



PATIENT PRESENTING CLINICAL SIGNS

Fred Sentz History: Chronic vomiting for 5 months, painful abdomen
 Medication: Cerenia

SPECIES Unremarkable CBC/Chem.

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

12 years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Jennings

INVOICE

24711

DATE

8.14.2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were 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 4.1 cm.

Adrenal Glands

The adrenal glands were indistinctly visualized, yet without overt evidence of enlargement or adrenal tumors. The left adrenal gland measured 0.39 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

The spleen 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. The spleen measures 0.9 cm in width at the level of the hilus.

Liver

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 yet subjective mild prominent wall layering. The stomach contains a mild amount of retained, primarily anechoic fluid with hyperechoic linear echoes, which, although non-specific, may suggest mucus. Pylorus wall measured 0.33 cm. The possibility of non-obstructive linear gastric foreign body exists, yet is considered less likely.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segmental mild increased mucosa echogenicity was present with occasional mucosal speckling. Generalized mild duodenal and segmental Jejunal ileus pattern noted without overt evidence of mechanical obstruction or foreign material. Duodenum wall measured 0.29 cm. Jejunum wall measured 0.35 cm.



PATIENT Ileocolic wall measured 0.32 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

SPECIES The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to mildly echogenic peripancreatic omentum.

Feline

Free Abdomen

BREED Intermittent enlarged jejunocolic lymph nodes were present. Example measured 0.53 cm. 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.

Domestic Shorthair

No effusion. Subtle generalized reactive mesentery noted around the ileocolic junction.

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ULTRASONOGRAPHIC FINDINGS

AGE

12 years

- Chronic gastroenteritis pattern with mild gastric stasis and duodenojejunal ileus
- Associated intermittent jejunocolic lymphadenopathy – lymphoid hyperplasia or reactive lymphadenitis likely.
- Mildly hypoechoic pancreas – potential mild chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15 Pounds

The overall appearance of the gastrointestinal tract may suggest chronic inflammatory bowel given the segmental mild increased mucosal echogenicity, which may suggest chronicity. The duodenojejunal ileus pattern is suspected to be secondary to regional dysfunctional bowel without overt evidence of gastrointestinal foreign material. A minor amount of mucus is suspected within the stomach, yet the possibility of a small linear, non-obstructive pyloric foreign body cannot be definitively excluded.

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Ideally, sonographic reassessment of the stomach to see if the linear echo persists is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. The potential for mild chronic active pancreatitis would be suspected if the area of abdominal pain is in the subxiphoid/cranial abdomen. Continued empirical therapy for inflammatory bowel would be appropriate, while gastrointestinal biopsies may be considered if persistent vomiting despite empirical therapy.

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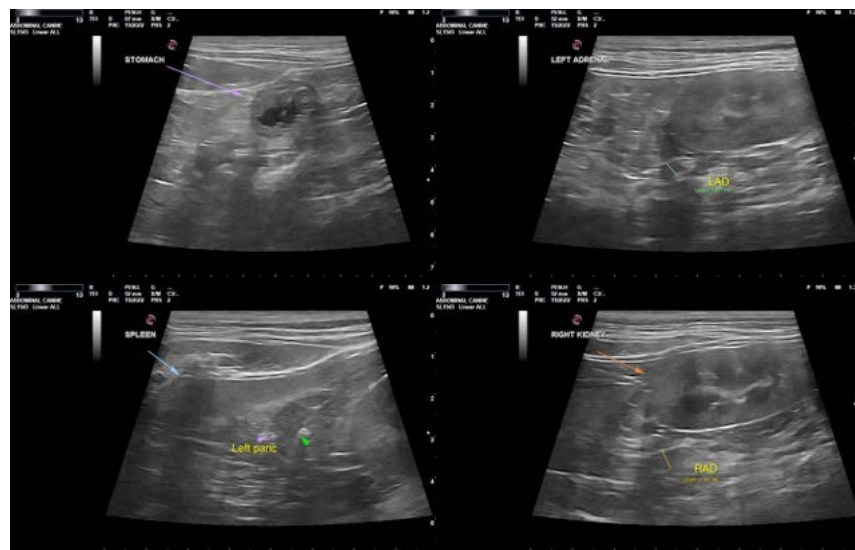
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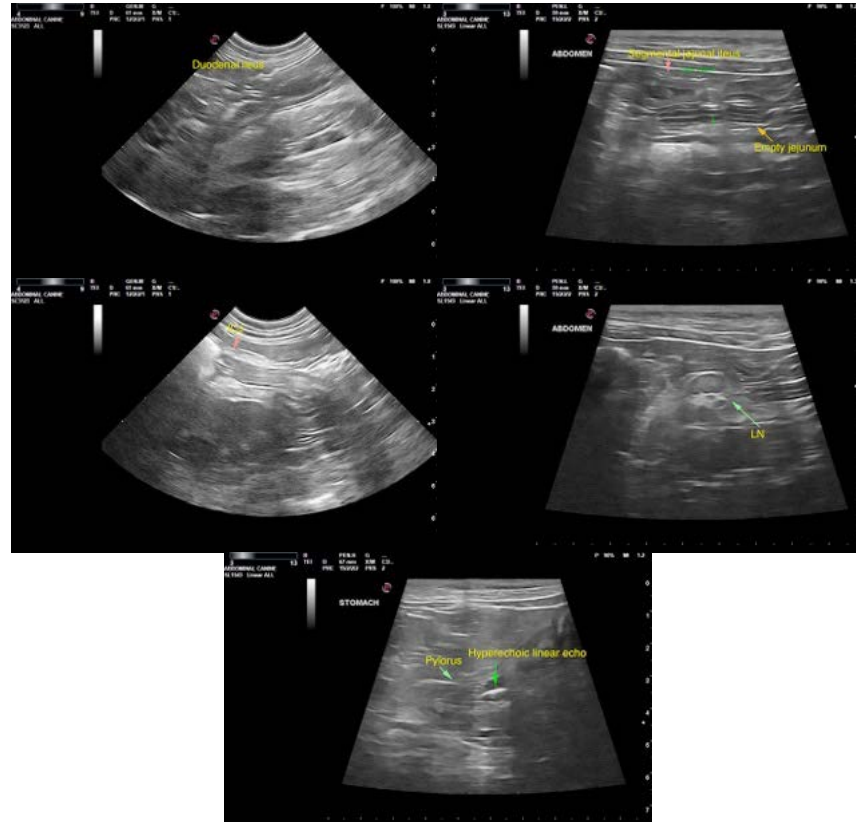
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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