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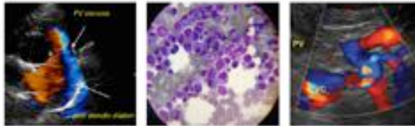
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Kawai De La Teja

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
6 months

WEIGHT
8 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Cat Care of Rochester

INVOICE
30430

DATE
5/16/22

PRESENTING CLINICAL SIGNS

Family of 3 kittens. One of kittens has been vomiting once a week for a few weeks (small amount of yellow fluid, not food). Kawai vomited yellow bile twice in 3 weeks (last vomited 5-13-22). Eating well but lays down and moans after meals, breathes more quickly. Tires easily and pants after playing. History of abdominal exploratory ~3-23-22 for severe vomiting. No FB in stomach or small intestines but obstipated with stool that contained carpet fibers and cat litter. Possible history of diarrhea. Abnormal PE/Chem/CBC/UA Results: Fullness to abd palpation 5-13-22 but no sign of pain. 102.5 to 102.7 temp. 0.3lb weight loss after fasting and normal abd palp. Mild increase in lymphocytes (normal WBC) and platelets. SDMA 15. UA wnl, USG >1.050. Abd rads 5-13-22 revealed stomach very distended with ingesta or other material. Small amount of radiopaque granular material in stomach (cat litter?). Normal stool in colon. Pockets of gas in small intestines and colon. Fasted overnight and lateral rad repeated 5-14-22 - most of stomach contents have passed but cannot confirm empty stomach after 14 hour fast. Normal amount of stool in colon today. He is much more energetic today after being fasted - seems to feel better per owner. Also gave Cerenia injection 5-13-22.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.51 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 3.96 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.35 cm at the cranial pole and 0.31 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.29 cm at the cranial pole, 0.32 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Spleen

The spleen is within normal limits in size 7.5 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder (GB) is mildly distended with a trivial amount of free floating echogenic material. The GB wall is within normal limits in thickness and echogenicity. The cystic duct is not dilated or tortuous, i.e. there are no signs of an obstruction. The parenchyma surrounding the GB is hyperechoic.

Gastrointestinal

Gas and fluid are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. Peristalsis is very mildly decreased.

The duodenum is thicker than normal (0.28 – 0.30 cm) and is moderately corrugated. The definition of wall layers is preserved, however, very mild stippling of the mucosa is present. The lumen is filled with a small amount of fluid and gas.

The small intestines are thicker than the normal reference range, measuring between 0.25 to 0.32 cm. Subjectively the mucosa is mildly prominent. A mild to moderate amount of fluid and gas are present in the lumen of the small intestines. Other loops of bowel contain granular ingesta, gas and fluid. The mesentery surrounding some of the loops of bowel is mildly hyperechoic. Abnormally dilated loops of bowel are not observed. No abnormalities are noted with the ileo-cecal-colic junction.

The colonic wall is not thickened and mural detail is considered normal. Soft stools are present.

Pancreas

No overt abnormalities are observed with the echogenicity or echotexture of the left or right limbs. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

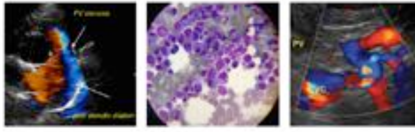
Other

Lymph nodes

Hepatic LN – lymphadenomegaly; 5.58 mm in diameter x 8.12 mm in length. The mesentery surrounding the LN is mildly hyperechoic.

The LNs in the region of the ICCJ are very mildly enlarged at 5.6 mm, and a few are prominent and mildly hypoechoic.

Multiple mesenteric LNs are mildly enlarged – up to 7.5 mm and hypoechoic.



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Although a component of the prominent lymph nodes may be due to Kawai's age, reactive hyperplasia is also suspected.

Abdominal effusion

A scant amount of anechoic fluid is visualized in one area between the small intestines.

ULTRASONOGRAPHIC FINDINGS

- The stomach shows signs of a very mild ileus. The other gastrointestinal changes, such as mild thickening, stippling of the mucosa and corrugation of the duodenum, are suggestive of inflammation. Differential diagnoses include inflammatory bowel disease, based on the presence of clinical signs, including pica. Food intolerance may also be playing a role, as well as other underlying causes, such as parasitism. A familial cause may be present as the other kittens are showing similar signs. An abnormality in peristalsis cannot be excluded. There are no signs of a foreign body.

- A component of the prominent lymph nodes is likely due to Kawai's age, however, reactive hyperplasia is also suspected.

- The scant amount of anechoic fluid is likely physiological.

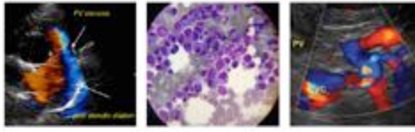
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline laboratory work, including, a CBC, serum biochemical profile, and urinalysis, are recommended.

Other recommendations include

- Deworm Kawai and the other two kittens, and any other pets in the household, with fenbendazole, 50 mg/kg by mouth once a day for 3 days and repeat 3 weeks later.
- Diet trial (veterinary prescription brand hypoallergenic, hydrolyzed or novel protein) for a minimum of 14 days, Purina HA salmon has passed a growth trial.
- Addition of soluble fibre, such as psyllium, is highly recommended if clinical signs persist, despite the above. This would be in addition to the hypoallergenic diet. Note, hydrolyzed diets tend to be low in fibre.
- serum cobalamin, folate, TLI, depending on Kawai's response to the above treatment suggestions.
- Endoscopy and biopsies of the upper and lower GI tract diet, if no response to deworming and diet trials.
- Exploratory laparotomy is another option, although much more invasive.

Further diagnostics, such as PCR testing are not considered necessary at the moment.



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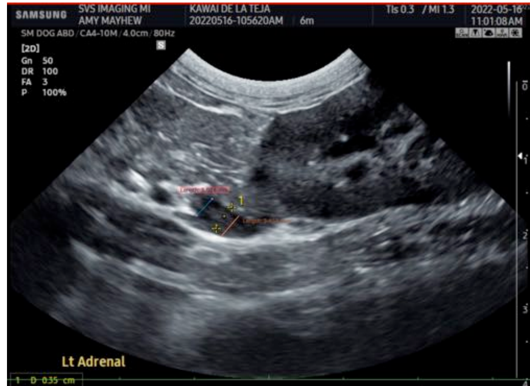

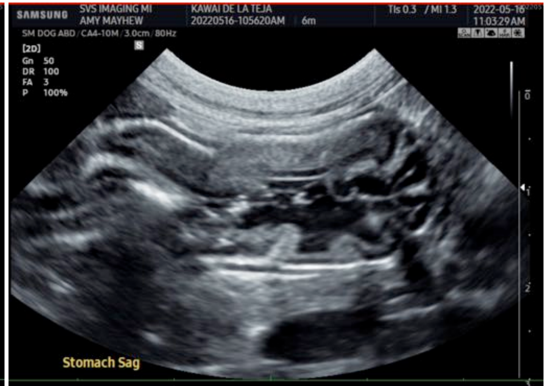

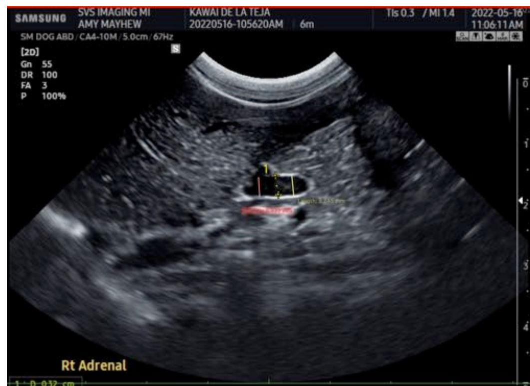

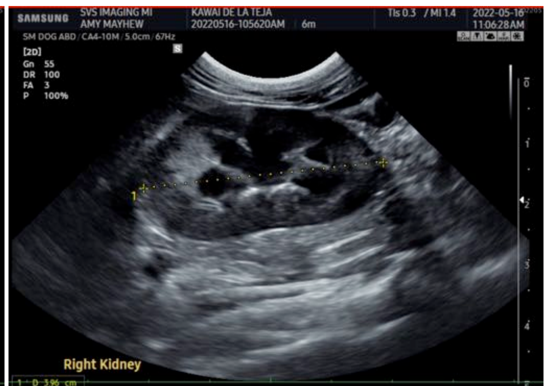

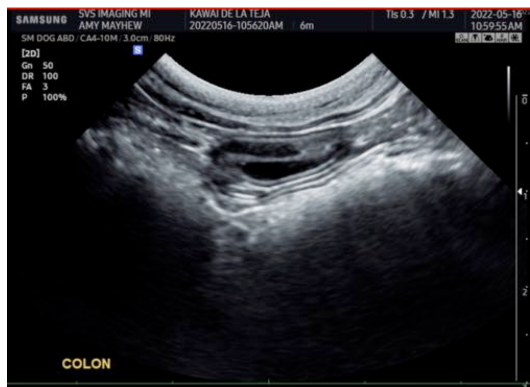

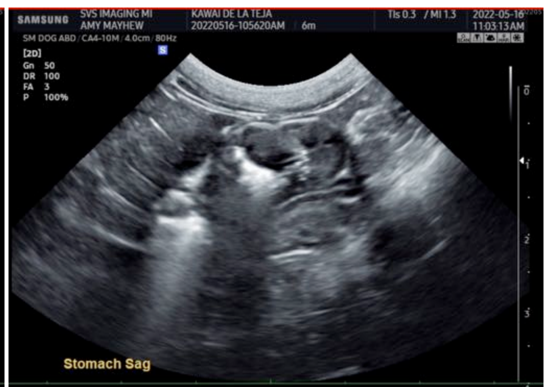

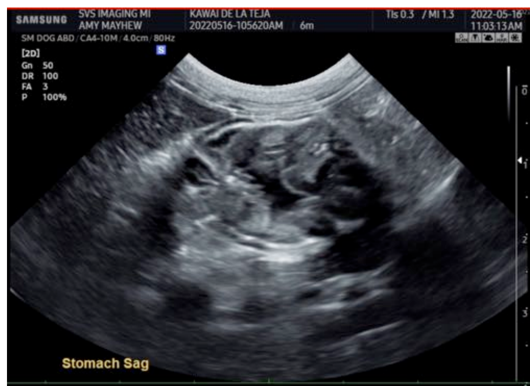

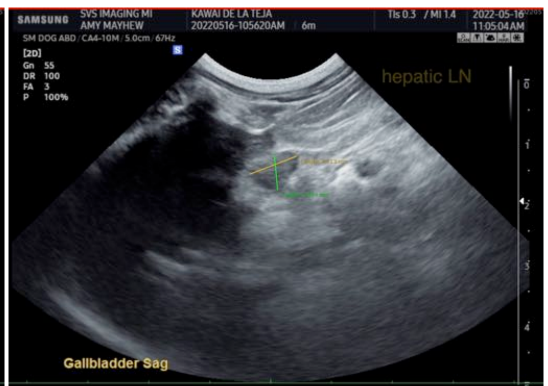

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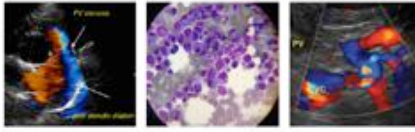

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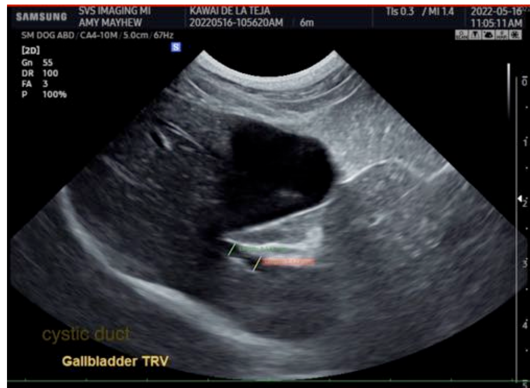

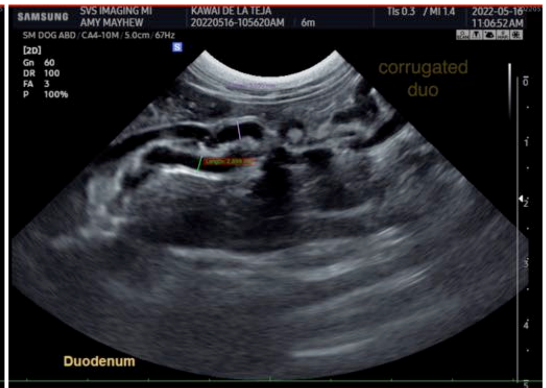

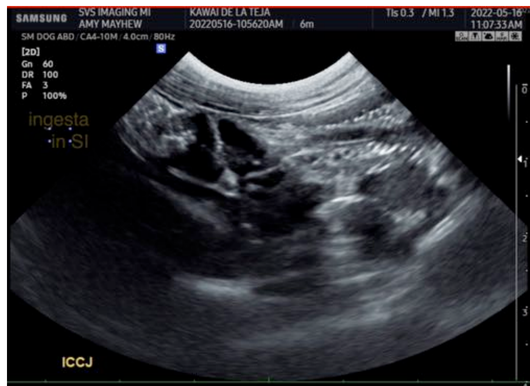

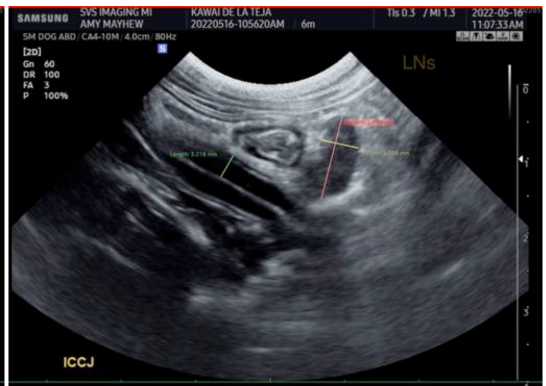

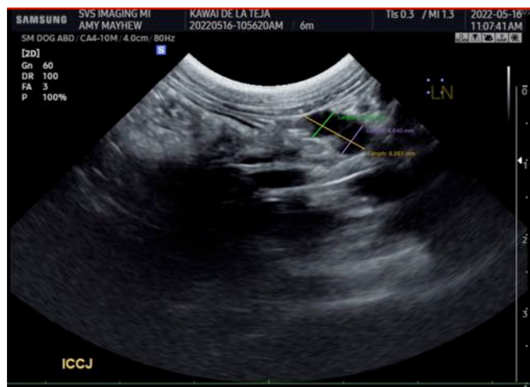

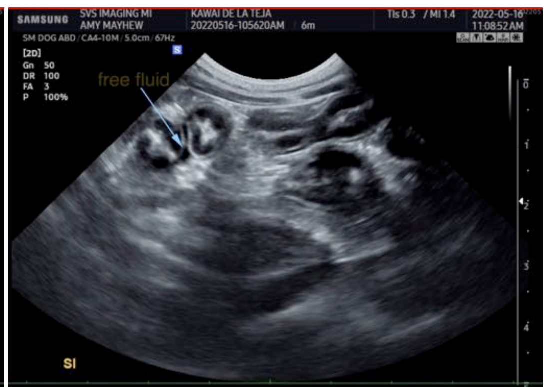

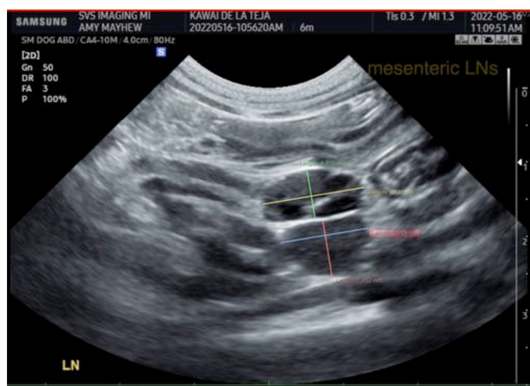

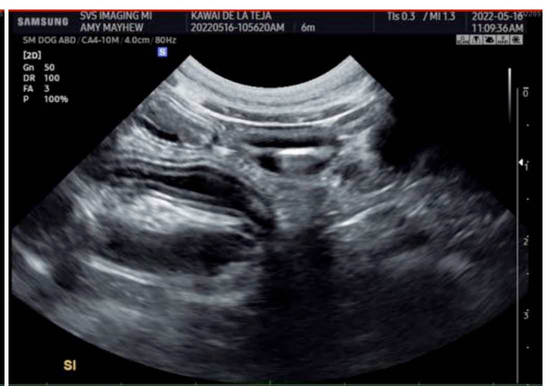

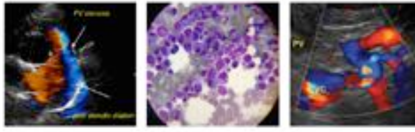

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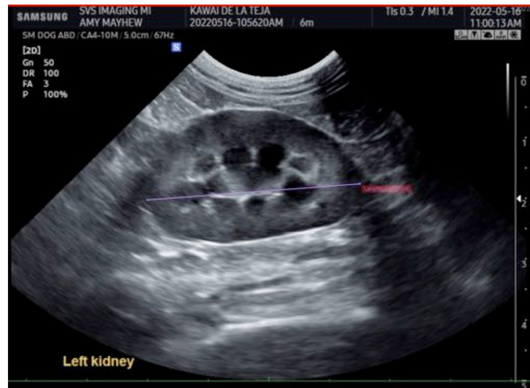

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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