IMAGING PERFORMED BY

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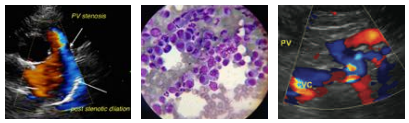

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
9/9/21

PATIENT
Puppy Heinlein

SPECIES
Feline

BREED
American Shorthair

SEX
Spayed Female

AGE
2011

WEIGHT
10.3 lbs

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

HOSPITAL NAME
Eastern AH

REFERRING VET
Dr. Sole

INVOICE
91751

PRESENTING CLINICAL SIGNS

Recent weight loss, chronic vomiting.
Current Medications: Convenia 9/7, Cerenia SID.
Lab Results: Leukocytosis w left shift, rest of bloodwork wnl.
Radiographs: Subjectively thickened SI on radiographs and palpation.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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 (3.21 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 (3.4 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 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 increased with the jejunum measuring 0.45-0.5 cm in thickness. Bowel loops follow a curvilinear path. Some focal areas of reduced detail/complete loss of layering and other have a very prominent muscularis layer. Visualized peristalsis appears appropriate and there is no evidence of a bowel obstruction.

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. There is a severe lymphadenomegaly present. The mesenteric root lymph nodes, particular a cluster at the root of the mesentery measure 1 x 2 cm, 1.4 x 1.6 cm and 2.1 x 3.2 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the enlarged lymph nodes and abnormal bowel.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

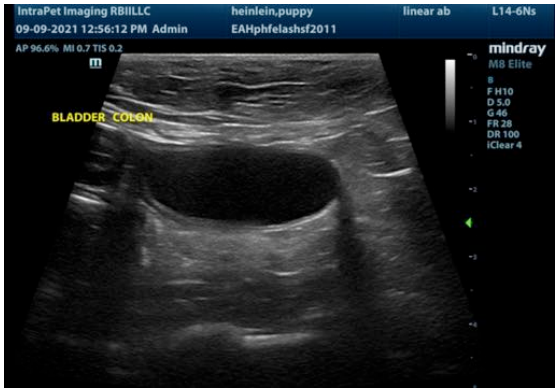
Diffuse, small intestinal thickening with some areas that have a prominent, muscularis layer and others that have a prominent, muscularis layer and others that have complete loss of layering. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.

Severe mesenteric lymphadenopathy. The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as Bartonella, fungal infections, FIP (cats)) etc.. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has thickened bowel loops and severely enlarged abdominal lymph nodes. Primary differentials would be severe IBD or neoplastic change. I recommend a FNA of abdominal lymph nodes. If this is not diagnostic then I recommend full thickness gastrointestinal biopsies. I recommend three view thoracic radiographs and a GI panel (PLI, B12 and folate) as there may be a B12 deficiency/dysbiosis going on.


IntraPet Imaging RBIILLC
heinlein,puppy
linear ab
L14-6Ns
09-09-2021 12:56:55 PM Admin
EAHphfelashsf2011
AP 96.6% MI 0.6 TIS 0.1
mindray
M8 Elite
Stomach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L14-6Ns
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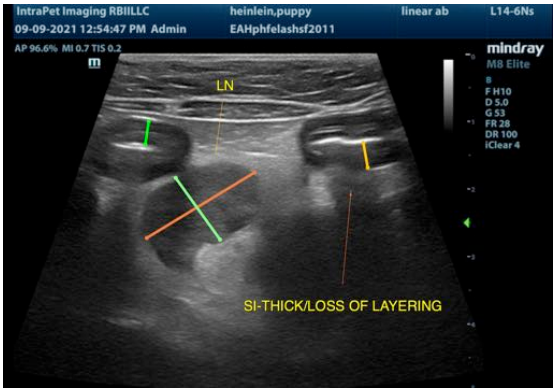
mindray
M8 Elite
BLADDER COLON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linear ab
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AP 96.6% MI 0.7 TIS 0.2
mindray
M8 Elite
LN
SI-THICK/LOSS OF LAYERING


IntraPet Imaging RBIILLC
heinlein,puppy
Abd small I
C11-3s
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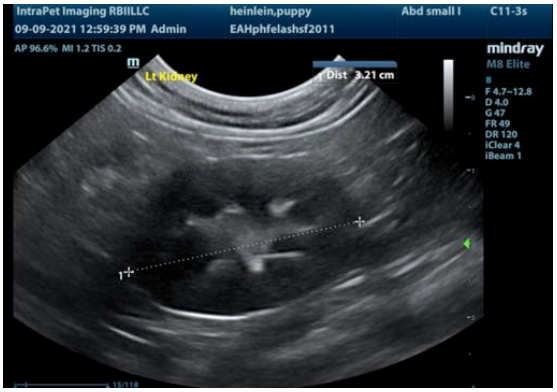
EAHphfelashsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Rt Kidney
Dist 3.40 cm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Abd small I
C11-3s
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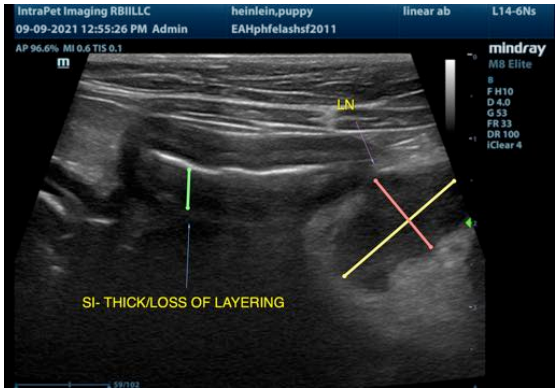
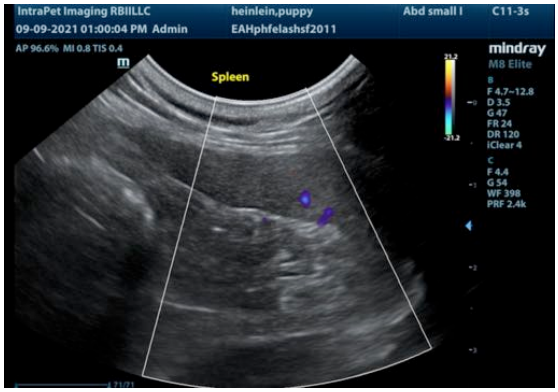
EAHphfelashsf2011
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Lt Kidney
Dist 3.21 cm


IntraPet Imaging RBIILLC
heinlein,puppy
linear ab
L14-6Ns
09-09-2021 12:55:26 PM Admin
EAHphfelashsf2011
AP 96.6% MI 0.6 TIS 0.1
mindray
M8 Elite
LN
SI- THICK/LOSS OF LAYERING



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)
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