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Clinical Sonography & Telecytology

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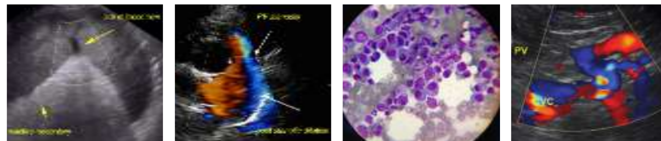

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1-800-838-4268 info@sonopath.com

PATIENT
Olivia Grouette

SPECIES
Feline

BREED
DSH

SEX
F/S

AGE
5 years

WEIGHT
6.5 kg.

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Dave Stasiuk RDMS, RDCS

HOSPITAL NAME
Resolution Veterinary Ultrasound LTD

REFERRING VET
Dr. Sasa Karagic

INVOICE
13451

DATE
3/8/22

PRESENTING CLINICAL SIGNS

Vomiting / Diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild pyelectasia was noted In both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

The spleen exhibited normal size and primarily maintained a finely textured homogeneous parenchyma. Intermittent well-demarcated hyperechoic non-expansive splenic nodules exhibiting evidence of potential minor distal acoustic shadowing were present. The spleen itself measured 0.80 cm in width. An example of a hyperechoic splenic nodule measured 0.2 cm in diameter. Subtle evidence of mild asymmetrical medial capsule contour was noted.

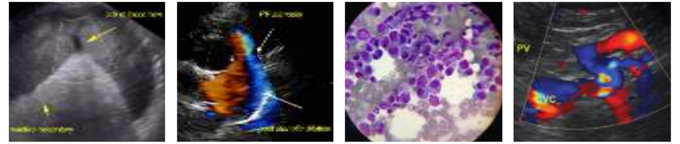
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with a propensity for subtly prominent segmental muscularis layer. No evidence of loss of



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Intestinal wall layering or intestinal masses was noted. The ileocolic wall width measured 0.40 cm. The jejunum wall width measured 0.27 cm. The duodenum wall width measured 0.29 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Intermittent, mildly prominent colic to jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.46 cm width. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral pyelectasia
- Mild gallbladder debris - likely incidental owing to fasting or potential nonclinical cholestasis
- Overtly normal gastrointestinal tract
- Intermittent subjectively benign mild colic to jejunocolic lymphadenopathy - suspect lymphoid hyperplasia or minor reactive lymphadenitis potentially owing to underlying enteropathy

Secondary Findings

- Hyperechoic non-expansive splenic nodules - consistent with probable myelolipomas or possible mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia noted in both kidneys Is nonspecific and may be secondary to mild pelvic scarring or IV fluid therapy (if applicable). No overt evidence of pyelonephritis was noted. Correlation with a urinalysis to assess for evidence of inflammatory cells could be considered.

If previous history of hepatic enzyme elevations, gallbladder debris may at times be associated with hepatobiliary inflammation.

Although no overt evidence of structural gastroenterocolic pathology was present, an underlying gastrointestinal disease, which may present as sonographically normal, could be possible. Dietary indiscretion / food intolerance, occult parasitism If the patient is indoor/outdoor, structurally insignificant inflammatory bowel or less likely low grade to chronic pancreatitis which may present as sonographically normal could be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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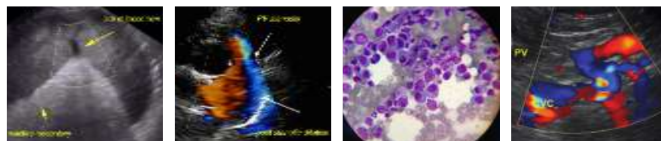

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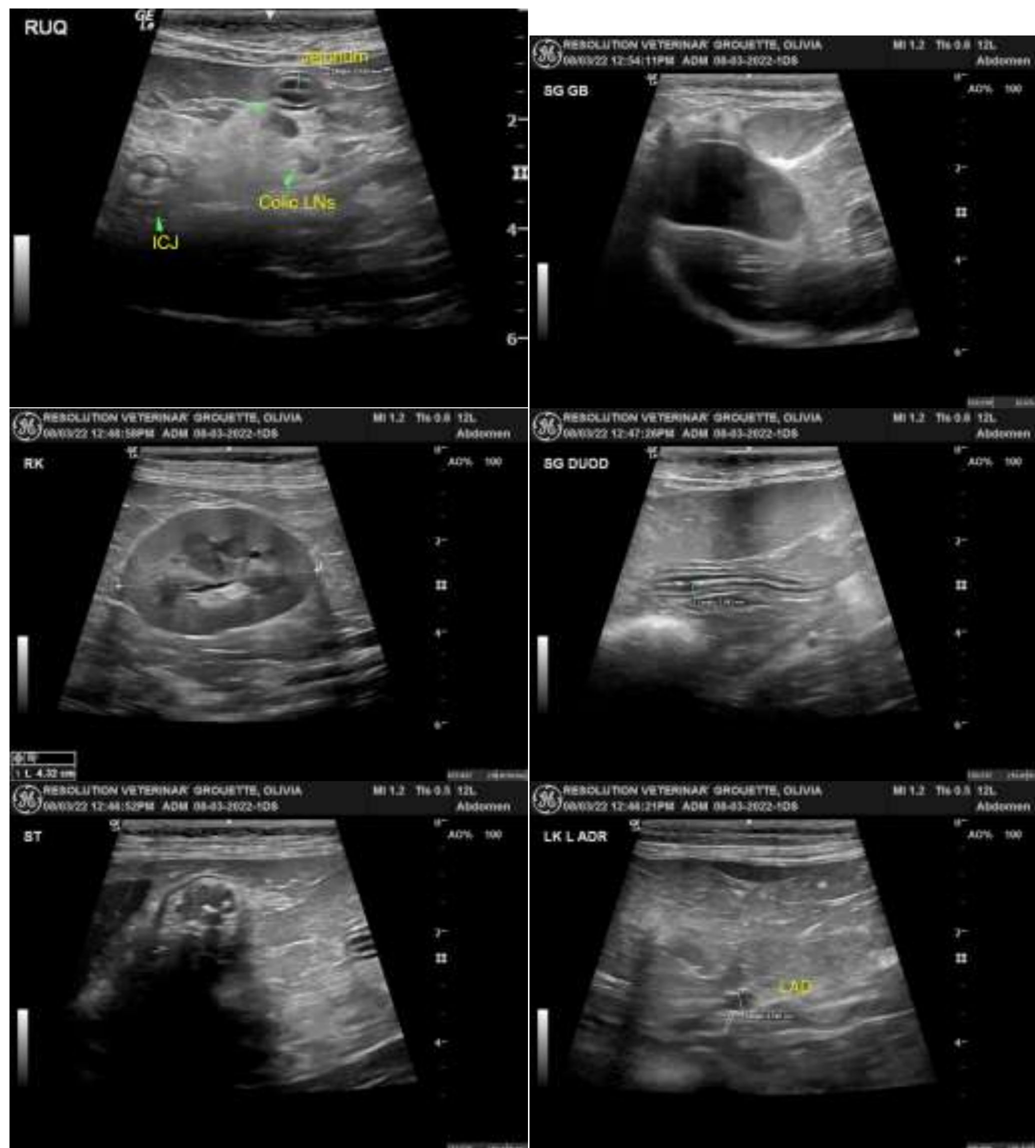
Empirically, hydrolyzed diet trail with potential long-term dietary therapy, high colony count probiotics such as Proviable, as-needed gastrointestinal support, and antibiotic trial with an assessment of clinical response would be reasonable. Deworming is recommended If clinically indicated. Empirical cobalamin supplementation Is suggested if a GI panel is not elected.



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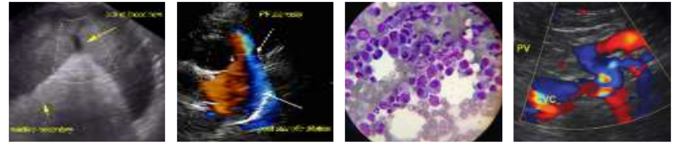

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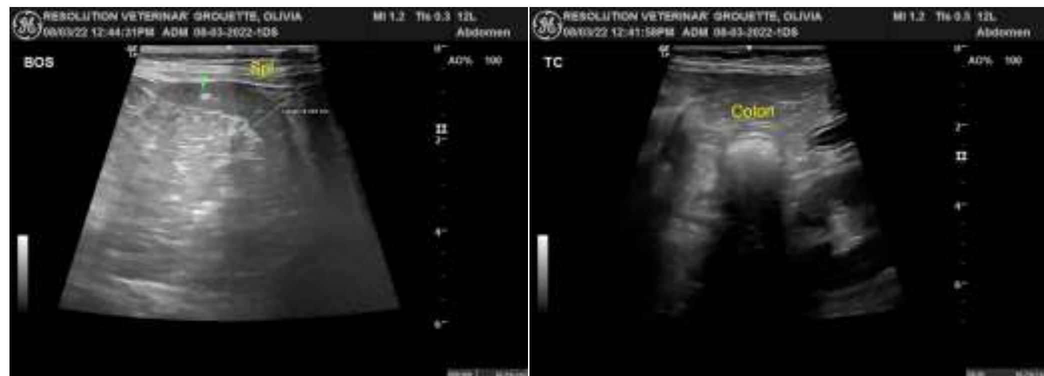

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com