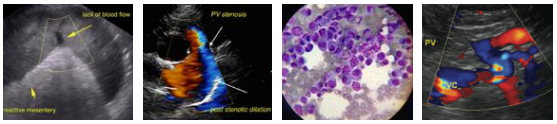




**PATIENT**

Taco Lesniczuk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7yrs

**WEIGHT**

6

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Fish Creek Pet Hospital

**REFERRING VET**

Dr. Armstrong

**INVOICE**

10187

**DATE**

4/20/2023

## PRESENTING CLINICAL SIGNS

Ingestion of tabacco a few days ago responded to treatment on supportive care. Now Inappetent and vomiting.

## 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 with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 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 0.31 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

### *Spleen*

The spleen was borderline to mildly enlarged, measuring 1.1 cm mid-spleen. It exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

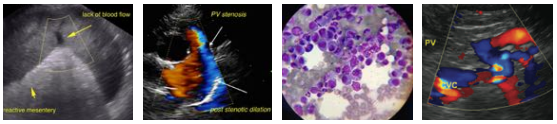
### *Liver/ Gallbladder*

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 thin walls and primarily anechoic luminal content. 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 contained mild distal progressive acoustic shadowing ingesta primarily in the gastric body and fundus. No evidence of mechanical pyloric outflow obstruction. Overall intact sonographically unremarkable gastric wall layering. The pylorus wall measured 0.20 cm.

The intestinal walls demonstrated intact wall layering and maintained a 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental





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non-obstructive intestinal ileus to the level of the ileocolic junction. The jejunum wall measured 0.22 cm to 0.26 cm in width. The ileocolic wall measured 0.35 cm in width.

Normal visible colon wall layers were present with apparent formed feces in the 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, focally enlarged midabdominal mesenteric 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 1.6 cm x 0.55 cm. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Sonographically unremarkable gastric wall layering with mild progressively shadowing ingesta – sonographically suggestive of food
- Non-specific enteritis pattern with mild segmental non-obstructive intestinal ileus – subjectively acute
- Intermittent mesenteric lymphadenitis – likely owing to inflammatory bowel episode

### *Secondary Findings*

- Borderline/mild splenomegaly – subjectively benign

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall gastrointestinal presentation is suggestive of acute inflammatory bowel episode with possible mild non-obstructive gastric and segmental intestinal hypomotility and associated mesenteric lymphadenitis. No evidence of gastrointestinal obstructive pattern or definitive foreign material. Potential for mild non-obstructive hairball density in the stomach cannot be definitely excluded. If clinical history of hairballs, dietary indiscretion, emerging IBD, infectious disease, low-grade to chronic pancreatitis, which may present sonographically normal, are all potentials.

Further assessment may include GI panel to include PLI/TLI/Cobalamin/Folate. No indication for immediate surgical intervention. Recommend supportive care for inflammatory bowel episode with potential therapy for lymphadenitis, which may include a dietary trial with possible long-term dietary therapy, gastroprotectants, +/- antibiotics, given the potential for lymphadenitis. Sonographic reassessment is recommended if progressive gastrointestinal signs or evidence of weight loss.

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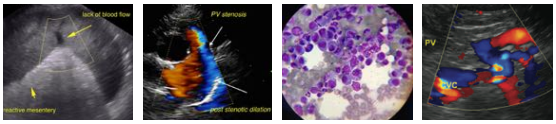

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AnimalSoundsNW.com 541-357-9423

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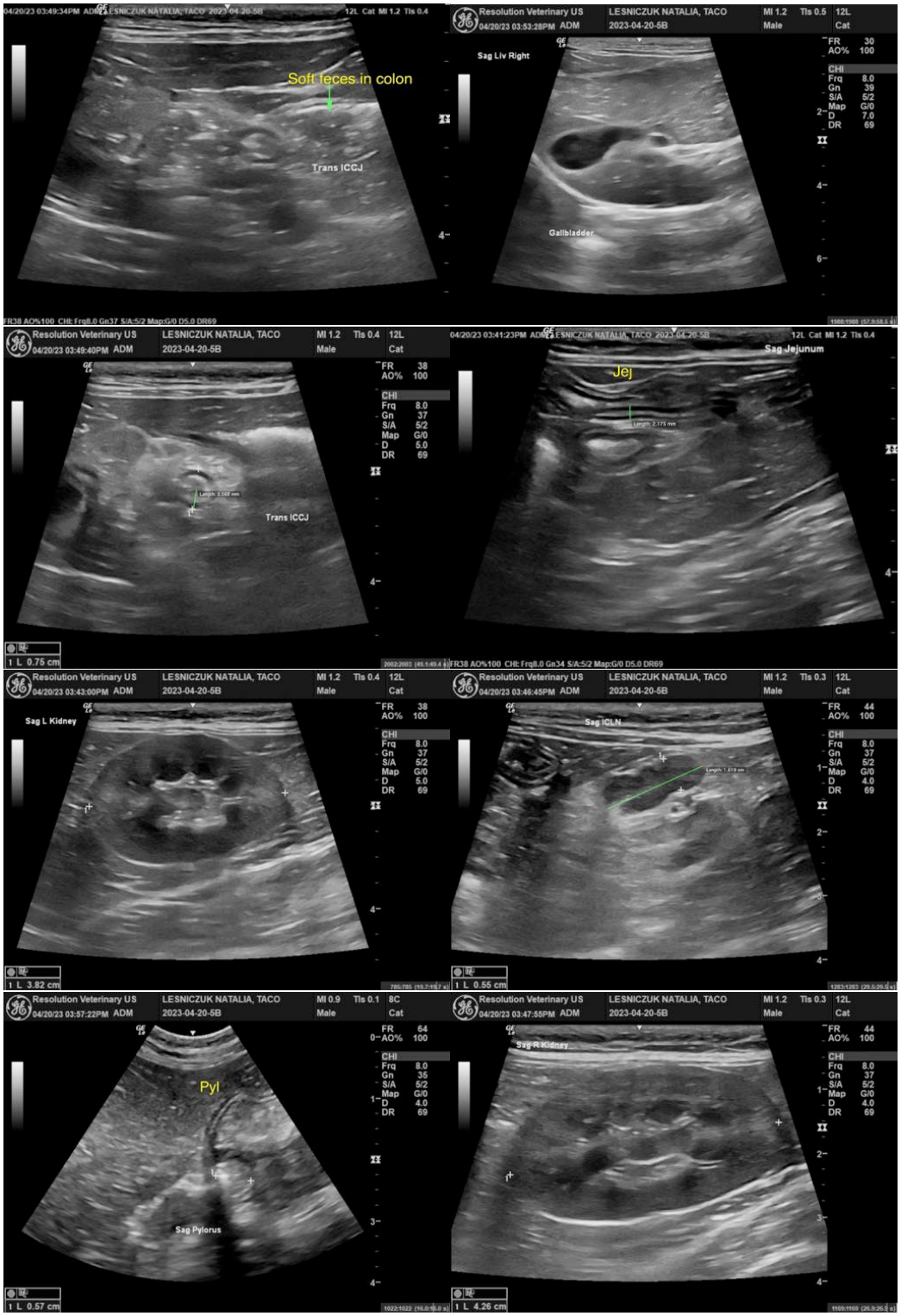

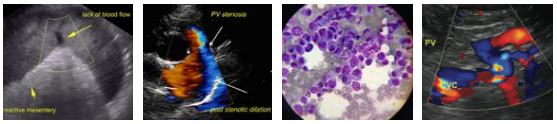



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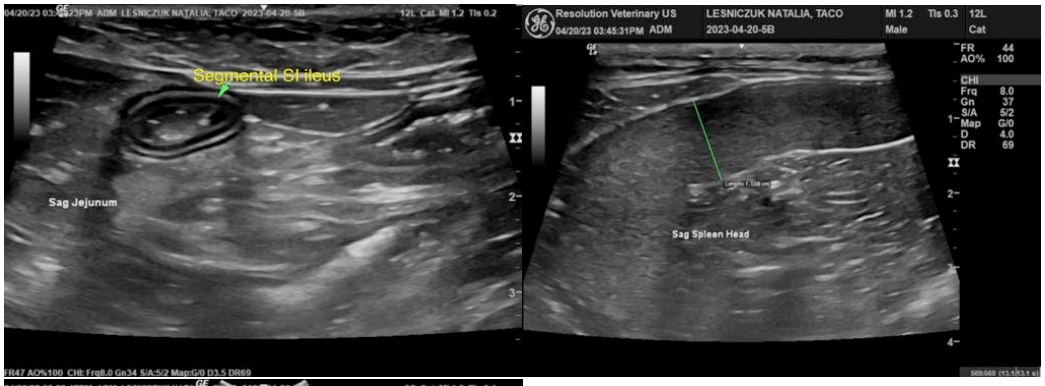


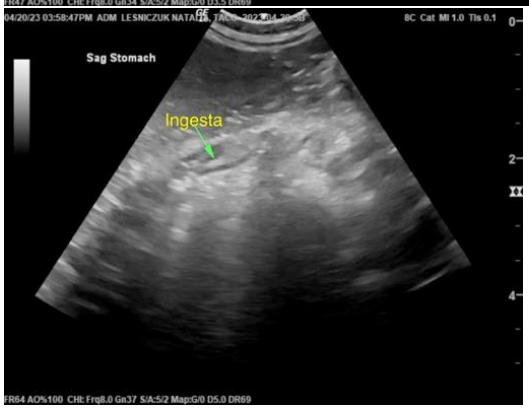


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**