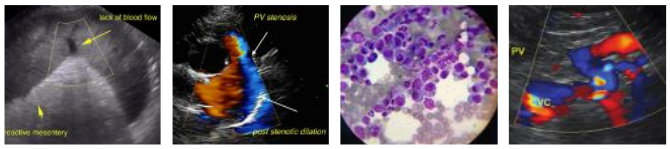
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Pee Wee Price

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

14.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM, DABVP (canien/feline)

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM, DABVP (canien/feline)

INVOICE

13986

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: Three-week history of vomiting (~3-5 x / wk) and inappetence. Six-month history of wt loss (2.5 pounds in 6 months). Patient has a megacolon and was treated for constipation on initial presentation on 2/2, but constipation has resolved, and signs have not improved. Also, history of chronic renal disease and UTI with E, coli. Current renal values are stable (creat 2.3) and urine culture negative. Had an U/S with DACVR in 5/20, which described renal changes similar to today's. Abnormal PE/Chem/CBC/UA Results:

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 in size (3.30 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. A few non-obstructive nephroliths are visualized. Moderate pyelectasia is present (0.39 cm) in the longitudinal plane. Severe caliectasis is present. There is no evidence of hydroureter.

The right kidney is normal in size (4.27 cm in length); with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Several non-obstructive nephroliths are present. Mild pyelectasia is visualized (0.18 cm) in the longitudinal plane. There is a questionable cortical infarct at the lateral aspect. There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

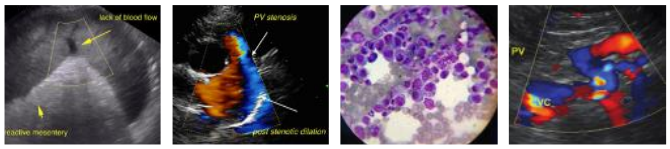
The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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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 diffusely thickened (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of inflammation of free fluid. Several, enlarged, hypoechoic, rounded lymph nodes are observed in the caudal abdomen, the largest measuring 1.87 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The caudal abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma).

Secondary Findings

- Bilateral degenerative renal changes with non-obstructive nephrolithiasis, pyelectasia and a suspected right cortical infarct.

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 one of the enlarged caudal abdominal lymph nodes is recommended.
- Other diagnostic considerations include the following:

1. GI panel (send to Texas A & M)
2. Fecal evaluation for ova and Giardia
3. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Surgical biopsies would be ideal, as all areas of bowel can be accessed with this approach and abdominal lymph node can also be biopsied. If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., hypoallergenic diet, corticosteroids) can be considered, as long as the client understands the risks of treatment without a definitive diagnosis.

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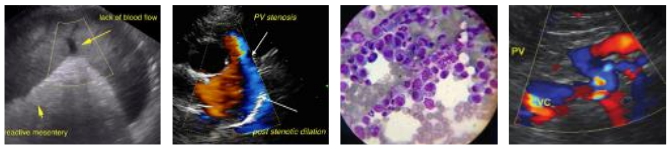

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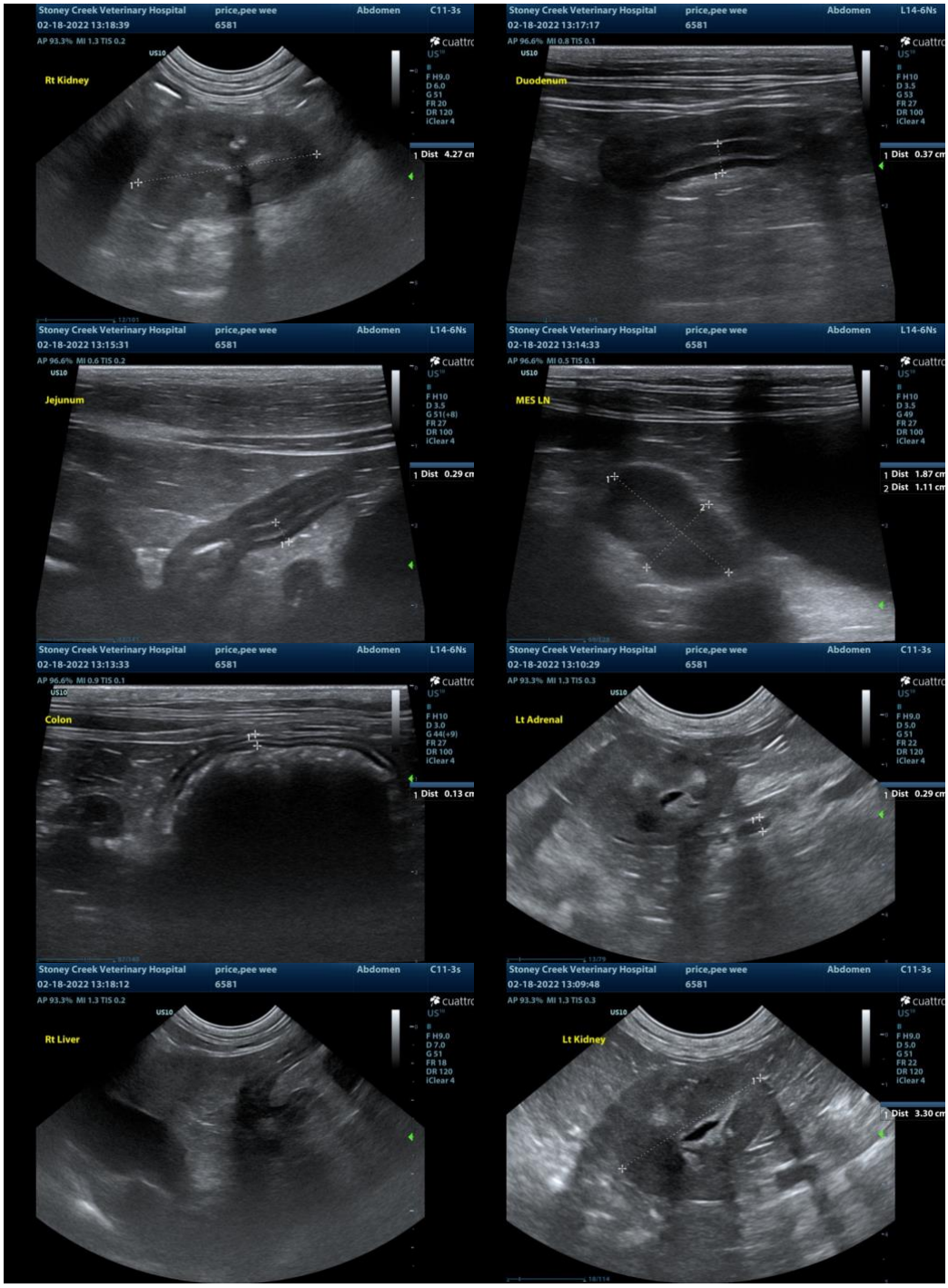

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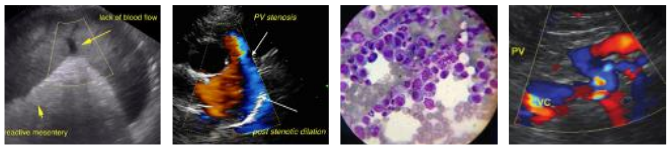

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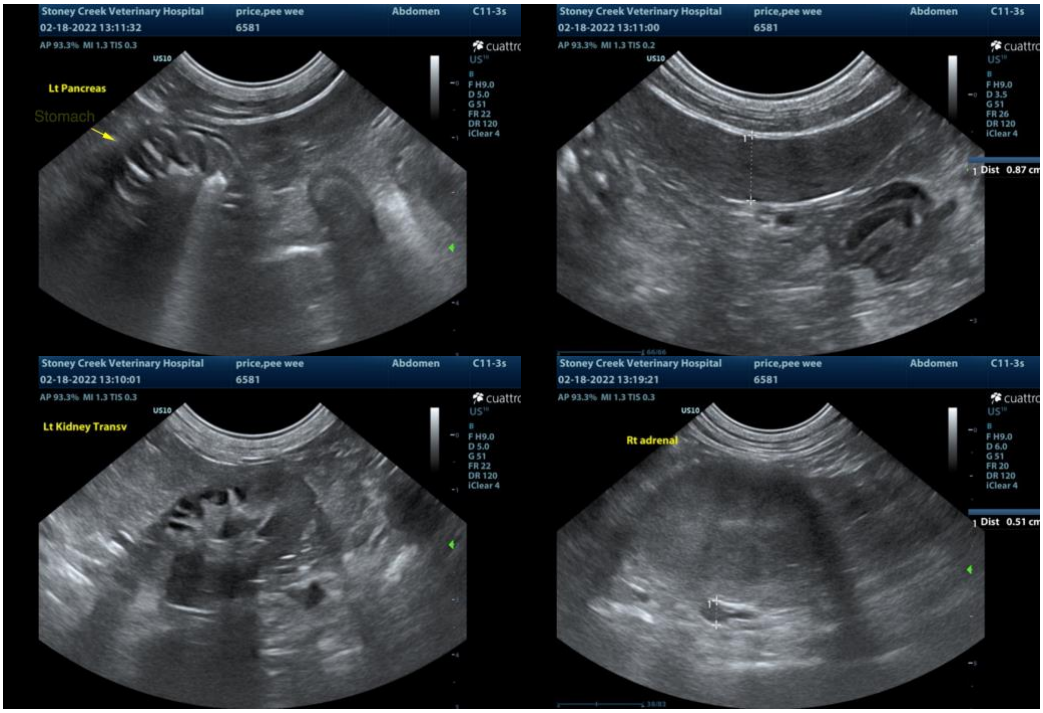

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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