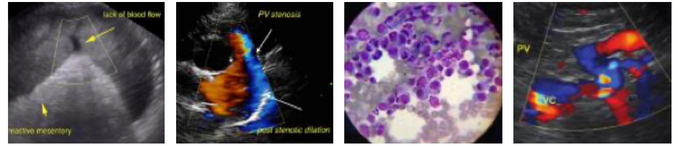
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Carona Brown

SPECIES
Feline

BREED
Domestic shorthair

SEX
Neutered male

AGE
13.5 Yrs.

WEIGHT
15.2 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
12383

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Well controlled-diabetic for 3.5 years, with a 10 month history of weight loss (6 pounds over last 10 months)), occasional vomiting (2-4x/month), occasional drooling and a single episode of having blood on his hind end. When the blood episode occurred (1 month ago) patient came in and had a normal CBC / Chem / T4 and urinalysis, a negative fecal, and anal sacs and rectal exam were also normal.

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. A scant amount of echogenic debris is observed within the lumen. 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 (4.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.98 cm in length); normal 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.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is prominent in size (0.59 cm in width). Normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

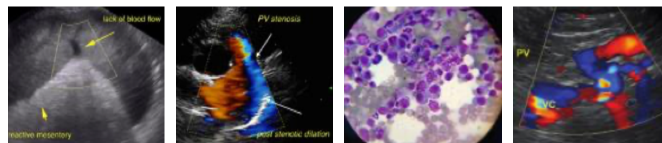
The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. There is no evidence of obstruction. The duodenal papilla is prominent (0.62 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is



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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.

Pancreas

The body of the pancreas is enlarged with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

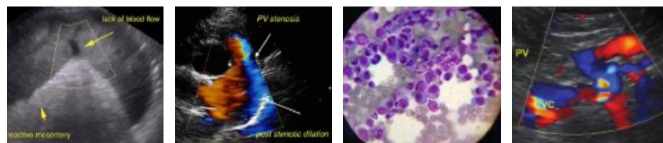
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The pancreatic changes could be consistent with chronic pancreatitis. However, a neoplastic process cannot be completely excluded.

Secondary Findings:

- The prominent right adrenal gland may be secondary to stress, hyperplasia or an early neoplastic process (less likely).
- Bilateral age-related nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- If accessible, a fine needle aspirate of the pancreas is recommended to further assess for infiltrative neoplasia.
- Other diagnostic considerations include the following:
  1. GI panel (i.e., serum cobalamin, folate, TLI and PLI).
  2. A fecal evaluation for ova/Giardia.
  3. Endoscopic or surgical gastrointestinal biopsies. In this scenario, surgical biopsies are preferred in order to be able to access all areas of bowel. In addition, the pancreas can be biopsied at the time of surgery.



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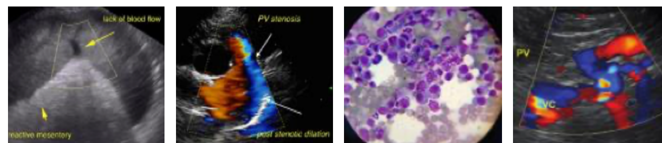

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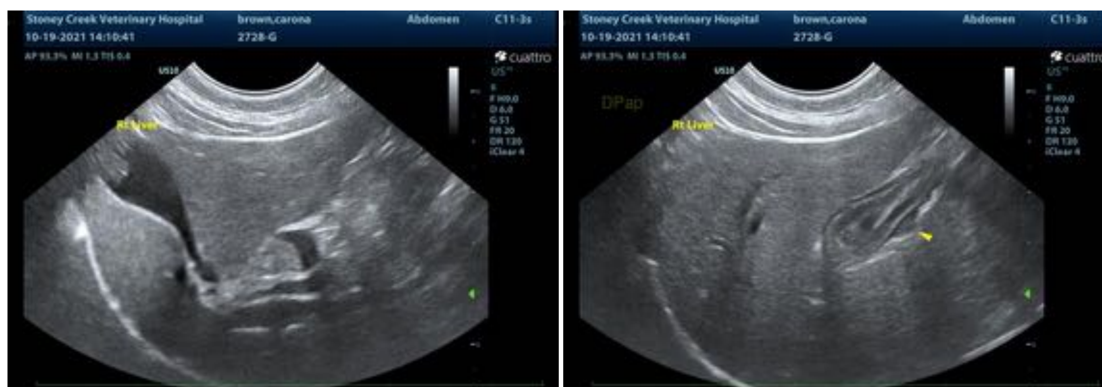

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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