



PATIENT

Buddy Morgan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 years

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

10857

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: sedated with torb/alfaxalone but still difficult to scan- chronic diarrhea- had blowout diarrhea prior to scan- AUS to r/o IBD vs lymphoma

Abnormal PE/Chem/CBC/UA Results: Alb 2.4 GLOB 6.4, urine protein 1+, CBC normal

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 small to moderate amount of suspended, 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 upper limits of normal size (4.49 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. A 0.39 cm cystic area is observed in a calyx at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is upper limits of normal size (4.51 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.89 cm length; 0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.09 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 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. A small amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 thickness is normal with a normal layering pattern and appropriate mural



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detail. Discreet masses are not identified. The ileocecolic junction is normal. The wall of the descending colon is thickened (up to 0.26 cm) with a prominent submucosal layer. The colonic lumen contains granular-appearing shadowing fecal material. There is no evidence of an obstruction.

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Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A few colic lymph nodes are visualized, the largest measuring 1.02 cm in length. In addition, a few hypoechoic caudal abdominal lymph nodes are seen, the largest measuring 1.41 cm in length. Surrounding mesentery is hyperechoic.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The colonic wall changes are most consistent with an inflammatory process. Emerging neoplasia is possible but considered less likely given that the layering pattern is intact.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

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Secondary Findings

- Bilateral, chronic age-related renal changes
- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A 6-week limited antigen diet trial to assess for food allergies

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- Ultimately, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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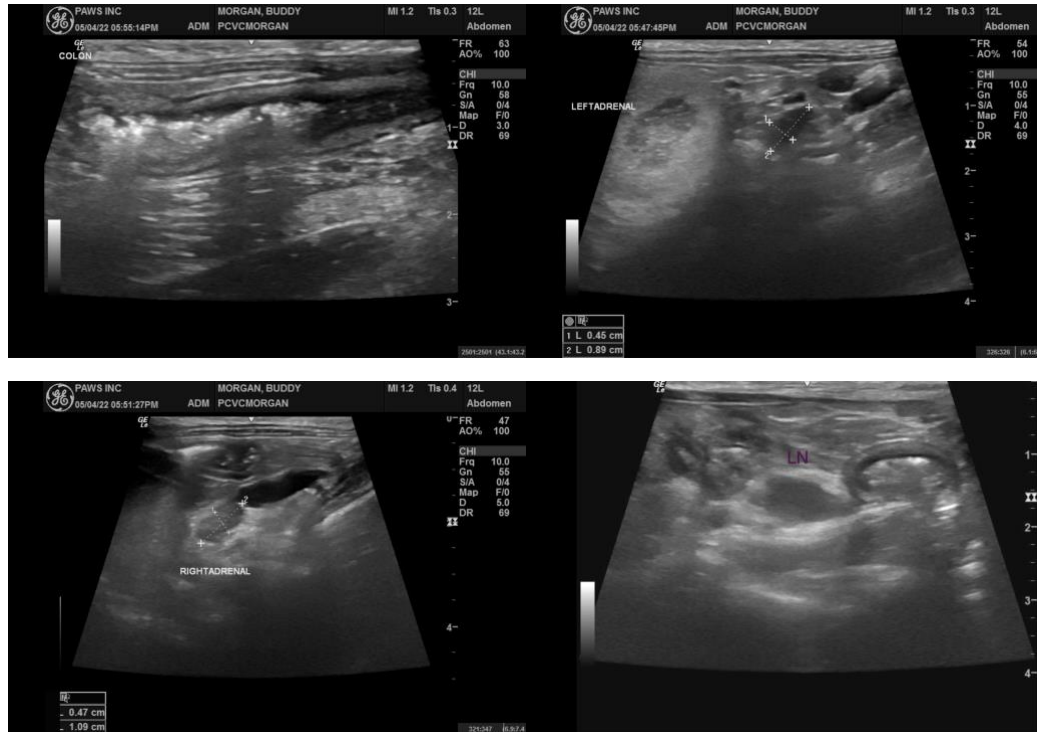
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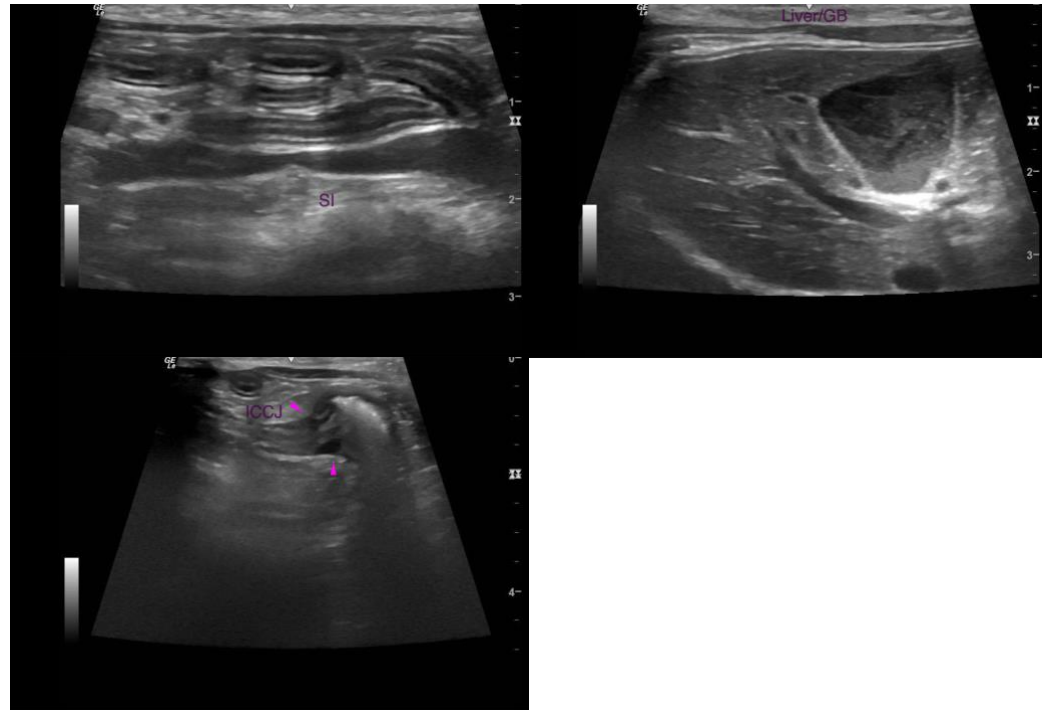
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer

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. 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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info@SonoPath.com

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