SECONDARY FINDINGS:

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

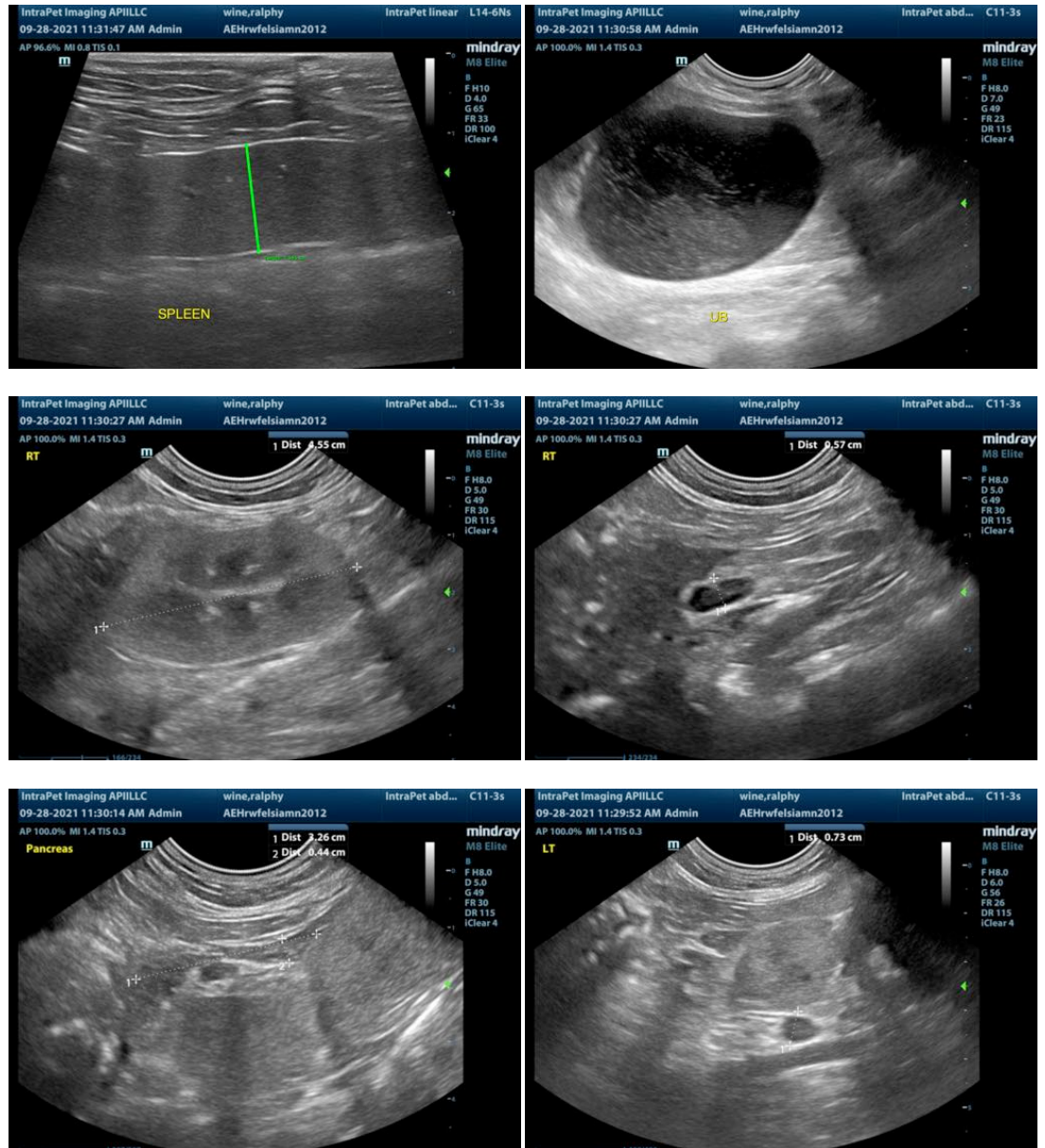
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

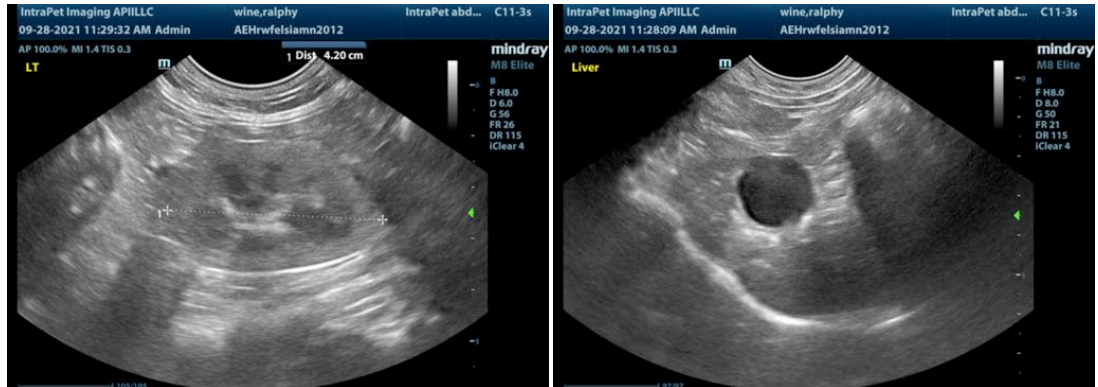
There were no focal lesions associated with the bowel were observed, but I recommend serial radiographs if foreign material is suspected as ultrasound can be sensitivity in picking up some types of material.

The pancreas appears somewhat pronounced and mildly inflamed. This could be consistent with mild current pancreatitis or with the previous episode and remodeling. I recommend a GI panel with quantitative fPLI, B12 and folate to get more information regarding the pancreas and small intestine.

Additionally the spleen is somewhat enlarged. The parenchyma appears normal and there are no focal lesions. A FNA can be considered.

I recommend symptomatic treatment for pancreatitis, additional diagnostics and if the patient's condition worsens or is not responding to therapy I recommend to continue evaluation for a foreign body and possible GI biopsies.





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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