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Clinical Sonography & Telecytology
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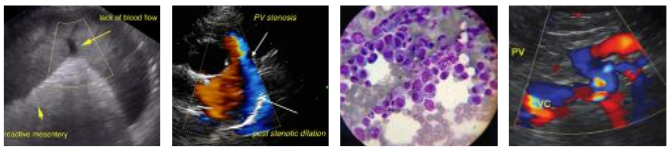

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Princess Bella Mix

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

8.4lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Veterinary Clinic, Corvallis, OR

REFERRING VET

Chantel Litalian

INVOICE

10177

DATE

1/20/22

PRESENTING CLINICAL SIGNS

History: acute onset hematochezia. Did not resolve despite profender application; owner unable to administer metronidazole.
Abnormal PE/Chem/CBC/UA Results: patient fractious - overall NSF on PE BW/UA/Fecal results: CBC: WNL Chem: NSF - creat 1.6 T4 2.6 USG > 1.060 fecal: no ova/parasites seen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.51 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.61 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm cranial) (0.30 cm caudal) (1.02 length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.24 cm cranial) (0.31 cm caudal) (0.81 length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended. The wall is normal in thickness. A bi-lobed conformation is present. Lumina contents are anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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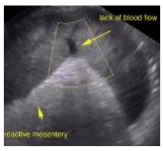
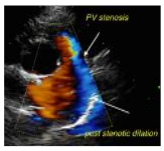
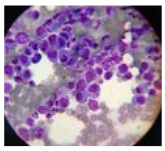
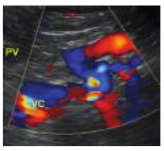

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Pancreas

The pancreas is diffusely prominent in size, with slightly irregular peripheral contours, particularly on the left side. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. At least two nodules (the largest measuring 0.96 cm) are observed in the left limb. normal in size with normal peripheral contours. The pancreatic duct is visible, but not overtly dilated (0.19 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.38 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Mid-abdominal peritonitis, likely secondary to bowel and/or lymph node pathology
- The pancreatic changes are most consistent with chronic pancreatitis with benign nodular hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

Secondary Findings

- Bi-lobed gall bladder – incidental
- Non-specific chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Although the patient's clinical signs trend toward a large bowel issue, the sonographic changes suggest a more diffuse gastrointestinal problem. Therefore, the following workup is recommended (if clinical signs persist):
  1. Fecal PCR infectious disease pane
  2. Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
  3. GI Panel (Send to Texas A&M)
  4. +/- limited antigen diet trial
- If the above diagnostics/therapeutics are inconclusive and the patient's clinical signs persist, gastrointestinal biopsies (i.e., endoscopic, or surgical), may be necessary to get a definitive diagnosis.
- Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia.

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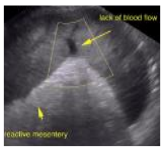
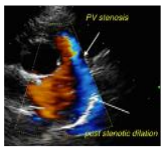
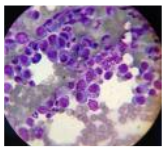
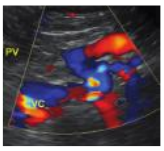

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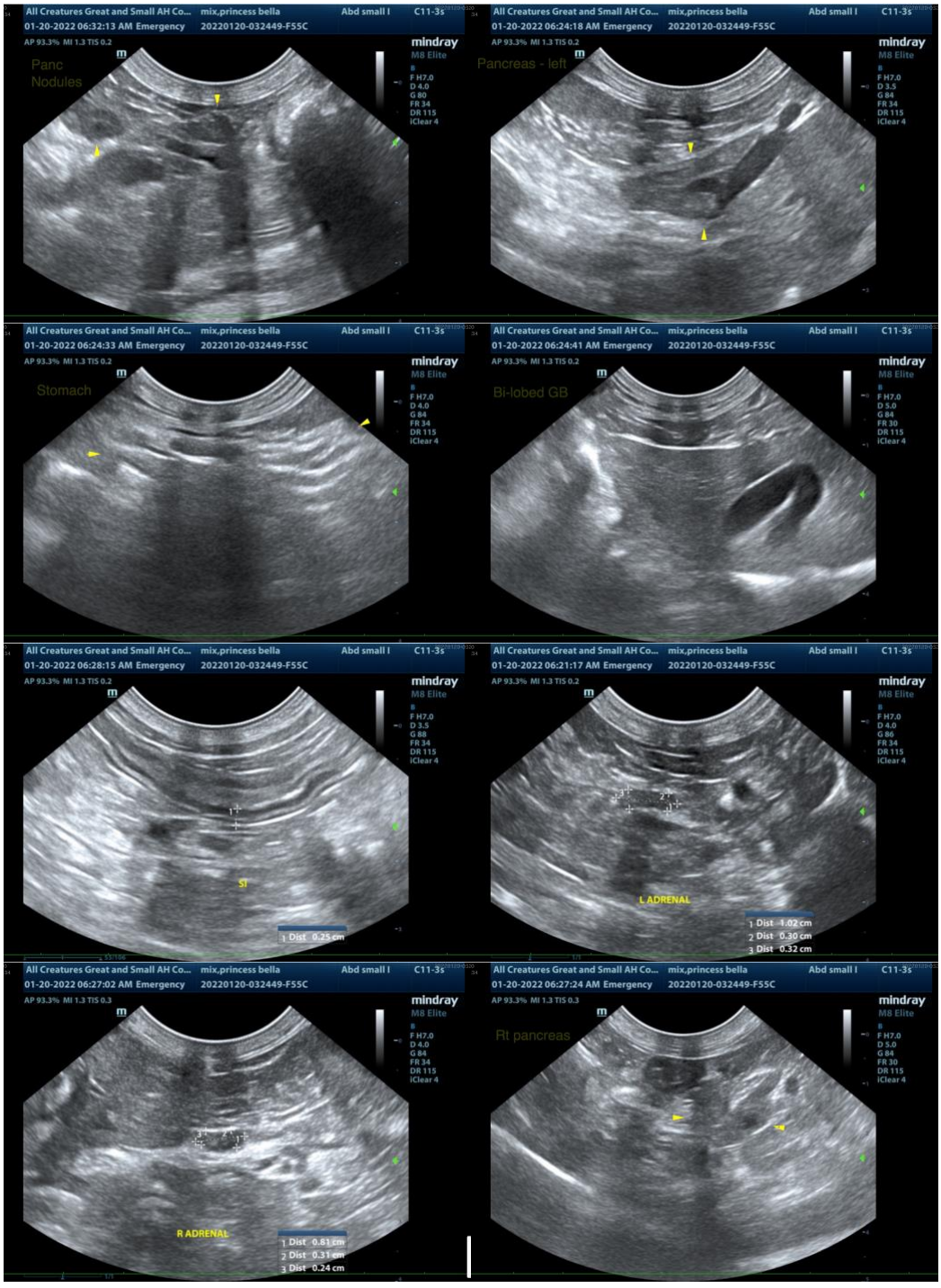

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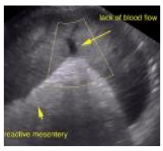
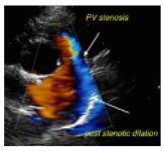
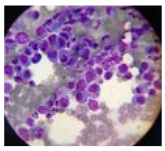
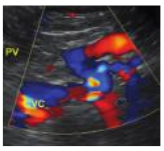

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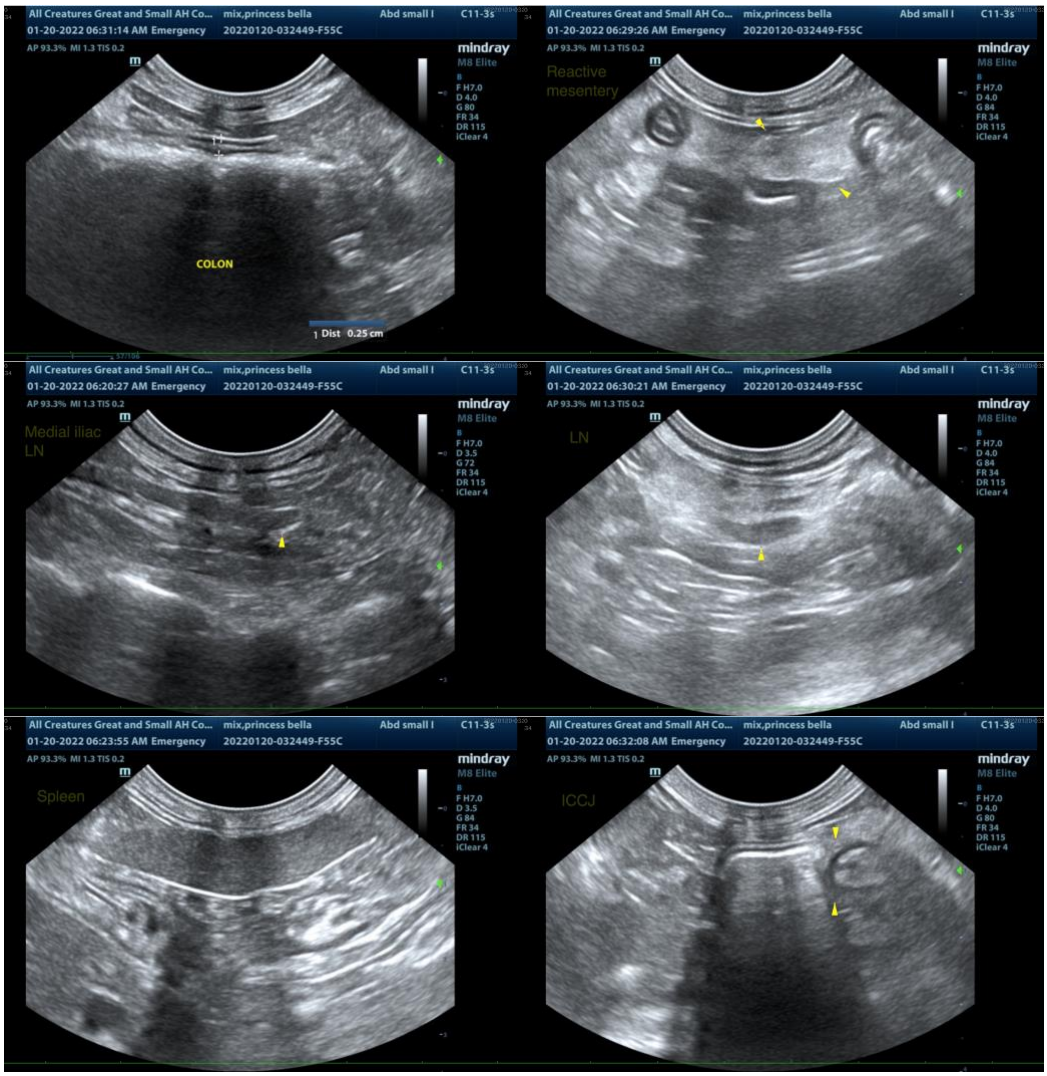

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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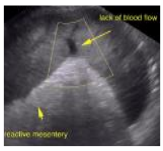

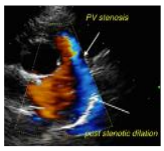

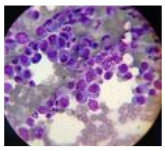
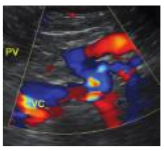

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